

# Medical Journey to Another World

## *Personal Experience of Group Work*

by Dr Hamish Wilson

**Hamish works as a General Practitioner in Christchurch. In this paper he describes the favourable influence of experiences in groups and with the psychodrama method on his attitude and identity as a doctor.**

In 1978, after considerable struggle, I graduated from medical school, and so symbolically left the 'group' that had so effectively held and contained me for six years. It was not until 1989 that I again entered a 'group', and this time the journey was entirely different. It started when I was at a workshop/conference on polydrug abuse, and most of the well-known medical experts of New Zealand were present. One afternoon session was allocated to a psychodrama demonstration directed by Robert Crawford from Hanmer. He asked us to lie on the floor and each dream up a fantasy of an ultimate drug trip. In groups of four we then discussed these fantasies, and eventually two protagonists were chosen to act out their 'trips'.

Well, about 20 seconds into that first drama, my jaw was just about dropping off. In acting out this man's fantasy, it seemed to me that an underlying psychological bias became immediately obvious. Three years down the track I would now be a lot more cautious with such glib interpretations, but at the time I was astounded by the simplicity and speed of the method. I had just split

from the latest of a line of girlfriends, and was almost starting to concede that 'blaming the other half' could not always be the answer to my relationship problems. So I resolved to do psychodrama as the most direct way of sorting all that out.

I spent two years or so learning from Paul Baakman, a Christchurch psychotherapist and group worker, and learnt a lot more than I bargained for! I also did sessions with Max Clayton, Mike Consedine and Clare Elizabeth. All of these people make extensive use of the psychodrama method in their approach.

These groups were structured and disciplined. The director usually introduced himself and 'warmed-up' the group with either group exercises or with individual personal sharing. This was either related simply, or else acted out dramatically. The directors did not usually share personal experience in their own introductions. Some participants had 'issues' which they wished to explore in group, and eventually by various processes of elimination (not least by voting) a protagonist was found to do a 'drama'. This was then acted out under the control of the director,



## **ANZPA SYMPOSIUM 1993**

**Friday 22nd, Saturday 23rd and  
Sunday 24th January 1993**

***For Full and Associate Members of ANZPA  
GEELONG, VICTORIA***

We will shape the future of our organisation and our own futures.

This 1993 Psychodrama Symposium will give us the opportunity to focus on all aspects of the work of ANZPA and the current concerns of members. We will address issues that have been raised over a number of years and by the 1991 questionnaire to members. A full exploration of these issues concerning our identity, purpose and relationships will prepare us well for the Annual General Meeting.

An external organisation developer, Bob Dick, is already working with us. He is familiar with psychodrama and is an accomplished group facilitator.

The venue is the Institute of Educational Administration in the centre of Geelong. It is one hour's drive from Melbourne and regular buses run from Melbourne airport to Geelong.

The Symposium registration fee is \$290 or for early registrations \$250. This includes lunches, dinners, and entertainment night.

### **SUMMER TRAINING WORKSHOPS** ***Open to ANZPA Members and Non Members***

**Training for Trainers** led by Dr G. Max Clayton  
17-20 January 93 in Kalorama, Melbourne

**Sociodrama Workshop** led by Elizabeth Synnot and Effie Best  
25-26 January 93 in Geelong

**Psychodrama Applications and Role Training Workshop**  
led by Joyce Williams, Mike Consedine and Bev Hosking  
25-26 January 93 in Geelong

Please note, a

**Special Interest Group for Psychodrama Practitioners**  
will be convened by Lynette Clayton  
Thursday 21 January 93 in Geelong

#### ***For further information contact***

The Symposium Committee  
32 Ferrars Place, South Melbourne 3205  
Convenor, Peter Rennie, on phone (03) 699-3697

using various techniques such as scene-setting, role-reversal, modelling and mirroring. Subsequently, personal sharing of similar experiences by the rest of the group completed each session.

Most of the groups I was in were 'unsophisticated', in that much work was done on unresolved issues from the family of origin, and in particular on the relationships with parents. Later, as I joined more experienced 'training groups', the focus became more on how to use psychodrama at work, although I continued to 'meet' many parents in dramas. Women outnumbered men by 2 or 3 to 1, and so I had many acting roles as brothers, fathers, uncles, etc. Many participants had been sexually abused.

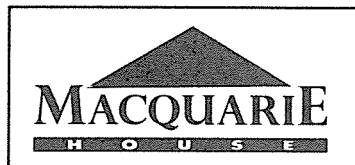
Strong group bonds were formed, and I noticed this seemed more so in the 'personal growth' groups than in those particular 'training groups' I attended. I also noticed that as the group feeling became stronger, my sense of individuality also strengthened. Similarly, I noticed that as I shared more personal experiences of my vulnerabilities, others seemed to warm to me more. During 'sharing' after each drama, most of the directors drew on their own personal difficulties with the same theme, and this seemed enormously powerful.

During three years of group work, I've noticed that the combined effect of the group seems to be more than the sum of its parts. Somehow, group process does more than expected. It seems to have a life of its own, over and above the contribution of participants. For example, at times there was a congruency about all the subgroups we had set up, so of the four protagonists chosen, each had the same theme for an intended drama. This happened so often it ceased to be remarkable. Overall, the qualities in those groups seemed to

be expansion, openness and creativity, yet individual boundaries seemed to be firmer. It was all very mysterious.

The focus in these groups over time became the interconnections between people, between the protagonist and his parents, between himself and his abuser/his victim/his authority figure. This focus on the connection or relationship between things was new for me as, of course, that was *not* how it was in medical school. There, the underlying concept is The Scientific Experiment. The Experimenter is disconnected or *removed* from the experiment. He wants to have absolutely no relationship at all with what is being observed in case that interferes with the result. Using the Scientific Method, he makes an hypothesis, applies certain techniques, and monitors the result. The focus of medical training, at least until 1978, was to break down each problem to its very smallest part; to find the organ that's malfunctioning; to find the biochemical pathway that's blocked. Since then, there has been some medical emphasis on 'engagement' and 'empathy' with patients. Yet the underlying theme remains the same. The Doctor (as Experimenter) diagnoses the patient (the Object to be observed) and prescribes a course of action (manipulates a variable). Cynically, it seems that 'empathy and engagement' are being advocated only to increase 'compliance' so that the experiment has a better chance of success. The underlying philosophical theme remains the same; that the medical interview is still largely based on the dogma of the 'Scientific Method'.

As so this group work I have done in the last three years was radically different; certainly it has changed my orientation. Rather than being sepa-



*Organizational Consultancy*

## ANNOUNCEMENT

MACQUARIE HOUSE is being established in Brisbane at 45 Clarence Street, Coorparoo. It will be equipped with a psychodrama/playback theatre, group work rooms and consultancy/counselling rooms.

The establishment of MACQUARIE HOUSE is timely in the development of the psychodrama community in Brisbane.

MACQUARIE HOUSE staff will also provide organisational and community consultation services including:

- Community Development
- Management Consultation and Organisation Review
- Management Development
- Negotiation and Conflict Resolution within and between Groups
- Group Work Facilitation and Professional Development
- Personal Development

Elizabeth Synnot and Peter Howie are founding members of Macquarie House.

The postal address is P.O. Box 83, 50 Albert Street, Brisbane 4002  
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rated from patients/clients, I now see similarities with my own issues, and I am more likely to openly say so. Hopefully without neglecting the physical and technical aspects of the consultation, I now see their symptoms in the context of their lives, and I attempt to explore their *relationship* with their illness.

I still, of course, attend medical groups for various reasons. I even meet, sometimes, those in my original 'group' from medical school. But it is the same old stuff; crossed arms, superficial talk, medical talk ... we somehow don't meet *as people*. And yet I can meet friends from psychodrama who I join in a big hug, catch up on with enthusiasm, and have a feeling that it's great for us all to be in the world.

Somehow then, those six years of medical 'group' work had not developed or encouraged those same bonds between myself and the others. Given the extraordinary power of group process, I now find it remarkable we were able to resist that process so effectively.

My ideas on this were further developed by attending George Sweet's last series of workshops called 'Courses for Carers' in 1991. In that year I also attended two role training workshops for health professionals, one by Walter Logeman and one by Paul Baakman. All these groups were not directed toward technique or diagnosis; they were orientated toward the health professional in the context of his work.

George Sweet, a local psychotherapist, broke all the rules from medical school in the first five minutes. The first workshop was 'Power in Relationships', one he started by personal sharing about his family of origin, his experiences of power issues in various job positions, and his experience of 'power' in his own

marriage. I have never heard the leader, or 'power' figure, start with his own issues, and yet this somehow increased his own authority in group. Certainly it encouraged personal sharing from the rest of us, and it seemed to facilitate subsequent work on client power issues. These groups were for one day only, and I did not notice such strong personal connections within the group, as for the four or seven day psychodrama groups.

I was usually the only GP present, until I helped to organise a role training group with Paul Baakman as leader. This was part of the 1991 Medical Postgraduate Education Programme on Substance Abuse. Six GPs attended, and the role-training was orientated toward dealing with the difficult drug-seeking patient in general practice. We had two dramas, and we used mirroring of current roles, and modelling of new ones. After the drama there was a tendency from the GPs to analyse the action, rather than contribute with a similar personal experience, and this reminded me of the similar situation in Robert's group back in 1989. Few doctors over the years, it seemed, were familiar with such group work, and on both occasions, most of them had difficulty with this concept of 'personal sharing'. In Paul's group, however, we all agreed that role-training seemed to be a brilliant way of examining such difficult consultations.

I have decided not to continue 'training' in psychodrama, yet I continue to enjoy occasional groups. I have found myself stepping outside of the medical model, and yet find myself now more effective within it. And so the journey for me continues. Further mysteries are awaiting.