

Loss and Termination in the Development of a Resident Group

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ABSTRACT

Separation and loss experiences are major issues in psychotherapy, but role identity and intimacy are considered the tasks of therapists in training. Experiential groups are advocated during training to enhance coping skills and to teach group process. Focusing on separations in a group setting can highlight that loss is inevitable at any stage of life. The group experience also adds personal meaning to the importance of loss as a training issue. If the group has sufficient time to develop, the members will be able to observe the wide range of responses possible in their peers. We describe the effects of loss, separation, and termination as experienced in a group of psychiatric residents during various stages of group development.

INTRODUCTION

Separation and loss are inevitable. Loss experiences produce fairly characteristic individual reactions that range from prolonged to omitted farewells (1). Remembering and focusing on these evocative episodes is often the most productive time in therapy. Termination of therapy should be the ultimate in expression and internalization of the effects of leaving. Since in-depth examination of separation and loss is painful for the therapist and patient, most beginning therapists abbreviate rather than prolong the farewell.

Psychiatric residency itself is generally felt to be a stressful time. Residents are inexperienced, often tired and depressed while they are expected to develop clinical judgment and a professional identity (2,3,4). Residents' personal lives are also in transition at this stage of life. They have often moved to begin residency and are establishing intimate relationships with partners and children. Various forms of resident support groups have been advocated to help ease these transitions. Garrard and Berg (5) found that 67.2% of responding residencies have resident groups. They range from "the huddling together of bewildered souls" (6) of a straightforward support group to a true therapy group with emphasis on interpersonal processing (7). There are also didactic groups where papers about residency stress are discussed in a group setting (8). Experiential groups also teach group process through the residents' own personal experiences (7).

With a group composed of people all engaged in a similar task like

residency, it is easy to think in terms of a "group-as-a-whole" as described by Bion (9). MacKenzie and Livesley (10) integrated this view with the "group-as-a-social-system" and listed common stages of group development. Their 6 stages—Engagement, Differentiation, Individuation, Intimacy, Mutuality, and Termination—are identified by the central task that must be mastered before the group can move ahead. Within this framework of group development, each individual member will manifest his or her own characteristic responses. Rockwell et al. (11), Kline (12,13), and Nobler (14) have written about leaderless groups composed of mental health professionals. Their descriptions of group development closely correspond with those described by MacKenzie and Livesley.

A psychiatric resident experiences many separations and losses during the course of training. By emphasizing the losses that occur during this life phase along with the more commonly discussed issues of identity and intimacy, professional growth is enhanced. This description focuses on the separations and losses experienced at various stages of group development. The observable range of individual responses to loss seemed to expand as group development progressed. Internalization of the losses and the effects of termination can promote individual development and the training of better therapists.

GROUP DESCRIPTION

The group began as part of a residency group therapy seminar, and continued as a voluntary support group. Meetings were held weekly for ninety minutes during working hours in the Department of Psychiatry. Most of the 10 members were in their second year of residency. The husband and wife co-leaders were both psychologists experienced in group therapy. The group met for three consecutive years. The last two years of the group were leaderless.

SEPARATION OBSERVATIONS

All members who left before the final group session actually moved away. These losses all affected the group, but the repercussions seemed to intensify as the group progressed through the developmental stages.

The First Year

Before the group had met for three months, one resident left to enter general practice. After six months the female leader left. She had a busy private practice, and this termination had been planned from the beginning. At seven months, a newly arrived second-year resident was invited to join since all his peers were already group members. Immigration restrictions later forced him to

leave the country. The male co-leader, a departmental faculty member, left at the end of the first year to start a similar group for the next group of residents.

When the first resident left after three months, the group had a fairly uniform reaction. She was leaving to start a general practice, and this prompted several people to express their ambivalence about psychiatry and the loss of "real medicine." The leaving resident talked about strained relationships with parents, a physically abusive marriage, and the ordeal of medical school and internship for a single parent. She did not refer to the intense interpersonal conflicts that surrounded her on the ward. Always expecting to be treated unfairly, her aggressive defense left her fellow residents doing part of her work. Group members who shared her clinical duties were very angry, but did not overtly express it. No one questioned her decision to leave the residency. Group members uniformly supported her decision. Relief was openly expressed only after she was gone, in spite of the textbook good-byes facilitated by the group leaders.

The female co-leader was the group's next loss. We had known from the beginning that she would leave at the end of 6 months. Warm, articulate, and professional, she was the more assertive of our two leaders. Her husband was less demonstrative and directive. She was one of the few role models of competence and success for the female residents. As her departure grew near, female residents sometimes stayed after group to talk with her. All members expressed their sorrow and anticipated a change in the group climate. Group anger about her abandonment was displaced onto her husband, and his power as a leader was in question from that point. Three members continued brief individual or group therapy in her private practice.

The next separation came when the resident who joined the group after it was already formed left again after a few months. Many factors combined to prevent his integration into the group. He had missed too much of the group's development, was from another culture, and immigration problems made his future in the group uncertain. The same uncertainties made him reluctant to self-disclose. There was a tendency to shelter and protect him, and his plight became a focal point used to express anger about the residency. There was some anticipatory grief expressed before he had to leave the country, but when the group later reviewed its losses he was not even mentioned.

The male co-leader was the next loss. Group members noticed they felt less inhibited when he was on vacation and discussed finding another leader. When these observations were discussed with him, he revealed that new teaching obligations would prevent him from continuing with our group. He would be starting a new group with the upcoming residents. Since the second group would use our room, he offered his office for our sessions. We felt he was hurt and angry, but often mentioned when we "fired our leader" with sheepish pride. The group began looking for a new leader, but through that process found it functioned without one. Two years later we invited the male leader back to

discuss his termination. He denied feeling angry, but rather said he was pleased to have started a group that continued. He did mention occasionally feeling usurped from his own office.

The Second Year

The second year began with two residents on short leaves of absence. When they returned there were 8 residents who met until the end of the academic year. At that point two residents left for out-of-town fellowships. Two more left the general residency for local fellowships and were uncertain about continued group participation. The 4 remaining residents were uncertain about the future of the group at year's end.

The temporary absence of two residents had little long-term effect on the group. One had a newborn and the other was studying for a licensing exam. They were missed, but continued to have a shadow presence and reappeared as expected.

The separations at the end of the second year were very complex and almost overwhelmed the group. Many of our colleagues in other specialities were finishing their training at this time. Our longer residency caused us to feel left behind. The two residents who were leaving town for fellowships were particularly valued group members. The woman was expressive, had a questioning intellect and was a sensitive therapist. The male was more reserved, but extremely perceptive and sincere. In some ways they were reminiscent of the original group leaders. Both departing residents were leaving unfinished psychotherapy and were beginning new and extended training. There was some competition when group members interviewed for the same fellowship positions. The group only reluctantly acknowledged the pending separation. But one member who had recently experienced many personal and professional losses repeatedly brought it to the group's attention. When the final decisions were made, two residents were leaving town, two were starting local fellowships, and the other four group members were continuing their general residency training.

The Third Year

The group did not meet when the new academic year started. Before the end of two months, however, all 6 members who had remained in the area were again meeting regularly. The group continued until the end of the third year when all agreed to terminate.

The residents who began local fellowships at the beginning of the third year did not want to confuse their new roles by continuing to attend the group. We wondered if the group could survive with only 4 members, but no plans or predictions were made. Only one member came to the first session after all 4 fellows left. That remaining person had reluctantly started to form a new group

when another member called saying she wanted to help get the original group going again. Then a long evocative letter arrived from one of the out-of-town fellows. He wrote about the sadness of leaving the group, something he had not adequately expressed before he left. This letter was passed around and, after several false starts at new times and locations, the 4 remaining residents and 2 local fellows all began meeting again at the same time and in the same place.

Members' reactions to the loss of two participants and then the group itself were quite varied. One member did not feel he could return until he knew the group was already in progress—meeting exactly as it had before. Another member felt strongly that the location or something basic about the group should change because she and the membership had changed. Some felt as if there were two empty chairs in the room that entire year. One imagined the absent members were writing to us at the same time we were meeting. Another avoided thinking about the former members. Many of these feelings were not revealed until the group was terminating. In the meantime, we frequently wondered why we had done such a poor job of separating from the 2 out-of-towners. There were no clear answers.

Some members submitted an abstract about our group to a national conference. We were pleased when it was accepted, but no preparations were made for the presentation. Finally, a few members began to outline the content and assign tasks. Soon the entire group was involved in thoughtful discussions about the history and development of the group. It was during this phase that most of the feelings about the loss of previous members were discussed. We also began to anticipate the termination of the group. Preparing for the conference became a focal point for discussion of the loss and termination issues. Only one member was unable to attend the conference, but he participated in most of the discussion sessions. The presentation was successful, and one member of the audience remarked that it seemed like a celebration of the group.

The remaining task was termination. It was clear to everyone that the group would end at graduation even though only two members were actually finishing then. The time of the last session was changed on short notice and the member who missed the conference was unable to attend because of patient commitments. No further group sessions have been held. A year later some members decided to write about the experience and most members maintain some contact. It seems easy to pick up the old relationships on an intimate basis even after separation.

DISCUSSION

The responses to loss are discussed using the developmental model outlined by Mackenzie and Livesley (10). The first member left for general practice during the engagement stage. Residents struggling to establish an identity as psychiatrists could empathize with her ambivalence about the profession, but not with her decision to leave. It was a premature termination,

but no one questioned the decision. Still working at becoming a group and defining external boundaries, members needed to emphasize their similarities and common goals rather than confront their differences. No overt anger was expressed as it could destroy the developing cohesion. It was difficult to see how to bring ward-related, interpersonal conflicts into the group without damaging tenuous boundaries. The group acted as a whole in not helping her examine the decision to leave. Cohesion and boundaries were strengthened when the most obvious source of conflict was gone. It is disheartening that we did not help the most obviously vulnerable member, the victim of abuse. The residents did not understand the psychodynamic issues and the group was not sufficiently developed to prevent the repetition. This loss was actually an abandonment.

The group then entered the stage of differentiation, where the individual differences began to become apparent. For example, we began to divide our leaders into separate people, and when we became aware we were losing one, the divisions became extreme. We had a "good mother" and a "bad father"—divisions that were supported by their marriage, personality styles, and the male's position as a faculty member. It is during differentiation that the role of the leader is usually challenged. With two leaders we could mourn one and triumphantly expel the other with less ambivalence than with one leader. But individual differences were also becoming apparent in the residents who continued in some sort of therapy with the female leader. They prolonged the farewell to varying degrees, but all eventually completed it.

The loss of the resident who started late was more important to individuals than to the group as a whole. He was not present during the engagement stage and his loss was not processed by the group because in some ways he had never arrived. In another way we had to forget his presence altogether because then we would have to remember how he left. He was the only person who did not leave the group by his own choice. Since most of us were involved in tasks of mastery and gaining independence, his powerlessness was overwhelming. The group successfully forgot his unfortunate fate.

During the individuation stage, group participants began more in-depth self-disclosure. We revealed childhood traumas, present fears and relationship difficulties. In our group individuation occurred during the second year, the time with the most stable membership.

After individuation the stages become less distinct, but our group was in stage 4, intimacy, when we began to anticipate the loss of 2 and then 4 members. Self-disclosure together with increased day-to-day familiarity, led to intimacy, but we unconsciously guarded against overtly sexualized relationships. Almost all participants were married and we held several social gatherings where spouses were invited. When we later met as a group we discussed how uncomfortable it was to have our spouses present. Some of this reflected group boundary infringement, but it also seemed to be an effort to let reality limit intimate fantasies. Again this was only discussed during the conference prepara-

tion when our most analytic member said, "You know, we've never talked about the sexual nature of our group."

There was tremendous anger at this stage because some of our members were bolting and leaving for more advanced training. Everpresent underlying competition for group attention became crystalized in competition for fellowships. Ambivalent loyalties among all group members were projected onto the departing residents. There was hesitation because they were leaving so many things unfinished: residencies, individual therapy and interpersonal relationships. Premature termination was never mentioned, but perhaps explains why the members who stayed in the city reconvened the group within a short period of time. The loss of 4 group members was anticipated and discussed but effectively ignored. Even the member actively processing her own recent losses regarded the pending loss of group members as the last straw. Any more losses would be intolerable. Rather than face the loss of the members we let the group die. If the group no longer existed we would not have to acknowledge our anger, sadness and relief concerning the absent members. A range of individual responses to those who were leaving was apparent, but never directly confronted. Later, the range of responses was difficult to separate from those resulting from the loss of the entire group.

The group survived because it was sufficiently developed, but was not finished. At this stage of group experience and psychiatric training, there was a gradual awareness of the need for closure and termination. When all the available members were again attending the group sessions, we began the last stage of termination. The conference presentation became the intellectual, external focus that allowed us to review our history and discuss our reactions to the loss of group members. We marveled at the range of reaction. There was the "I'll do it if no one else will" angry resident who had wanted to continue the group even with an entirely new membership. The "rite-of-passage" resident wanted some significant marker of the group to be different because she and the group were different. This is in contrast to the "nothing's changed, immovable-object" resident who would only return if all possible group variables were unchanged. Finally there were the "in memory of" residents who consecrated two chairs to the absent members and imagined they were writing to us as we were meeting. We began to notice and remark on the range of individual responses within the group. As we discussed our losses and then our responses the group and its members suddenly became much more valuable. However, it was not without conflict. We argued over who got to present what and what relationship we now had to the out-of-town fellows. But our conference presentation was indeed a celebration of the group experience.

We had experienced the loss of members and even the group itself, but survived with greater appreciation of each other and the experience of the group. As Vaillant (15) writes, we were "enriched by the people whom they [we] have loved and lost." This remembering and internalization was focused by the

intellectual task of the conference presentation. The final group termination was minimally conflicted because the group, the losses and ambivalent relationships had become internalized.

CONCLUSION

Groups are often suggested to help support psychiatric residents and provide information and experience in group therapy. When a group can successfully complete the first developmental stages of engagement, differentiation and individuation there is the possibility of also learning about intrapsychic issues in the group context. In this description we have focused on the issues of separation and loss. Though undeniably important in individual therapy, loss is not usually considered to be a prominent part of the personal development of a resident in training. However, understanding separation issues is felt to be important in learning to be a therapist. In a group setting, the ordinary losses common to any age group are powerful forces, and a large range of individual responses can be seen at once. If a group can endure long enough to examine its own history, these feelings and experiences can be internalized, remembered and appreciated—a valuable experience for a therapist in training.

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