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CHAPTER 26

Alonso, A. & Swiller, H (Eds) (1993) Group Therapy in Clinical Practice. American Psychiatric Press.

Process Groups for Training Psychiatric Residents

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Definition

A *process group* is a group that studies its own behavior in order for it its members to learn about group dynamics, individual dynamics, and interpersonal communications. Process groups usually exist as part of a training program for mental health professionals. Generally they are led by experienced group therapists and work in confidence. When such a group functions well, it has the added benefit of being a source of support to its members during what can be a difficult time—learning to work with the mentally ill.

Models other than the one developed at the Mount Sinai School of Medicine and described in this chapter were reported by several authors (Jensen 1983; Salvendy and Stewart 1983; Willenbring and Spensley 1983). Some aspects of this model were described in a recent publication (Lang et al. 1989). This chapter is intended to be a comprehensive overview of the value of, problems with, and technique for such a group as explored and developed by us and our colleagues during the past 15 years. This model has been developed in work with psychiatric residents

We would like to thank Drs. Herman Alpert, Daniel Birger, Lawrence Bloom, Sylvia Flescher, Philip Luloff, Gail Meisel, Fred Sander, Morton Seigel, Allen Terdiman, James Welch, and the late Richard Bralove. This work was begun under and inspired by the leadership of the late Aaron Stein.

and is reported in that fashion, but with minor modifications it is applicable to the training of any mental health professionals.

Value of the Process Group

Value for Psychiatric Residents

Few professional experiences are as stressful as the psychiatric residency. Intimate contact with psychotic patients generates anxiety and depression in everyone, but especially in the beginner. To feel ignorant, powerless, and under relentless scrutiny—much of it hostile—is enormously difficult, especially when the beginner feels deep bonds with the first patients whom he or she treats. Yet this is the role of the psychiatric resident. Moreover, new psychiatric residents have finished their medical training, where ambiguities were minimized, and entered a field of great ambiguity. Most importantly, they find themselves in the uncomfortable position of being assessed not only on the basis of what they know—a familiar experience for a medical school graduate—but also on the basis of who they are. For example, their capacity for empathy, minimally improved by hard work, is open to critical evaluation. Clearly, responsible support is called for. In addition, this is a time when residents must cope with becoming adults in their personal lives. They may be marrying, separating, and bearing or raising children, and they may be dealing with decisions about these matters. They may also be caring for aging parents.

The process group offers residents support by helping them understand the universality of their experience. When it functions well, the group fosters esprit de corps in the residency cohort, enabling individual members to better withstand the pressures of training. Another meaningful dimension of support is the relationship with the process group leaders.

The process group is a unique opportunity. It offers residents the chance to learn experientially about some of the most difficult and important areas in psychiatry. By studying their own behavior as a group, they can learn in unusual depth about group dynamics, individual dynamics, and interpersonal communications.

Value for the Faculty and Administration

The process group provides the best possible teaching in group dynamics. In an age of increasing cost accountability, administrations increasingly value group therapy as a treatment modality. Here the residents learn through first-hand experience. The process group is also useful in achieving other teaching goals. It is of great value for instruction in both interpersonal communications and intrapsychic dynamics. In each of these areas, teaching is enriched by transcending the strictly intellectual. Concepts such as resistance and defense are taught most powerfully when part of the teaching is experiential.

People work better when they feel understood and supported. People work better when they have greater understanding of the stresses they must meet.

Value for the Process Group Leaders

The psychiatric residents' process group provides the group leaders with a unique opportunity to work with highly motivated, intelligent, and healthy group members. These groups often work far more rapidly and in greater depth than all but the most highly functioning patient groups. For leaders this represents both a challenge and an extraordinary opportunity to learn and to sharpen their skills. When combined with peer supervision, leadership of process groups provides one of the best continuing-education tools available to senior clinicians.

Objections to Process Group

Objections by Residents

Many residents' major objection to process groups is their fear of self-exposure to the leaders, to the departmental administration through the leaders, and to their peers. This fear is best dealt with directly by ensuring the leaders' confidential relationship with the group. Leaders should make no reports to the administration about the group and should have no administrative or teaching relationship with the group members. If the small size of the faculty makes this difficult, it is far better to bring in outside leaders for the group than to compromise the leaders' obligation for confidentiality.

The issue of exposure to one's peers is a far more complicated one. The reality is that residents have ongoing collegial and competitive relationships with each other. Regardless of contention for chief residencies, for fellowships, and for jobs, they must continue to work together. What

makes for appropriate self-revelation in such a context forms a theme that runs through the life of every residents' process group. There is no simple answer. Addressing this issue at different times throughout the life of the group is an important learning experience.

Occasionally, process group members find that the experience is distressing in ways that can be neither adequately addressed nor contained by the group. These group members have the right to discontinue their participation in the group with no penalty in their training. A very few leave with an animosity toward training groups (and, by extension, toward group therapy), which persists. This is unfortunate but must be seen in an appropriate perspective: rigorous training in any modality is not for everyone. People leave residencies in internal medicine and in surgery. If the proportion of group members who drop out remains small, it must be seen as inevitable in the context of training. (Obviously, a substantial number of dropouts is another matter.)

Objections by Faculty and Administration

The misuse of the process group as a revolutionary commissariat is invariably a major concern of the departmental administration. Will the residents use the group solely to discuss their grievances and to project their hostility outward and onto the administration? Process groups can be misused in this way. Clearly if this misuse persists, it represents a failure of group leadership. Experienced leaders will recognize this tendency as a group resistance and will encourage the members to learn from this group dynamic as from any other.

The administration may be concerned that the process group will precipitate a psychotic decompensation in a marginally healthy resident. This concern is a responsible one, but it is based on a misunderstanding of process group dynamics. Group therapy can be stressful. Far more often, however, it is supportive. Fragile residents are much more apt to draw strength from a process group. There are many regressive situations that a resident experiences during psychiatric training. Those that take place in the process group are the only ones that the resident experiences in the immediate presence of a senior clinician. Leaders will act to prevent scapegoating or other undue peer pressures. The stressed resident always has the option of avoiding the group; this choice should be respected by leaders and administration alike. The reason that process groups can be unfairly held responsible for resident difficulties is that in the relatively public atmosphere, a resident's difficulties may first come

to inescapable notice. This in no way means that they developed there. In fact, an asset of the process group is that it may help to identify those residents in need of help earlier than might otherwise be possible. Some may be directed to early personal therapy. Others who find emotionally regressive situations deeply disturbing may wisely reevaluate their choice of the field.

Differences Between a Process Group and a Psychotherapy Group

The leaders of a process group do not have a mandate to do psychotherapy. The parameters of difference between the two kinds of groups include time, membership, subgrouping, and termination.

Time

In a therapy group, the therapist sets the time and length of the group meetings. In a process group, the administration sets both the length and time of the group sessions. In addition, a therapy group may run for an indeterminate length of time, with members leaving as they improve. The time that a process group runs is usually limited by the completion of the training program. Incidentally, it has been our experience that the optimal period for the residents to be in a process group is the full 3 years of the training program, beginning the first week of the first year of the residency and ending in the last week of the third year of the residency. However, many programs offer a much shorter group experience.

Membership

In a therapy group, the therapist selects the patients to be in a group; in a process group, membership is determined by presence in a resident cohort, chosen by the administration. All members of the cohort are invited to attend.

Subgrouping

In psychotherapy groups there is a strict rule forbidding socialization outside the group. In a process group the members must work together

all the time. Because the members have extragroup relations, self-disclosure is not always indicated.

Termination

Termination of a patient from a therapy group is an individual event that ends the member's participation in the group, but not necessarily the status of patienthood. Termination in a process group occurs for all members at the same time and is marked by the transition to a position of equality or collegiality between the leaders and the members.

Contract

The contract the leader makes with a process group is complicated by the involvement of a third party—the administration. As in most significant relationships, an unclear contract is a prescription for trouble. It is essential that all three parties to the process group contract be clear about the agreement. The administration should agree that the process group is an important part of the teaching program, as well as agreeing to provide a place and a time to meet. This is not as simple as it sounds. In a training program members of the faculty invariably contend for trainees' time. Encroachment on the time of the training group can easily become a problem. The administration must further agree that the leaders' relationship with the group is confidential. Administration personnel should neither expect nor receive any reports on residents' work in the group. Although the administration may wish to receive occasional reports about group attendance (partly to help evaluate the function of the group), it should be understood that such reports will be limited to the number of residents attending and will not include information about specific residents. The administration must agree that the leaders will provide no evaluations of the work, talents, or limitations of specific group members.

The leaders agree that it is their task to help the group study its own behavior. Through this study the leaders agree that they will help the members increase their knowledge of group and individual dynamics and of interpersonal communications. The leaders agree that they will keep the proceedings of the group confidential and will have no other administrative or instructional role in the work of the members of the group. The members of the group agree that they will participate in the work of the group. Seen from one perspective, the contract forms the boundaries of the group, and it therefore will be a subject of many discussions within the group. Especially early in the group's development, boundary issues will be prominent, with topics such as confidentiality addressed over and over. This work on the contract is stage appropriate and may be useful early in the group but may become a resistance at a later time.

Teaching Through the Process Group

Group Dynamics

The group has the agreed-on task of studying its own behavior, and yet obstacles to this work continually arise. Unconscious dependent, aggressive, and erotic wishes arise in the group as they do everywhere. These wishes, and the defensive responses to them, dominate the group unless they are recognized and acknowledged. By inviting the group to consider this phenomenon of resistance to self-study and encouraging the group to investigate the nature of the specific mechanisms of resistance, the leaders enable the group to learn the essence of group dynamics both experientially and intellectually. This invitation to address resistance must be supplemented—particularly early in the group's development—by the leaders' providing information to overcome the group's ignorance. It should be noted that the process group usually does not address unconscious strivings in their most primitive aspects. Such work generally requires psychoanalytic data not available to the group. Primitive wishes are addressed at the appropriate level of derivatives. For example, it is generally more relevant to address the competitive feeling in regard to becoming a chief resident than to spend a great deal of time on unadulterated patricidal wishes. The latter discussion may represent a resistance on the part of the leaders. One deals with the material at the level where affect is both available and prominent.

Boundaries

The group can learn a lot about itself if the leaders help members with an investigation of the group's boundaries, including the boundaries of time and place of the meetings. For example, the residents might resent that the process group is scheduled to meet from 1 to 2 P.M., leaving them no time to eat lunch. Could the process group leaders please shift the

time of the meeting? It can be pointed out that the group is testing many boundaries with that request: they are testing their power over the leaders, they are testing the leaders' clout with the administration in their ability to change a fixed schedule, and they are evaluating the level of concern that the leaders have for the group, that is, do the leaders care if they are fed? The leaders must function as gatekeepers of the boundaries by seeing that the designated room is available on time, by being on time, and by closing the door at the starting time of the meeting. Any failure of the leaders as boundary keepers will appear in the themes of the process group. For example, if the leaders have been ineffective in getting the previous users of the meeting room out of the space on time, the group will see the leaders as impotent. As a consequence a group member might supplant the role of the leaders by closing the door. Although such behavior in a psychotherapy group might be interpreted in terms of the group member's oedipal strivings, in a process group the member's behavior can be fruitfully explored in terms of boundary issues.

The boundary of confidentiality remains an important issue for the group throughout its beginning phase. If a training program has a tradition of process groups, new residents come to the first meeting of the group with some information about what happens in process groups from residents in other years. What the residents have learned forms an unspoken group "myth" and must be explored by the leaders with the group. Another boundary that the group explores for its entire life is the boundary of content or appropriateness. Residents wonder what can be said by the leaders, or more importantly, by the residents themselves. Occasionally, residents who are most outspoken about their feelings about themselves or other group members leave the process group or even the training program. When this happens, the leaders have to discuss the member's leaving or absence in terms of the boundaries or norms set by the rest of the group.

Another boundary to be studied is the group composition. Group composition includes who is present and absent at a particular session as well as who is in the resident cohort that makes up the process group. The exploration of this boundary is especially relevant when an impaired resident has been included in the training cohort. Group process leaders will find an exploration of boundaries with the residents to be very instructive and revealing, as well as being a nonjudgmental vehicle for handling the many emotionally charged issues that may arise within the group.

Individual Dynamics

The study of psychodynamics is incomplete without introspective reflection. Leaders do not focus the group's attention on any individual's specific dynamics. Although the process group is primarily concerned with group issues, learning about individual dynamics invariably takes place.

It is worth noting at this point that honest, affectively charged interaction combined with thoughtful reflection on oneself produces personal change and growth. Psychotherapy is not a goal of the process group, but one should not shy away from the reality that personal growth may accompany a process group experience. One may with justice call this a psychotherapeutic outcome of what has been entered on as a learning experience. Most process groups will address this apparent contradiction at some time or other. Trainees must recognize that it is a basic demand of the field (not just of the process group) that the endeavor to do psychotherapy with others requires the clinician to accept all relevant opportunities for personal growth.

Interpersonal Communication

In the process group each member is offered unusually candid feedback regarding his or her style of interpersonal communication. Members are told here, as they are told almost nowhere else, by a group of intelligent, motivated, and trained observers what works, what doesn't, and why. Additionally, all members observe one another and have the opportunity to study alternative styles in depth. Members can and do attempt to incorporate aspects of each other's style into their own repertoire.

Support

The stresses of training and life events call for supportive remarks, such as "it must be hard for you to discuss these things with people you're not sure you trust." Depending on their individual style, leaders could point out the universal aspects of a problem that the group or its members are having. In some cases a personal anecdote about the leaders is helpful. Whatever techniques are employed, enough warmth must be provided to sustain, in Winnicott's terms, "good enough" leaders maintaining an adequate "holding environment." The process group can do work only

in an environment that engenders trust. Thus the qualifications of process group leaders should include a certain level of personal warmth and confidence, in addition to a deep understanding of groups. Indeed, one of the most supportive tasks of group leaders is to be good role models.

The humanness of the leaders, as expressed through humor and self-candor, helps the residents deal with authority figures. The termination stage of the process group provides opportunities for the residents to establish collegiality with the leaders without abandoning the task of the group understanding itself.

Differences Between and Similarities of Process Groups and Psychotherapy Groups

Because process groups and therapy groups share certain characteristics, it is important to explicitly delineate their differences. First and foremost, they have different reasons for existing. The therapy group exists to provide therapy for its members; the process group exists as an educational tool. Members join the former to relieve some element of suffering; members join the latter to increase their learning.

Generally speaking, the leader of a therapy group selects (or at least participates in the selection of) the group members and chooses the time and place of the meetings. The ongoing therapy group is open ended; members join and leave the group as individuals. In the process group, leaders have no voice in member selection and little influence as to time and place, and the group is closed, with all members starting and completing their work together. The leaders thus have far less discretion in the formation and boundaries of the process group than of the therapy group, and the membership has different expectations.

Members of a therapy group have agreed to participate in psychotherapy and therefore have ostensibly agreed to a greater degree of self-revelation and self-exploration than members of a process group. Of course, not all members of therapy groups prove willing to uphold this aspect of their contract, and with such members the work is often unsuccessful. Conversely, some members of process groups are willing to move quite deeply into self-exploration, if not into self-revelation, and for such members the process group experience may be particularly helpful.

One cannot truly learn about psychodynamics without learning about

oneself, and one rarely learns profound things about oneself without consequent change and growth. Although it is not the goal of a process group to provide its members with therapy, some members will find the experience therapeutic. The leaders of the process group should not explore individual dynamics with the rigor that they would in a therapy group, but they must be willing to acknowledge that the distinction between the two types of groups is not always perfectly clear. The boundary between therapy and education is not always easily drawn.

Subgrouping has very different meanings in the two types of groups. In psychodynamic therapy groups, subgrouping is invariably a resistance. In the process group, subgrouping is primarily an outgrowth of the out-of-group work relationships among the members. Resistance elements of subgrouping within the boundaries of the process group should be addressed, but the phenomenon of subgrouping itself must be respected as natural and productive.

Techniques of Leadership

The techniques for leadership of a process group follow ineluctably from an awareness of the contract and of the similarities and differences between process groups and psychotherapy groups. The leaders direct their attention toward group dynamics while maintaining an awareness of the frame of the group established by its goal (self-study) and its boundaries (membership, time, place, confidentiality, and content). As the group proceeds, unconscious wishes arise (dependent, aggressive, and erotic) that are defended against by the full range of group and individual resistances. At any given moment the leaders assess the level of productive work, and if it is satisfactory, they remain silent. If the work is unsatisfactory, the leaders invite the group to consider that fact and help them—to the required degree—to identify and overcome the current resistance.

Early in the group's development, the leaders may have to be fairly active; as the group matures, more and more of this work will be done by the members themselves. The ability to do increasing amounts of the work is one excellent measure of the learning that the group provides for its members.

At times, in response to an assessment of the stresses (primarily professional but also personal) that the group is encountering, the leaders may choose to promote supportiveness and nurturing within the group rather

than focus exclusively on learning. Again, as the group matures, more and more of this support and nurturing may be provided by the members themselves.

Generally it is best for the leaders not to model self-revelation but to serve as a model of abstinence, tolerant acceptance of strong affect, and personal restraint. The leaders' natural countertransference wish to be liked by younger colleagues needs to be kept in mind. The temptation is ever present to be likable rather than useful. The leaders' task is to be useful.

Coleadership and Peer Supervision

For administrative purposes, coleadership is often employed in early stages of residency training. It should be clear, however, that coleadership introduces significant complications and is best carried out by experienced leaders. Groups with coleaders have a great deal of splitting, and leaders themselves do a good deal of unconscious competing. In some ways, it is easier to lead any psychodynamic group (psychotherapy group or process group) alone. Nonetheless, there are distinct advantages to coleadership of the process group.

Perhaps the most important benefit of coleading a process group is the opportunity for the leaders themselves to grow and learn. These tasks are best accomplished in a context that combines coleadership and peer supervision. This combination provides the leaders with a maximum opportunity for productive critical scrutiny. The leaders' understanding of group dynamics and technique are consistently refined by the two interdigitating levels of collegial cooperation. Little will be lost through the operation of one's own ignorance or countertransference. Through the leaders' examination of their own work in this setting, insight and skill are enriched to a degree not usually available to senior clinicians.

It should be noted that the peer supervisory group is best run as just that: a peer supervisory group. It should not be conducted as a leaderless process group. Process elements within the supervisory group are discussed only when a group resistance prevents the supervisory group from carrying out its task. Its task is not self-study; its task is the study of its members' work as process group leaders. The supervisory group addresses—as necessary and appropriate—the process between the coleaders. The combination of process and nonprocess supervision is an essential part of what makes this experience so invaluable to experienced clinicians.

Conclusions

This model of psychiatric residents' process groups utilizes self-study for the purpose of teaching about group and individual dynamics and about interpersonal communication. With minor modifications, the model presented here is applicable to trainees in all the mental health professions. It provides intellectual and experiential learning and support for the members. By doing so, these groups help faculty and administrators as well as students to achieve their goals. They also provide a unique continuing-education opportunity for their leaders.

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