

Trainees' Forum

Sensitivity Group Experience for Trainee Psychiatrists

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Participation in a sensitivity group as part of the general training of a psychiatrist is recommended.^{1,2} There are, however, obstacles to obtaining this experience, which may be practical or personal. Particularly in a peripheral hospital, there may be no such group available. A conductor should have sufficient experience as well as enthusiasm, and if the conductor is well known to the trainees or perhaps a member of the consultant staff, this may provoke personal anxieties in the participants. Finding a time in the widely differing schedules of participants, when all are free to attend is a problem, and further difficulties are presented by duty rotas and trainee rotations.

Anxiety about joining a sensitivity group is often considerable and may be compounded by ignorance of what will happen, what will be expected of the trainee, and what gains and objectives may be hoped for. Trainees are under pressure from the overlapping and, at times, conflicting needs of preparing for examinations, fulfilling their service commitments and increasing their general skills, as well as maintaining their personal lives. This may make them dubious about taking on an anxiety-provoking commitment whose benefits appear to them vague and doubtful. These obstacles may each perpetuate the other. If the resource opportunity is made available, personal anxieties may prevent trainees from making use of it; while, if a trainee overcomes his personal anxiety, he may then become discouraged by lack of the resource and cease to press for it.

The experimental group

A ten-session, closed sensitivity group was offered to trainees in a peripheral hospital with the aim of giving a brief group experience. Five months later, participants were asked to complete a questionnaire. Opportunity was thus provided to test out the practical difficulties, to see whether an introductory group would increase trainee's motivation to join a training group, and to explore trainee's feelings about the experience.

Of thirteen trainees (six male and seven female) contacted, ten joined the group; of these, three were GP trainees and seven trainee psychiatrists. There was a marked imbalance of sexes: three male and seven female, which was at times further distorted by absence, leading on one occasion to an all female group meeting. As anticipated, it was difficult to find a time when all members could be free of

their clinical commitments. Several made special arrangements to end clinics earlier than usual or to return to the base hospital from day units. Because of this difficulty, late arrival was not made the focus of great attention. Further problems arose when rotation of placements occurred, but these were largely overcome, although this led to the only dropout three sessions before the end of the group. Knowledge and previous experience of group work ranged among participants from none to considerable.

Although the group met for only ten sessions, it went through the usual stages of group dynamics. Early sessions were concerned with a search for structure and leadership. Some participants had expectations of a lecture or seminar format, which had to be disappointed, and much talk was at an intellectual level. The second session was marked by discomfort, confusion, long silences and a search for boundaries, but after this session, cohesion began to develop and, in the increased security, discussion of authority and rules led to sharing feelings of anger and guilt. Some universality was established, the group was supportive to stressed members and feelings about loss and isolation were explored, followed by dependence and responsibility.

A major and recurring theme was roles, in particular the role of doctor. There were varied feelings about the interface between the role and the person filling it; how real one could or should be with patients, the difficulties arising when a relationship is both professional and social and the intrusion of the role into personal life. There was considerable discussion about the extent to which a doctor may set limits on patients and friends in order to care for his own needs. There was a noticeable reluctance in the later meetings to discuss termination, and some return of leader dependence and denial of ending. In retrospect, I became aware of an undercurrent of anger, which suggested to me a disappointment at not having been given enough, but this was not made explicit. Feelings of warmth were expressed, with a wish for continuation and opportunity for further and longer group experience.

Although anger was a subject of discussion, there was little expression of 'within a group' hostility and at no time did emotions run high. This is not surprising in view of the short time span of the group and the fact that members were all colleagues and professionals. Nonetheless, this was a lack and makes clear some limitations, which points to the reality of feelings of not being given enough.

Results of follow-up questionnaire

The questionnaire was returned by all members of the group; the questions concerned three areas: composition and duration of the group, learning and changes resulting from participation, and feelings about participation and motivation to join another sensitivity group in the future.

Comments on duration were evenly divided: six felt that ten sessions were too few and four that it was about right. The fact that the group was composed of colleagues was felt to be helpful by seven and unimportant by three, although one of these made the proviso that in a longer group where deeper feelings were reached, the colleague composition might be inhibiting.

Regarding the conductor, eight members felt it helpful that she was not a number of the consultant staff. Her being a relative stranger appeared to be less important, only few noting it as helpful. Only two felt they had learned anything useful for examinations, but nine learned things about themselves and others. Relationships were less affected, but in no case were they made worse. Only two members felt some change in their family relationships, but relations with patients and colleagues were each felt to be improved by five members. All members were glad that they had joined the group and felt they were more likely to join another, if the opportunity should arise.

Discussion

The practical problems in finding time for regular attendance of a group were immediately apparent (though they were minimized by holding only ten one-hour meetings), and the uncertainties of the trainees about demands and benefits of attendance were clearly demonstrated.

The fact that the group was composed of colleagues was not found to be a problem, and less than half the group felt that a relatively unknown conductor was important, so the 'stranger effect' usual in group therapy does not appear to be vital. However, members clearly valued having a conductor who was not a member of the consultant staff of the hospital. This concerns the multiple roles of consultants in relation to junior staff and reflects problems implicit in a situation where, as well as being a senior colleague, teacher and adviser, the consultant is also seen as authority and, quite realistically, the person who influences the junior's further career by reports and references. This dualism may create difficulties in situations other than a sensitivity group, such as supervision of psychotherapy and the general advisory, pastoral role which consultants often wish to fill with trainees.

One way of handling this difficulty is, as in this case, to have a senior registrar as conductor. Another is to find a conductor from outside the hospital, either a consultant from another hospital, a GP with appropriate skills or a peripatetic psychotherapist.³ The particular answer to the problem may vary, but the principle remains the same.

It is noteworthy that while half the group found their relationships with colleagues and patients improved, and most felt they had learned things useful in their work, only two felt their learning would be of use in examinations. This suggests to me that matters tested in examinations form only a part, however vital, of the training of a good psychiatrist. The ten participants clearly felt they had made gains from joining the group, in spite of some initial reservations voiced under a comments heading. Gains included some of the therapeutic factors in group psychotherapy listed by Bloch¹—universality and identification; imitation; modelling.

After completion of this project it was suggested to me that it would be interesting to know whether group members' techniques of working, as distinct from their relationships, have been altered by their group experience. I have been able to contact half of the group to enquire concerning this. Of these, two said their technique was altered, two that it was unaltered, and one was uncertain but said that she is more aware of the effect of her existing technique upon the patient. It is interesting to note that those with no change in technique were GP trainees, and hence no longer working in a psychiatric setting.

Stress in junior doctors is being recognized increasingly, sometimes only belatedly, after a breakdown, personal or marital, or suicide. There are also strains peculiar to working in the mental health field, where close contact with patients may reactivate unresolved conflicts in the therapist. As already mentioned, a trainee may have reservations about discussing personal difficulties with their consultant. A sensitivity group may provide a useful forum to share problems and receive support in finding new ways to deal with them. This, together with increased motivation to take up future opportunities for sensitivity training, learning about self and others and improved relationships with colleagues and patients, demonstrates the value of such training. I suggest it is worth making efforts to overcome the difficulties involved to make sensitivity training more freely available.

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As confidentiality was part of the contract of this group, I cannot give thanks to named people. However, on my own behalf I should like to say how much I valued this experience. I would like to express my thanks to the participants and to the Clinical Tutor who suggested the formation of this group.

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