

Teaching group and organisational dynamics to psychiatric trainees

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Junior psychiatrists in the UK often receive only minimal training in psychodynamic aspects of group processes, especially as applied to the understanding of organisational dynamics. Yet these processes may be an important force operating in clinical teams, in both hospital and community settings.

Medical and psychiatric training tend to emphasise only clinical aspects of patient care, often allowing little time to reflect on processes occurring within the clinical team or wider care system. When trainees do have an experience of group dynamics, this is usually in a treatment group, focusing on psychopathology and its treatment. Other professionals sometimes seem better equipped by their training to deal with team issues. Occupational therapists, for instance, usually receive training in group processes throughout their undergraduate course.

It is our impression that there is an additional need for such training as multidisciplinary working becomes accepted practice. Furthermore, the changes in the NHS, following implementation of the Griffith report (DHSS, 1983) and the formation of provider trusts, have often led to more conflicted interfaces between management, clinicians and clinical teams with a greater potential for tension and competitiveness. These developments usually lead to more clearly defined boundaries around clinical services, leading to stronger group identities and intensified inter-group dynamics. Increasing competition for limited resources may add to these dynamics.

The Royal College Guidelines on psychotherapy training make few specific recommendations in this area, stating only that "the communication and interpersonal skills that are required for the treatment of patients should be used in an organisational context to understand the inevitable tensions and rivalries that arise" and that "trainees should be encouraged to attend workshops, staff support groups and organisation consultancy to become more aware of this aspect of their work" (Royal College of Psychiatrists, 1993).

Psychiatric trainees need an understanding of group processes for two main reasons. Firstly they need to function effectively in a group and eventually as a group leader. Problems in this area have been noted by trainees in the UK (for example, Salmon, 1994). Secondly, group processes may exert a particularly stressful and regressive effect upon trainees. This has been well described in the US (e.g. Rockwell, 1977) and educational programmes have been designed to address the problems. These have usually been based on the Tavistock group relations approach and have involved a combination of an experiential group and a short, didactic seminar course. Examples have been described and evaluated (Benson *et al.* 1988).

Although much of the literature emphasises the importance of learning through a supervised group experience (Benson & Lundgren, 1982), we feel that the practicalities, time constraints and context of psychiatric training in the UK do not usually permit this. We therefore attempted to address the problem by designing and piloting a brief educational package for junior trainees, aiming to give better insight into the dynamic processes which may be experienced in a range of group settings in their everyday work.

The course consisted of five weekly discussion groups, of two hours each, facilitated by a consultant psychotherapist and attended by five psychiatric registrars. These were supported by a series of readings. Discussions focused on the set readings and their relevance to actual everyday situations encountered by the trainees in their work; work experiences were reported and examined in the light of the reading material. What follows is a brief description of the contents of the readings, the main concepts illustrated by them and the issues which we regard as being of particular relevance to modern psychiatric trainees.

Course content

The course was structured around the following readings.

The Unconscious at Work. Obholzer & Roberts (1994)

This gives an account of some of the basic concepts in group work, originally described by Bion, in particular those of work group mentality and basic assumption mentality. Bion's classification of the three major basic assumption mentalities is discussed together with an analysis of their detrimental effects and also the situations in which they can be helpful. The reading may, for instance, facilitate an insight into the unhelpful flight-fight dynamics which can operate when attempting to arrange admission of patients to well defined and highly specialised units, e.g. locked wards. It is also important for trainees to understand how they, as members of a group, can become involved in such difficult dynamics.

It is important to see the helpful aspects of some group processes. Pairing can be seen as one such example; the traditional pairing relationship for trainees has often been an apprenticeship one with a consultant. With increasing diversification of the roles of both consultant and trainee, within a larger clinical team, this relationship can become eroded, leaving the trainee more vulnerable and exposed to personal stress and anxiety.

This text also discusses the unconscious mechanisms operating when organisations face the threat of change. Dysfunctional responses are described. Related concepts of authority and leadership are considered.

What Happens in Groups. Hinshelwood (1987)

This gives an account of the interactional processes between individuals within both large and small groups, illustrating the process of dramatisation and role taking; in particular, the process of scapegoating, in which an individual in a group is used to express a common group fear. It links these processes with the clinical milieu, thus facilitating a discussion of the impact that patients can have on interactions within the clinical team.

In our opinion, the process of dramatisation is particularly important for trainees on rotating training schemes, because they frequently enter and leave established groups. They may also be members of more than one clinical group at any one time, for instance in-patient and community teams.

Containing Anxiety in Institutions. Menzies Lyth (1988)

This describes the social matrix of the hospital and the social system as a form of defence against overwhelming anxieties. The reading introduces trainees to dynamics which may affect the wider organisational context in which they work and may be active in shaping the operational policies

within the clinical unit, the structure of training schemes and other important areas of their professional life.

Conclusions

Psychiatric trainees are inevitably exposed to stress resulting from group dynamic processes. This may have increased in recent years as a result of a move to multidisciplinary team working and changes in the NHS. We suggest that short courses, such as the one described, can have a significant effect in protecting trainees from the effects of exposure to powerful dynamics and in helping them to work more effectively within group and organisational settings. We acknowledge that we are describing only a limited intervention in a complex area. Such training packages could be repeated during each stage of psychiatric training.

It is also vital that trainees are prepared for their eventual role as consultant psychiatrists with leadership roles in multidisciplinary teams, hospital services and trust management. Beyond this, consultants should be in a position to support and teach trainees of the future. We feel that this area of training may have increasing relevance in the future as the role of the doctor changes within the clinical team and organisational setting.

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