The Relation Trainer-Personal Development Group from the Perspective of Therapeutic Success and Therapeutic Failure

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Abstract—A therapeutic success is the aim of any therapeutic intervention, but a therapeutic failure is the other side of the same coin. The purpose of this study is to present the activity of a personal development group, composed of 14 participants (psychologists, doctors and a priest) registered for a 2 days course of integrative psychotherapy. The objectives of this study are centred on: the management of the personal development group breaking moment realized by the therapist/trainer; the analysis of the trainer's personal situation and of some group participants and the brief presentation of the main work methods applied on participants in the repairing of the therapeutic relation and in the counter transfer management. The therapist's orientation is an integrative one and the demarche realized includes T.A. techniques, role play, Gestalt and family systemic psychotherapy. The conclusions obtained represent landmarks for the future activity within that group and strengthen the therapeutic relation with the group.

Keywords—Therapeutic success, therapeutic failure.

I. INTRODUCTION

A. Variables Implicated in the Therapeutic Success

FAILURE in psychotherapy, regardless of the therapeutic orientation is conditioned by a set of variables, which can influence each other: client variables, therapeutic relation variables and technical variables [4]. The client variables are important for the determining of the therapeutic success of an individual therapy and for a psychotherapy training group, a personal development one. From the client category the following examples can be mentioned:

a. personality characteristics of the group members;
b. psychological problems which can limit the success of fulfilling the objectives proposed;
c. an attitude of externalisation to which some participants attribute some problems to other persons in the group or even to the therapist/trainer;
d. an increasing need of structuring and direction of activities inside the group.

The therapeutic relation has represented and still represents the subject of numerous research in most of the therapeutic orientations and is represented, from the perspective of personal development groups by [5]:

a. the supportive attitude of all group members;

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b. coordination competencies of group activities;
c. the preoccupation for the well-being of each participant;
d. the observing of the rupture moment of the therapeutic relation with the group as a whole and with each participant;
e. the ability to initiate and maintain the therapeutic alliance with every participant;
f. the ability to emotionally contain every participant;
g. the ability to repair possible ruptures of the therapeutic alliance;
h. the ability to encourage change in every participant;
i. the ability to create and maintain a group climate and ethos etc.

Technical variables refer to the ability of the trainer therapist to use these therapeutic techniques appropriate for all group participants, in order to facilitate the understanding of psychological processes [3].

Difficulties of a therapeutic relation between the therapist and its clients are central in individual therapy and in personal development groups. Research has shown that a positive therapeutic alliance is the best predicator for a therapeutic success [6], [7].

The therapeutic alliance may be compromised due to the action of three factors [2]: the agreement on therapeutic objectives, the accruement on the techniques used and the powerful connection between the therapist and the client. In the case of a recently built group, for example the first session of the trainer with the group, the agreement on therapeutic objectives and on the techniques used may a substitute for a not so strong therapeutic relation with the group.

The participants of a group are not always equipped with the necessary ingredients to establish a strong therapeutic alliance, there are persons with interpersonal traumas, with attachment disorders or are in need of more time in order to be able to establish a therapeutic alliance.

Traditional psychotherapy trainings have underlined didactic teaching methods; have encouraged participants' adhesion to the application of certain intervention techniques and the theory application with the supervision of clinical cases [3]. Such trainings tend to increase the adhesion towards a certain therapeutic model, but not necessarily towards the therapists' competencies found in training programs, the reason being an increase of their competence [1], [8].

Training in integrative psychotherapy, as in any other form of psychotherapy, supposes the finalization of training

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programs, of personal development programs and supervision ones implemented by that country or other European countries (if the organizing association desires accreditation at an European level).

II. CASE STUDY

Different psychological variants can be observed in personal development groups, which the trainer has to be able to manage. The situation of a personal development group is presented in this study, found at the beginning of integrative psychotherapy training. The group is composed of 14 students, 11 psychologists and 3 doctors; a group that has already finalized three modules of training (20 hours training for each module) and a module of personal development (20 hours). It can also be mentioned that all four modules have been taught by the same trainer, and all the future modules of personal development will be held with the same group. The aim of this study is to present a delicate situation, which if it hadn't been managed correctly by the trainer, it would have had dramatic consequences for the personal development group members and for the trainer.

A. Description of the Situation

The theme of the personal development module was "Therapeutic success and therapeutic failure", thus at the established date and hour the training was begun. The fact that this was the first time for the therapist as trainer for a personal development group must be underlined. The therapist received good references regarding that group, being described as being dynamic, interested in publishing papers in the association journal, association in which they realized their personal development and training (all students already having written papers). All group members work in the psychology and medicine domains. The therapist has also been informed of the existence of transfers and countertransfers between the group participants. Immediately after my presentation, a schedule for the following two days, the framework of the activity, confidentiality and the possibility of publishing a study referring to this activity had also been established.

B. Description of Day One

For the first day, because not all participants worked with clients in psychotherapy (only two of them have been formed in other psychotherapy schools), the presentation of a case, which could be analysed, was also proposed; they could ask questions or formulate conclusions referring to the therapeutic success or failure. After the presentation of the case study an exercise has been proposed: the group was divided into two subgroups, one subgroup having the task of identifying possible characteristics of therapeutic success and the other group those of therapeutic failure. With the presentation of the case study and with intense discussions, the activity was held until lunch break. The group (with the exception of two colleagues, who went home to have lunch with their families) decided to have lunch together at a nearby restaurant, so the group members regrouped in front of the building waiting for all to come and left for the restaurant. This lunch meeting represented for the trainer an opportunity to better observe his colleagues. When returned to the office, one of the students was waiting in front of the door, who from now on will be called colleague A, with a visible irritated attitude: "You locked me in; I had to call the owner to let me out". Regret was expressed and the possibility to go and have lunch was offered to her, which she refused. The activity continued with the identification of the therapeutic success and failure, discovered by the two subgroups. The therapist was a party of each group, participating in an active manner in the two discussions, which lasted to 20 minutes each. Communication was facilitated at the level of each subgroup, and while working with the second subgroup. A colleague asked the therapist: "How long do we have to work?" The therapist answered in a firm manner "another five minutes", continuing the discussions with her colleagues. The activity ended at the established time, being followed by a short pause and afterwards we continued with the presentation and the discussion of the characteristics of therapeutic success, discovered by the first group, thus considering that the activity for the first day was nearly over. The therapist also demanded feedback from each group member regarding that day of activity. The observations referred to:

- the work methods are different in comparison to their last training;
- the presentation of the case study and the therapist's observations regarding clinical practice had a powerful impact;
- they were expecting more interaction with each other;
- "I didn't feel visible and had other expectations from the personal development group" (said colleague A).

From that moment the dynamics of the group exploded. The colleague next to her asked the therapist "Is it normal to have expectations?" The therapist answered in a simple manner "I don't know". The doctor colleague continued "I observed that you say you didn't know but in fact you do know". The therapist didn't answer the challenge, but explained that she often realized that there were others expectations and answered "Still, it is important to have expectations formulated from our point of view and less from an exterior point of view, and maybe then when we realize this passing from the exterior towards the interior expectations will be diminished". The colleague doctor continued "I don't understand anything", which answer was repeated by another colleague "neither do I". Another one continued "Wait for your turn". The therapist became more and more alert to the contagious situation and continued with the feedback for that day. The countertransfers for colleague A appeared, but favourable answers for the activity of that day prevailed. While the therapist was approaching the end, the colleague doctor continued "still I felt attacked when you said you have five more minutes, you answered in a rough manner". She continued "can anyone tell me what we were doing when X asked the question?" Answers came very fast from the

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participants of the second subgroup "you were talking about the therapist…you looked at your watch…for some mother for others plague...and we were asking ourselves when will you work with us too and we were interested in getting the same attention". The colleague doctor, participant in the fists subgroup, realized a final intervention for that evening "I feel the need to apologise for my colleague, that I didn't let her speak (colleague A, who remained in the building). The answer came quickly from colleague A "I am sorry for not letting you speak (looking at her)…" Colleague A "Yes I felt invaded". She continued the dialogue with the colleague doctor, her interventions for that day were appreciated, the fact that she asked a lot of questions (she mentioned that this was new even for her, the fact that she was the most active person), the colleague was encouraged to continue asking questions in the future and insured her that a colleague had anything to say they can always intervene. The group reaction was a surprising one, because the colleague doctor renounced her agitation. The therapist thanked everyone for the participation underlining that we were to continue the next day.

C. Description of Day Two

1. Analyse of the Therapist's Activity

After the first day the therapist left with a feeling of discomfort and had the impression that some of the group members also had uncomfortable feelings. She has begun to review that day, how the group talked, what she observed during lunch and the main "actors" were:
- colleague A, left in the building, who gave the therapist 5 phone calls (but because the phone was on silent mode the therapist didn't see until after lunch, she called back but the group member didn't answer);
- the doctor colleague's intervention and insistence in attaining the therapist's attention with questions;
- the relation between the two colleagues: colleague A and the colleague doctor;
- certain answers from the group were also countertransfers, with an attention on the answer of one attacking directly colleague A;
- other answers of the group were perceived as being pro or against colleague A, who mentioned 'not being visible" during her first day in the group.

For the therapist, it was the first time when she felt things had become sensible and that there was a risk of not being able to manage these processes.

The therapist has contacted the psychotherapist with which the group had worked during previous modules and asked for information regarding the group. Her hypothesis was confirmed, that the main character, colleague A presented a structure of passive-aggressive personality (even if she was a little preoccupied with the diagnostic) and that she had an exchange of remarks during her anterior module of personal development with one of her colleagues, called from now one

colleague B, and who "offered" a strong countertransfer during that day.

The therapist decided to analyse her relation with the group and to discuss the events from the previous day.

She had to answer the following questions:
- why did she have a feeling of discomfort after the first working day with the group (this hadn't happened until then)?
- why after a day's work she didn't observe the apparition of sensible aspects in my relation with the group and an answer polarization appeared in some of the group?
- what was the basis of the countertransfer between the two colleagues, colleague A and colleague B?
- what determined my colleague doctor to insist on attaining her attention and what determined her to apologize for "invading colleague A?

The feeling of discomfort sensed was explained as being "failure" for that day, in the conditions in which she felt the driver "Be perfect!" as regaining the first place. Another explanation was that the group was somewhat used to the working style of another trainer and my apparition "disturbed" the group dynamics.

The therapist begun to analyse the persons' activity remarked through the answers given: colleague A, the colleague doctor and colleague B with a countertransfer for another one and other two persons who empathized with colleague A. She analysed the behaviour of the colleague doctor during lunch and identified the saviour characteristics (preoccupied in offering her lunch to another colleague, to gather the money for the bill, she even went to speak to the waiter for the bill). Her intervention "it is ok to have expectations?" was interpreted as the "saviour" of colleague A. In a screening manner, the colleague doctor was sustained by the colleague "fed" by her during lunch. According to her, the person left alone during lunch was a victim and her position was of the saviour's. But the victim position was rejected by the colleague left alone, becoming the persecutor of the doctor colleague. The dramatic triangles were the following ones:
- for the colleague doctor: she was the saviour, the therapist was the persecutor and the victim the colleague left alone in the building;
- for colleague A: she was the persecutor (she didn't answer the phone when the therapist called her, she refused to go have lunch, and she mentioned not being visible), the therapist was the victim (the therapist received her observations, she didn't receive what she expected from me "I had other expectations").

After the therapist's answer regarding the crossing from the external landmarks to the internal ones (being situated on the Adult self, an answer not understood by my colleague doctor) after a short period followed her attaining and her positioning in the doctor colleague's reality) on the persecutor position when she said "you slap me when you said 5 more minutes". At that moment the reaction a colleague entered ("fed" by the doctor colleague) "what did you mean by for some mother for

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others plague? The group was thinking when will she come and speak to our group? She spoke with you for 20 minutes she had to speak to us the same amount of time".

For the colleague doctor the dramatic triangle changes actors again and is positioned alone in the victim role "I have something to say…I am sorry for invading you (towards colleague A), I feel I took from your time and didn't let you talk". The persecutor (colleague A) strengthens what she said "yes, you didn't let me speak, I felt invaded" (even if we had enough time). The discussion ended, being followed by the therapist's appreciation (the offering of positive strokes for the doctor colleague) for all the questions she put during the entire day (fact also mentioned by her, because until then she didn't use to ask questions during a course).

During all interventions and trials of being positioned on one of the tops of the dramatic triangle the therapist tried to remain on the Adult self state.

When asking for a feedback, the countertransfers for colleague A entered in the game, the most powerful one being underlined by colleague B.

The therapist has decided that the objectives for the second work day to be the following:
- the presentation of dramatic triangles from the perspective of Transactional Analysis (T.A.);
- the analyse of the countertransfer between colleague A and colleague B;
- the finalization of the theme proposed for the personal development module (the therapist also had to analyse the answers of the other group for the therapeutic failure).

2. The Presentation of the Therapeutic Activity for the Second Day

After the group reunited at the hour established the therapist asked for an approval for the following topics:
- to present for the T.A. perspective the behaviours of the colleagues observed in the group (colleague A, the colleague doctor and colleague B);
- to work with colleague's B countertransfer.

For two hours the therapist has resented the situation observed during the previous evening, the group was impressed by the analyse offered and sustained the colleague left in the building, that in the future she should intervene, she should say what troubled her. Other persons with a passive-aggressive personality were identified, who realized transfers; thus the therapist proposed their transfers to discussion. The group was surprised by the interpretations received and colleague A received feedback to be more assertive in the future.

After a short break the therapist has begun working with colleague B for the countertransfer realized with colleague A. Colleague B reminded the group that she also had an exchange of remarks during her last personal development group. Even if this was a delicate problem the therapist demanded the approval of both colleagues to work on the countertransfer between them. The therapist contracted with the group the rules that would be applied in this situation (to respect the processes of the two colleagues, to offer as much as possible an empathic support, to maintain peace).

Colleague B mentioned that her sister, to whom she has a satisfying relation, resembles colleague A.

During an entire hour the group worked on the colleague's B relation with her sister, mother and father. The therapist has identified the injunctions: Do not exist, Do not be yourself, Do not belong, Do not grow, messages which determined her to be situated in a position of blockage with in most of life important decisions. Her release was realized by insuring her of the existence in the future of four landmarks or pylons: I exist, I am myself, I belong, and I grow. The four pylons were accompanied by symbols (chosen by colleague B): I exist – accompanied by bringing her right hand in front of her heart; I am myself – accompanied by touching her face with her hands; I belong – accompanied by getting her hand together over her chest; and I grow – accompanied by a correct standing posture of her body. Also, colleague B considered it necessary to write on four pieces of paper the four pylons. The therapist demanded her to repeat a few times the body symbols in order to be retained.

Colleague B, in order to make sure she won't forget these pylons in the future, she wrote them on four pieces of paper which she put inside her wallet.

Later, the therapist has identified some of her subpersonalities, which generated conflicts in client B: her sister, her mother and her father. Their reunion and acceptance was made at a mental level and later at the group level by identifying in the group of pa person mother, of a colleague – father and of colleague A – the sister.

Before asking colleague B to discuss with her family in a role play, the therapist had a talk with her (as her sister). The therapist considered it necessary to talk to her sister (colleague A), to practice the "newly created" relation in order to diminish a possible risk of countertransfer apparition. The "newly created" relation was practiced by starting questions which were continued by colleague B, for example:" I (mentioning the name of her sister) am now… (continued by colleague B)", or "From now on I (her sister)…" The demands were the same in the colleague's B reality: "I (the name of colleague B) for you (sister's name) will consider that…will be able to…etc." During this exercise, colleague A started to cry and left the room. The therapist continued to work with colleague B and after some minutes the other colleague returned.

The following exercise was moved to another side of the room, where the group positioned colleague's B "family" on chairs: the father on her left side, mother on her right side and her sister in front of her. The dialogue with her sister (colleague A) started with the asking for permission to hold her hand. The colleague started the dialogue directly by recognizing that she identified to her sister and with all the bad things she did, so she couldn't take it anymore and had to run out. Colleague B (as her sister) has recognized all aggressions and challenges launched by colleague B, the peak being underlined during the first module of personal

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development. Colleague B underlined her availability in waiting as long as necessary in order to build "the other half of the bridge between us, I have build half with other pylons, now I will wait for you to reach me half way". For her parents, colleague B had the following message "you have two girls and we don't always have to do the same things to calm you down".

A "family" picture fallowed, in which the two sisters were holding hands, hugged and cried, being caught "in the middle, between their mother and father".

During the time left the therapist managed to fulfil the final objective proposed, that is to analyse the characteristics identified through the therapeutic success.

At the end of the day, feedbacks were favourable for each participant (even if the situation was solved in the last minute).

III. OBSERVATIONS AND CONCLUSIONS

It was for the first time the therapist had to work with such a challenging group, which she called "The Force". The therapeutic relation between her and the group was close to breaking, in just a few moments, at the end of the first day of work without any special "outbreaks". Still, it has been proved that things can change. It is possible that the first recommendation to be made in this case is that the group holds the same trainer in personal development.

The trainer needs courage and a lot of analysis power in order to identify the breaking of "contact" with some of the group participants. There is a risk that through the answers offered when giving feedback, they will "pay the bills" for other participants and the therapist be caught in their psychological game. Even if the therapist felt tired she kept the Adult self state at the end of the first day.

The therapist considered that the discomfort feelings lived by her and especially those lived by some participants to the group must be identified and subjected to analysis and interpretation inside the group.

If the therapist hadn't proposed to discuss events, then the risk to accumulate frustrations would have been possible for some of the participants and the relation with the group could have suffered changes. But this relation has been repaired. A failure in the relation with the personal development group generates consequences for the trainer and for the group participants. The activity realized with a personal development group is different from the activity realized with a psychotherapy counselling group. In the fist one, the processes of transfer, countertransfer, containing of participants, auto-education are the ones that prevail, while in the latter one formative processes are the ones underlined, realized according to adults' education. Regardless all these, the therapist considers that she may meet situations, in which the group members can not manage the interpretations offered if they aren't strong (it is supposed that when enlisting for psychotherapy counselling you have to pass an initial

evaluation) and then we can observe the therapist's intuition to offer as much as the group can handle.

In groups of personal development the therapist encourages participants to hold journals in which they can write what they feel and think, in order to cultivate their aptitude of auto-analysis of emotional states and thoughts. These journals represent landmarks for the auto-monitoring of their personal development. Laos, the research journal is useful to the trainer for recording observations, the progress registered by participants and for observing personal reflections with the aim of using them again.

The activity presented in this study was the most appropriate in the presentation of the theme "Therapeutic success and therapeutic failure", but this has proved being, as one participant said, a therapeutic success.

REFERENCES

[1] Bein, T. Anderson, H.H. Strupp, W. P. Henry, T. E. Schact, J. L. Binder, The effects of training in time-limited dynamic psychotherapy: Changes in therapeutic outcome. Psychotherapy Research, 10, 2010, pp. 119–132.

[2] E. Borden, Theory and research in the therapeutic working alliance: New directions, in A.O. Horvath and L.S. Greenberg (Eds.), The working alliance: Theory, research and practice, New York: Wiley, pp. 13-37.

[3] J. Fauth, S. Gates, S. Boles, Big ideas for psychotherapy training, in Psychotherapy: Theory, Research, Practice, Training, Vol.44, No.4, 2011, pp. 384-391.

[4] J. Gold, G. Stricker, Failures in psychotherapy, in The Journal of Clinical Psychology: in Session, Vol.67 (11), 2011, pp. 1096-1105.

[5] W. P. Henry, H. H. Strupp, S. F. Butler, T. E. Schact, & J.L. Binder, Effects of training in time-limited dynamic psychotherapy: Changes in therapist behaviour, in The Journal of Consulting and Clinical Psychology, 61, 1993, pp. 434–440.

[6] A.O. Horvath, A.C. Del Re, C. Fluckiger, D. Symonds, Alliance in individual psychotherapy, in Psychotherapy, 2011, pp. 48, 9-16.

[7] J.D. Safran, & J.C. Muran, Negotiating the therapeutic alliance, New York: Guilford Press, 2000.

[8] D.M. Stein & M.J. Lambert, Graduate training in psychotherapy: Are therapy outcomes enhanced, in The Journal of Consulting and Clinical Psychology, 63, 1995, pp. 182–196.