

## *Providing Therapy for Therapists Residential Groups for Helping Professionals*

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It is widely recognised that health professionals whose work involves psychotherapy or counselling need emotional support themselves to sustain them and to avoid the emotional exhaustion known as professional burn-out. In addition most dynamic psychotherapists recognise the need for such professionals to have therapy themselves to reduce the risk of counter-transferential distortions in their work. There appears, therefore, to be a need for counsellors and therapists to engage in therapy themselves, both to achieve fitness to practise and subsequently to maintain that fitness. In both instances it seems legitimate to regard such therapy as necessary training; the need for continuing training to preserve fitness is clear in other fields such as athletics and the performing arts.

### **The value of the residential approach**

Perhaps because of health professionals' tendency to project their own emotional needs onto their clients or patients, 'help for the helpers' has only relatively recently become fashionable. Although psychoanalytic training has traditionally involved personal analysis, the need for continuing therapy after qualification is less clear. Many practising therapists avail themselves of local support groups and supervision facilities, but these often involve contact with working colleagues so that a truly therapeutic relationship may be difficult to establish. My own experiences in residential therapeutic groups over the past few years have convinced me of the value of this approach as a supplement to existing resources. In particular I have been impressed by the potential power and intensity of the residential approach which seems to me to offer a quite different therapeutic experience from regular therapy or supervision. In my view therapy is preferable if one is forced to choose; to combine both approaches in a complementary fashion would seem to be ideal.

During the last four years I have run a series of non-residential weekend groups for helping professionals intended to provide an opportunity for people to retreat and take stock of themselves, to share and work on their own problems both personal and professional. The groups run from Friday afternoon until Sunday evening and provide about twenty-four hours of working time in each weekend. Most groups have had ten to fifteen participants excluding myself as leader. The beginning of each group is loosely structured to facilitate the development of safety and trust; participants are invited to contribute as and when they choose. My wish to run residential groups grew out of the experience of running the weekend groups; several participants expressed unhappiness at having to return to the outside world in the middle of the group and others felt that it was difficult to pack so much into a short

time. For these reasons I decided to explore the use of a one-week residential format.

This article presents an account of two residential groups for health professionals held in July 1983 and July 1984 at Grimstone Manor, a large house standing in its own grounds on the western edge of Dartmoor. Almost all participants were qualified and salaried health professionals, mainly from mental health and related fields; more than half the members of each group were funded by their employing authority and came from the following professional backgrounds: psychiatry (4), general practice (2), psychiatric nursing (8), social work (7), occupational therapy (9), educational psychology (1), art therapy (1), marriage counselling (2), drug rehabilitation (1), freelance therapy (1). The first group had eighteen participants and the second nineteen. In 1983 the group was co-led with Gaie Houston, a writer, broadcaster and experienced therapist with particular interests in group work and Gestalt Therapy. The 1984 group was co-led with Malcom Parlett, a staff member of the Gestalt Centre, London and visiting professor at the Institute of Educational Technology, Open University. In both instances the groups were clearly advertised as opportunities for helping professionals to retreat and take stock, sharing and working on personal and professional difficulties.

### **Structuring the groups**

Both groups were held over a period of five days from Sunday evening until Friday afternoon, and met from eight to nine hours each day with a long break in the early afternoon for recreation. For most sessions the whole group met with both leaders, but particularly in 1984 the group divided for some afternoon sessions with one leader in each group. The subgroups were self-selected and differently composed from day to day. In both 1983 and 1984 participants were encouraged to offer their own therapeutic skills to each other, for example by leading yoga, meditation, relaxation, or massage sessions.

In each case the initial group session on Sunday evening was used to attend carefully to the process of arrival and encounter with each other and the group itself. Participants were encouraged to attend to what they had left behind by coming to the group as well as noticing their reactions to the experience of arrival itself. Each person was invited to introduce themselves as they chose and to say something about what they hoped to get from the week.

It was intended on both occasions to use some structured material to facilitate the initial encounter and to encourage participants to take stock of themselves and their life situations. This seemed helpful with the initial

evening sessions, but proved less necessary during the rest of each week; many participants were eager to share and work on their own difficulties. Nevertheless some structure was used in the form of guided fantasies, projective exercises and 'growth games'. At times this was important to ensure that neither group was dominated by more extroverted and vociferous participants. The keeping of personal journals was encouraged; each person was given a book and pen on arrival.

Participants in each group were encouraged to bring forward personal material either to share or to work on. Therapeutic work was conducted 'individually within the group' with one (or occasionally two) of the therapists. Many individual pieces of work involved other members of the group vicariously and at times it was possible to collectivise a piece of therapeutic work so as to involve other participants or the whole group. A balance was maintained between attending to individual needs and the needs of the group as a whole; in general however the emphasis was on attending to individual participants' needs rather than group process. In both structured exercises and individual work the leaders used predominantly experimental techniques drawn especially from Gestalt Therapy and psychodrama. In both groups there was a lot of emotional intensity; most of this was deeply moving, but there were times when a little debunking was required. A balance between gravity and levity seemed especially satisfying.

The material brought forward by group members presented a wide range of personal and professional problems, including marital and relationship problems, unresolved grief and guilt, and a variety of topics around relationships with parents and children. In addition there were a number of specific topics such as anxieties about work and reactions to sustained physical violence. In all cases the material was specific and personal; participants were encouraged to avoid generalisations. It was a common experience for a person's work to appear insignificant at first sight, only for the true importance to emerge as the work proceeded. After one person had worked other members of the group were encouraged to share the significance that the work had had for themselves, and it was frequently discovered that one person's work had been vicariously shared by many others.

Levels of participation in each group varied from member to member, as did the intensity and style of emotional expression. Individuals were encouraged to be themselves rather than adopting whatever they perceived to be group rules, and were encouraged to decide for themselves whether or not they wished to share their own experience in the group. A distinction was also made between the sharing of experience and 'working'. Generally speaking levels of participation were high, although there was a wide range of levels of active involvement. By the end of each group it became clear that individuals who appeared to participate very little nevertheless regarded the group as a valuable experience; overt participation was not a reliable guide to the level of involvement.

In 1983 the group was led by a man and a woman; in 1984 by two men. Differences between the two years were not marked and seemed (to me) more related to the personalities of the leaders and group participants than to issues of gender as such. Certainly there were some indications that the leaders' relationship affected the group. In 1983 the leaders were working together for the first time and were clearly identifiable as separate individuals; in 1984 the leaders were a pre-existing partnership. In 1983 the group was more confrontational (though warm and supportive) while in 1984 confrontation was sometimes avoided.

Towards the end of each group attention was paid to the expression of previously unvoiced feelings or needs, and to the resolution (if possible) of intrapersonal conflict within the group. The whole of the last day of each group was concerned with the integration of the week's experiences into everyday life, and the problems of readjustment on return to home and work. Participants in both groups were invited to write to either of the leaders after the group to provide feedback and to encourage members to review the experience after returning to everyday life. Many members of each group took up this invitation; most people who wrote referred to the group as an extremely powerful experience, and most were appreciative of this. Some had found the group positively helpful in maintaining their sense of well being, others were disturbed by what they recognised about themselves. No 'casualties' are known.

### Conclusions

It is difficult to be sure what are the important components of such a complex experience as a residential group. In my own view participants' willingness to come to these groups in the first place was the most important component of the group's potential to be helpful. Beyond that, most participants seemed to derive considerable specific benefit from the work they do individually in the group, and from the intimate sharing and contact which is possible in such a setting. It is also possible for a residential setting to provide opportunities for recreation and relaxation which busy professionals may fail to provide for themselves in everyday life. There is of course the obvious drawback that the intensive experience of a residential group is not matched in everyday life, and some participants clearly find reintegration difficult. But this experience is not unique to residential groups and resembles the problem many of us have readjusting after a period of annual leave. In my view the problems of reintegration are reduced if both participants and group leaders remember difficulties that can be caused if a group's culture strays too far from everyday experience.

Overall the groups seem to have been successful in providing a therapeutic resource for helping professionals and it is encouraging that a majority of members of each group were funded by their employing authority. This suggests that there is growing recognition of the need for this kind of 'servicing' facility, as part of continuing training to preserve fitness to practise.