

## Special Article

# The Role of a Women's Group in a Family Medicine Residency Program

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Family medicine emphasizes the importance of the whole person, not merely the disease entity<sup>1</sup>. It also emphasizes the importance of the family context of illness<sup>2</sup>. Paradoxically, during resident training, both the whole person and the family of the resident are often ignored. It became apparent to the Department of Family Medicine at the University of California Irvine Medical Center (UCI) that many women residents were burdened by common stresses: pregnancy during residency, feelings of technical incompetence, coping with small children at home, balancing marital relationships with demanding careers, etc. These residents felt their problems to be unique and were unaware that other women in the program had similar experiences, as they were often unacquainted with the other women residents. It appeared that a potential for a natural support group existed, and the department decided to explore this resource.

Precedents for this step were found in (1) the development of consciousness raising groups for women during the sixties and early seventies, as an outgrowth of the women's liberation movement<sup>3,4,5</sup>; (2) the increasingly accepted practice of incorporating group experiences for members of both sexes into medical student and residency curricula<sup>6,7,8,9</sup>; (3) the identification of special issues confronting women pursuing a career in medicine<sup>10,11,12,13,14</sup>; (4) the existence of support groups for women at the medical student level.<sup>15,16</sup>

**THESE INSIGHTS** led to the formation of a women residents' group which met three or four hours in the evening on a monthly basis for a total of 15 sessions. The location varied from members' homes to administrative conference rooms. Potluck suppers and wine and cheese often provided a relaxed, informal atmosphere. Group facilitators were either a team of two psychologists, a psychologist/physician pair, or a psychologist/social worker pair. The composition of the group varied considerably from month to month. A typical group consisted of one or two psychologists and social workers, one physician and four to six residents.

Shangold has argued<sup>15</sup> that issues confronting women in medicine confront men as well, for example, how to balance family and career, how to deal with frustration and anxiety, and how to pay attention to personal needs in the face of professional demands.

It is, of course, beneficial and productive for men to address these and other similar issues. However, despite the increasing commonality of experience, there are issues in a medical setting which are unique to women. For example, there still is a notable lack of women physician role models, particularly in academic medicine. Many women medical students and physicians are troubled about possible contradictions between their femininity and their choice of career, an issue which does not affect male physicians. Women physicians must deal directly with certain aspects of combining family and career, for example, the experience of pregnancy during their medical careers. Thus there appears to be a need for a women's group in a setting such as a medical center, where overt sexist holdovers sometimes still exist.

**OVER THE MONTHS** the UCI family medicine women's group covered a variety of topics. The group structure was low-key and nonthreatening, while the format was informal, combining discussion with occasional readings or topics provided in advance. As several residents had experienced, or were about to experience, pregnancy during residency, this became a focal point for many group discussions<sup>17</sup>. Issues involving the integration of roles<sup>18</sup>, of combining family and career, had an enduring interest for members of the group. Also of great importance to the residents was the opportunity to examine aspects of the dual career marriage or relationship. Other issues dealt with included femininity and identity confusion as well as the health care problems of women.

At times the meetings never coalesced around a specified discussion topic and the group served a purely socializing function. At group meetings a few infants and toddlers were present and physician-mothers had an opportunity to share their children with women in a similar situation. At other times the group mobilized around a specific incident of sexism occurring in the medical center or perpetrated by a member of the volunteer faculty. Finally, the group sometimes served as a safe environment where a particularly distressed resident could express her feelings and cry or rage, as the case might be. Predictably, participants simultaneously felt most uncomfortable and yet most self-actualized as a group on these occasions.

Despite time constraints and an informal format, the group had several goals. The first was the modest goal of establishing "face recognition" of the other women residents in the department. A second goal was to provide a socializing opportunity for women

residents. Other goals included: developing a supportive and safe environment for personal exploration, strengthening the sense of the women as family physicians, encouraging and modeling the labeling and expression of feelings, establishing a liaison between women faculty and residents, providing the women with a power group to reduce feelings of helplessness and stimulate a sense of group belonging and providing a forum within which to examine specific issues with particular emphasis on their relevance to the personal and professional lives of the women in the group.

While no written evaluation of the group was conducted, one group session at six month intervals was devoted to evaluation. Feedback from residents included recommendations for structural changes, such as: altering the time of the group or the frequency of the meetings; whether children should be allowed to attend meetings (group members decided that they should not be included as they grew older); the direction of the group (political action vs. personal exploration) and the format of the group (leaderless vs. a desire for more structure and organization.)

During the informal evaluation sessions several problems were identified, some of which were resolved. Often mentioned by those with longer group membership was an initial resistance to self-disclosure and a tendency to focus on political action rather than personal feelings. Members of the group unanimously agreed that movement in the direction of greater intimacy produced a more satisfying group experience.

**TIME PRESSURES** were also repeatedly mentioned as an obstacle to successful group functioning. Related to this was the lack of continuity of group members which was attributed to time pressures as well as to the reluctance of some women residents to give up a precious evening with a spouse or significant other to attend a women-only group. As a result of these factors, the group consisted of a core of two or three members with an everchanging periphery of additional women residents. This fluid composition of the group reduced the sense of continuity as material covered the week before needed to be recapitulated and summarized for the "new" members. The degree of intimacy, trust, and capacity for openness in the group was similarly reduced by the irregular attendance.

A related problem was the difficulty in generating group process on a monthly basis. Many of the residents pointed out that even though they had attended the last session of the group they could hardly remember what had been discussed and had difficulty remembering how their feelings were involved with the issues under examination. This difficulty, combined with the lack of member continuity, contributed to the sense of each group session as a mini-marathon, where for four hours the entire progression of group development was reenacted month after month.

Residents also felt that the group was only partially successful in uniting women of divergent back-

grounds. In particular, they felt that the dominant focus of the group on family and career had excluded single women residents who were concerned about examining their survival as unattached women in a medical world. A similar unresolved conflict in the group was the struggle between "political" women who hoped to transform the group into a political action body, and other less-activist women who, eschewing the label of feminist, were more comfortable with the area of personal experience.

Despite these problems, most of the women believed strongly in the value of the group. Perhaps the most successful aspect of the group was that it had transcended its limitations to become a symbol to all of the women in the department, serving as a sign that our women residents were effective, committed, and concerned about their own lives and development.

**ANOTHER MAJOR SUCCESS** of the group was the responsiveness and enthusiasm of the residents by the end of their second year in the program. Initially, the residents tended to regard the group as a luxury; by the time their tenure was drawing to a close, they had become energetic supporters of the group experience, attending monthly meetings and attempting to proselytize new arrivals. One of the most successful ramifications of the group was its incorporation into the orientation week for incoming residents.

Finally, the residents felt the group had been generally successful in accomplishing its objectives. Face recognition of other women in the program had been accomplished and several successful socializing experiences had been provided. Women faculty members and residents had established a new bond, and a sense of increased accessibility to the faculty had also emerged. Effective professional women role models had been provided, and the residents became more comfortable with personal sharing and with expressions of negative and positive affect. At the end of the group meetings, residents agreed that they felt more competent in their roles as family physicians and women physicians. Friendships among the women had been formed or strengthened into informal support networks outside the confines of the group. Women residents appeared more confident in raising issues of sexism or potential discrimination with faculty members and appeared more confident in gaining satisfaction from their multiple roles.

**SEVERAL RECOMMENDATIONS** for change emerged from the evaluation sessions. Most residents felt that a commitment to participation in the group for a specific length of time should be obtained from each interested resident. They further felt that bimonthly meetings would greatly enhance intimacy and a sense of continuity. Many residents also suggested that time be formally set aside in the curriculum so that participation would not be completely in addition to required departmental activities. Finally, several residents felt that needs of the group could have been better addressed by including spouses or significant others in at least a portion of the group sessions. However, it seems apparent that the benefits of such a

group could easily generalize to other programs: (1) the sense of competency and commitment generated among residents (2) the increased accessibility of women faculty members (3) the informal support network which developed among the women (4) the increased clarity of satisfaction about lifestyle choices among our women residents.

The women's group was terminated eventually as most residents and faculty members felt it was time to experiment with new forms for old ideas that had meaning to women pursuing careers in medicine. This feeling developed into a "Women in Medicine Day" which considered the more salient topics from the original women's group, namely: the balancing of family and career; how to survive as a single woman in a medical setting; and issues in treating women. The Women in Medicine Day was unique in that it attempted to mix the medical generations by including medical students in primary care specialties, residents in family medicine, full-time and volunteer women faculty members. Announcements, fliers, and a personal letter of invitation to all fourth year women students and family medicine residents stimulated considerable interest. The "Women in Medicine Day" appears to be a promising experiment to keep alive issues of particular relevance to women physicians, and to allow women physicians at different stages of professional development both to question and to support each other.

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