

Personality changes of psychotherapists in training – 5-year study

PAVEL HARTL

Psychotherapy education in the Czech Republic consists of preliminary academic studies, psychotherapy training and supervised practice. The problem of suitable academic preparation has been often discussed worldwide. Without a doubt we feel that training in psychotherapy can be useful for the work of vocational, matrimonial and educational counsellors as well, even if they do not provide routine psychotherapy. Data from a recent national conference in psychotherapy show the percentage distribution across the professions. Out of 400 registered participants 25% were psychiatrists, 57% psychologists and 18% others. It will appear later that our research sample showed a similar spread.

Education in psychotherapy covers three stages of education: theory, experiential training, and supervision. In the theoretical sphere we arrange meetings and lectures. In the training sphere we organise shorter courses (from one week to several months) in psychotherapy techniques, such as role playing, psychodrama, art therapy and transactional analysis, and a five-year-long training in group psychotherapy with a total of about 500 hours of psychotherapy. Research into this form of training is the subject of this paper.

METHODOLOGY

Considering that feedback is a necessary condition of any successful educational process, we planned a research project in the 1980's with the objective of discovering what is happening to personality of a participant of the psychotherapy training course. The hypotheses were as follows:

- 1 Changes will be found in personality characteristics of each participant between beginning and end of training.
- 2 Differences among groups classified according to sex, profession, age and years of practice will be found.
- 3 The assessment of group interrelationship will help to distinguish effect of the training itself from any influences to do with sex, age, profession, and length of practical experience.

We decided to use a combination of research instruments.

1 *The Shostrom Personal Orientation Inventory*. The Registration list of the POI has 150 questions. The test profile represents personal, time, life and self-actualisation orientations of respondents. It includes twelve subscales:

- 1- Time Competent/Incompetent
- 2- Autonomy, Independent/Conformist, Dependent
- 3- Self-Actualised/Not Self-Actualised
- 4- Flexible/Rigid
- 5- High/Low Feeling Reactivity
- 6- High/Low Spontaneity
- 7- High/Low Self-Regard
- 8- High/Low Self-Acceptance
- 9- Seeing a Human Being as Good/Evil
- 10- Accepting/Not Accepting Both Sides of Life
- 11- Accepting/Not Accepting Aggression as Natural
- 12- High/Low Capacity for Intimate Contact.

The POI was selected in full awareness of criticisms by Tossi and Hoffman. The inventory was chosen because we intended to compare a level of self-actualisation through time, not between individuals, and with help of a test that participants in psychotherapy training would not be familiar with. Taking into account eroticisms by Oakland and others, we also recognised that the test was valuable for longitudinal measurement, provided that there was no attempt to make inter-individual or inter-cultural comparisons.

2 *The Leary Interpersonal Behaviour Questionnaire*. It includes 128 questions, which the participants answered from two standpoints: 'How I see myself' and 'How I feel I am seen by others'. Attitudes measured by the Leary questionnaire can be represented as sixteen sectors of a circle (A to P), and as eight pairs of neighbouring sectors. Leary 'circle' also yields two distinct bipolar scales: Dominance/Submission and Love/ Hostility.

The two tests were completed by all participants three times during their training (beginning, mid-term, end).

3 The technique called the *VIN (Very Important News of the Day)* was used during the summer meetings of the training programme. This technique was developed in 1975 by Hartl and used in following up a flow of information in the psychotherapy community at the Drug-Addicts and Alcoholics Treatment Department of the Psychiatric Clinic in Prague; the daily report of every member had to include just the one very important item of information, its source, and part of the programme from which it derived. A report might have looked like this:

If roles don't change in a group, stagnation sets in. *Community leader. Evening club.*

When embarrassed, I close my eyes. *A participant. Before going to bed.*

4 During the summer meetings every participant kept a *written journal*; he/she reported about his/her feelings, experiences, programme satisfaction, opinions and night dreams. Journals were analysed.

All the data were classified and evaluated statistically, and also subjected to special techniques described by Schaie and Hertzog for longitudinal research designs.

Structure of the training community was as follows: one male supervisor, an expert of thirty years' standing in the field; one male community leader; six group leaders; and three groups of participants. Each group had eight participants and two leaders, one male and one female. The leaders were aged between thirty-three and forty-three, and had between eight and twelve years experience as practitioners.

Criteria for selection of the community and group leaders were as follows: age ideally over thirty-five; ten years from university graduation; five-year-long training in psychotherapy, more than three years of group psychotherapy practice, experience in individual psychotherapy; under continuous supervision by his/her nuclear training group; specialist in one psychotherapy technique; active in publishing and lecturing. These personal characteristics are close to those that Jones presented in 1982 as basic requirements of educational supervisors: credibility as a professional, wide knowledge base, teaching skills, helping skills, management skills, training and personal development. Criteria for disqualification as community and group leaders are: lack of psychotherapy training; evidence of a prolonged unsolved life problem; lack of skill in clinical work.

In selecting the groups we sought to reflect the representation of psychiatrists, psychologists and others in psychotherapy work, as mentioned above. The other targets were to have approximately equal numbers of men and women and to have participants of various ages. It is known that opportunities for group work with only one sex or with persons of the same age (as with groups of peers in juvenile delinquent or prisoner settings) are limited.

The participants were selected from more than 200 applicants. Selection criteria were as follows: to find very motivated applicants (waiting period for the training is several years), with good working references, who were informed in detail about the training programme, and who would have an expectation of being able to use psychotherapy skills in their work. Participants with such

personal properties as emotional stability, good and creative intelligence, initiative, independence, altruism, flexibility in accepting and holding social roles, were preferred. The applicants were assessed by interview, not formal tests. Contraindications were: exceptionally strong need to command, high level of neuroticism, vulnerability or conflict.

The selected participants were divided into three groups. There was a rule not to have two people from the same work place in one group. Sex, occupation and age were spread equally among the three groups. Each group had eight members and two leaders (one female, one male) with psychotherapy training and long-term experience. Among the twenty-four participants there were thirteen women and eleven men; twelve were psychologists, nine psychiatrists and three teachers. (According to Biermann, Skála and others, it is profitable to have the three professions in one group, because they bring different understandings to each case and can learn from one another.) Ages at enrolment varied between twenty-five and forty-three (mean of 29.9) and practice experience between zero and twelve years (mean of 4.3).

Those twenty-four participants in the training formed the basic research sample. The number of participants in each measurement was not the same, since not everybody attended all meetings. Complete data were obtained for twenty participants.

The schedule of training was complicated. There was a one-week meeting of the whole community (i.e. the three groups) every year in summer, in an isolated forest recreational centre, away from civilisation. The community summer meeting programme always started on Saturday evening and lasted to the next Saturday morning, when there was the final community session. The daily time-schedule of all seven-day summer meetings was uniform from year to year. There was a weekend meeting of the whole community every year in winter at the Psychiatric Clinic in Prague. Each group also met on four or more weekends every year at various places in Prague and other towns.

Thus the training included two types of programme - a community and a group one. Most time and effort was spent in group psychotherapy training. All the weekend meetings were devoted exclusively to intensive group work. Much intensive group work was also done during the summer meetings, where group sessions took place for ninety minutes twice each day.

The standard components of the training programme were as follows. During the summer meetings the morning began early with outdoor *physical activities*, chosen according to participants' personal preferences. The *morning community session* was a place for solving community problems, using such techniques as sociometry, comparison of community members' value systems, and application of special small group techniques in the larger setting, and so on. From the third meeting onwards participants were responsible for preparing the agenda and conducting these community sessions. In this way they were learning how to treat groups of some thirty members.

Throughout all phases of the programme, *self-relaxation training* (after J. H. Schultz) was given on a progressive basis. The *group sessions* were central to all phases; they involved group psychotherapy focusing on autobiography, personal problems, and interactions among the group members. In *special groups* many therapeutic techniques were taught, starting with those for dyadic, therapist-client situations, moving through small-group techniques, and up to those used in large groups. The techniques were taught by group and community leaders, including the supervisor. To provide opportunities to compare different applications of the same approach, external experts were invited, and, in all, twelve specialists assisted the community programme. Observing one technique from several points of view was intended to help participants make more effective use of it. The specialist teaching took place mainly in small groups, but where a larger setting was necessary the three groups joined into one.

During the five-year training period every participant experienced about 500 hours of training, in the following proportions (rounded): physical activity – 20 hours; self-relaxation training – 20 hours; special groups – 60 hours; large group (community) sessions – 80 hours; small group sessions – 320 hours.

RESULTS AND DISCUSSION

The study had several peculiarities. The sample was small, twenty-four people only. It was too specialised for extensive conclusions about adult education as such, and too big for detailed case descriptions, as are common in medicine and individual psychotherapy. A group of participants of such a size is very sensitive to life events (wedding, birth of a child, death of a close person, changes at work, divorce, etc.) which can affect the measurements being made. The sample was also specific, because it included a special selection of people; not only were they psychologists, psychiatrists or educationists, but they were deeply interested in psychotherapy as well.

There were reasons why it was not possible to set a parallel control group. A possibility of recruiting it from more than 200 applicants for the training did exist, but that would have meant excluding them from training for at least five years. Apart from being immoral, it would surely have affected their motivation to co-operate with researchers. Other people would not be suitable for setting a valid comparative sample, because of their lack of involvement in psychotherapy.

Developmental psychologists have elaborated the cohort method. It enables the discovery of various influences that determine behavioural changes. Utilising a quasi-cohort method, we assume that the cohort span of years of birth (a range of twenty years among participants) can compensate for the non-existence of a comparative group. Then we can assume that any general trends among participants in personality change could not be caused by age changes, or influenced by different amounts of previous clinical experience.

Motivation

When we analysed the motivation level of participants, we found a U-curve. The level was high at the beginning of the training, somewhat lower in the middle, and at the end it was even higher than at the beginning. The high level of motivation at the beginning can be seen as reflecting the high value and personal reward expected from the programme. The highest level at the end of training may indicate the participants' growing opportunities to participate in community leadership and programme planning and perhaps also their anxiety about forthcoming loss of group/community support.

General findings

The greatest changes during our research were found in individuals whose personalities were at the beginning most divergent from the POI norm. As to particular traits, the most outstanding movements were found where the scores had been extremely low, or extremely high at the time of the first measurement.

The average scores of the whole group on most scales in the Shostrom POI made positive changes from the commencement to the end of the training. The only scales that did not change, or changed very little, were: No 10, Synergy, i.e. acceptance of the fact that life has its positive and negative sides; No 8, Self-Acceptance; and No 7, Self-Regard. This general trend conceals important internal variations between the sex and occupational groups.

The Leary Questionnaire is based on two bipolar scales, Dominance/ Submission, and Love/Hostility, as mentioned above. We used the results from the Leary 'How I see myself' for a classification of each individual's interpersonal behaviour; in the first measurement, a large cluster including one half of all participants emerged. It represents interpersonal behaviour that can be called managerial and autocratic. The other participants were scattered across the other variants of behaviour, excluding rebellious and sadistic. As to the changes in time, only one statistically significant change was found: fewer participants classified themselves as autocratic and competitive and more of them started to classify themselves as narcissistic and managerial.

We compared movements on scales Dom/Sub and Love/Host and the trends between the first and the second, the second and the third, and between the first and the third measurements. We found a movement from Submission to Dominance. At the beginning, more of the participants saw

themselves as dominant and fewer as submissive. At the end even more saw themselves as dominant and fewer as submissive. This movement was caused exclusively by women.

An opposite and very significant movement was found on the Love/Hostility scale. At the beginning there were fewer participants at the Hostility pole, but at the end there were more of them at this position and fewer at the Love extreme.

This surprising finding led to a more detailed analysis of the Hostility dimension. The frequency of choices of each question in each measurement was analysed. The movement was caused by mass adoption of these traits of character: assertiveness, independence, self-confidence, self-assurance, ability to make oneself useful, being sceptical, practical, straight-forward; and rejection of these traits: efforts to be always friendly, kind-hearted, and affectionate.

The comparison of the preferences at the commencement and end of the training shows that several traits became less important for the participants (eager to help, considerate, sociable). On the other hand, several traits became more important (willing to listen to other people, can influence others, able to get angry, able to lead, relying on oneself, makes oneself useful).

Finally we compared both types of responses of each participant, i.e. 'How I see myself' and 'How I feel I am seen by others'. As a result of the first measurement we found great differences between the two standpoints. All participants responded that others saw them as more dominant than they felt themselves to be. At the second and third measurements we found a gradual change: the two standpoints became closer. In several cases we even found an opposite feeling: 'I am more dominant than others see me'.

Analysis of participants' journals provided these findings: all the participants felt fully satisfied with the training programme, expressing the feeling that it helped them to understand their personalities more deeply, to understand the sources of their behaviour and to control their attitudes better, to make decisions more easily, to see interpersonal relationships more clearly, to comprehend other people's social attitudes, in short to be more sensitive in human relations.

The time analysis of the journals revealed that the participants were not aware of changes in their personalities immediately. Such comments did not start to occur before the second year, more often in the third year, and the main wave came in the fourth year of training. At the beginning they were appreciative of enhanced professional skills from knowing more techniques and being able to handle their patients more easily. With growing professionalism, they felt less of emotional strain.

It seems probable that continuous learning and opportunity to transfer knowledge into professional practice and everyday life encourage desirable personality changes.

Men and women

As a result of the comparison between men and women we found many significant differences. The most dramatic difference, and the biggest movement between the first and the third measurement, was found on scale No 9, Nature of Man, in the Shostrom POI. Whilst men accepted human nature as good, women had seen it as being evil at the commencement of the training. Their attitude changed gradually and at the time of the third measurement they scored even higher than men. The finding appears more significant in the light of a similar movement on scale No 10, Synergy, i.e. ability to accept life in a dialectic sense as reasonable. In the Shostrom test, these two scales (9 and 10) are joined together as an indicator of conscious acceptance of life and good self-actualisation. Similar movement, but this time beneficial for men, appeared on scale No 6, Spontaneity. The men's initial low level of spontaneity increased and finally matched the women's high level.

The final significant differences were found on scale No 1, Time Competence. Both sexes started out by removing themselves from reality, men more than women. By the end of the training, results of both sexes were higher.

No differences were found between men and women on scale No 11, Acceptance of Aggression.

In agreement with other authors, we found in the POI higher profiles for women than for men. The major difference in the profiles was found at the commencement of the training; during the five years both profiles continued to increase, but much more among the group of men, and thus the gap was narrowed.

An opposite and very pronounced movement was found on the Dominance/Submission scale in the Leary questionnaire. The women's scores showed increased dominance. A ratio 8:4 of dominant : submissive women changed to 10:1 during the training. Among men the ratio remained unchanged at 5:3. According to matrimonial counsellors, to change a submissive man in such a way that he can happily accept the thought of being dominant, is a Sisyphean task. The counsellors regard a certain kind of submissive men as making unimposing husbands and they warn that their number is increasing rapidly, as suggested by the greater number of women than men seeking divorce. Our research suggests that increased dominance is more easily achieved with women than with men.

Psychiatrists and psychologists

From a comparison of the groups of psychiatrists and psychologists we can see that initially different scores on the majority of scales of the Shostrom POI had converged by the end of the training. At the commencement the group of psychiatrists had significantly higher scores on scales No 11, Acceptance of Aggression, No 8, Self-Acceptance, and No 6, Spontaneity. The group of psychologists scored higher on scale No 3, Self-Actualisation. At the time of the third measurement the balance on this scale changed, and the psychiatrists scored higher. They also scored higher on scales No 10, Synergy, No 12, Capacity for Intimate Contact. As to scale No 1, Time Competence, the group of psychologists were not reality-oriented at the time of the first measurement. In the end, they came within or on the edge of the standard span of responses. The group of psychiatrists, except for two of them, were reality-oriented at the time of all the three measurements. (The profiles of the two psychiatrists mentioned were extremely different from all the other participants'. But many positive changes were found in their five-year development as well.) Still, the most interesting finding is that at the end of the training the initially different overall profiles of the psychiatrists and psychologists became very similar indeed.

Leaders and participants

Analysis of participants' written productions (journals, VIN) was done from several viewpoints. Thanks to this feedback, we were able to suggest typologies of the group leaders and of involvement of participants in the training.

Each of the leaders had his/her own sphere in which he/she affected participants, regardless of whether they were members of his/her group or not. This community status took on a sociometric form. In our case one female leader was an emotional-support star, and a male leader a professional information expert, another male an everyday-life adviser, another female an independent and emancipation expert. These personal characterisations were formed during the first meeting and they did not change during the whole five year period.

A typology of participants would have to be much more varied. We only concerned ourselves with their involvement in the training, finding that at the beginning of the period most of the VIN did not concern either the participants' personalities or the community programme. The VIN came from radio, TV, newspapers, and were about weather, sport scores and the like. Gradually, the VIN record changed. Most of the participants began to refer to themselves and to the programme. In the final year the references were in the proportions of 5:4:1, to personality, programme, and other issues, respectively.

Group inter-relationships

We tried to establish relationships between age cohorts or years of professional experience and any of the other research variables, but found none except for the age group comprising the two oldest participants. They had the lowest level of change as a cohort. However, concealed beneath the average scores for other cohorts we identified four individuals who registered even lower levels of change; thus no conclusion

about rigidity of the oldest cohort can be drawn. No correlation between level of self-actualisation and age was found in any of the measurements: indeed, absence of a relationship between self-actualisation, self-esteem or self-concept, and age is frequently referred to in the literature.

One finding of particular note concerned a 'pendulum' shift in scores on the first-to-second, and then second-to-third phases of testing: there was a marked tendency for an individual's third and final score on various items to move away from the second score in a direction taking it back closer to the original score of five years earlier. This effect was observed in 85% of the Leary questionnaires, in 60% of the Shostrom profiles, and 55% of respondents exhibited it on the two measures together. This may be intelligible in terms of a common understanding of behavioural scientists: in an effort to produce deep change in human behaviour, it is necessary first to disturb the existing pattern of personality, but then to re-integrate it at a desirable level.

Programme

Probably one fact had the greatest bearing on participants' approach to the programme: the leadership focused all the work on psychotherapeutic practice and minimised the theory. So, very quickly, participants experienced improvements in their own clinical work.

At the start of training we found in the journals and the VIN material a strong interest in various psychotherapy techniques, such as role-playing, TA techniques, art and music therapy, hypnotherapy, and others. But that was not the final picture. The participants gradually understood that technique is just an instrument, and that the key of success lies in the therapist's personality. They came increasingly to appreciate the group and community sessions, and this was perhaps the first indication of a personality change.

The other condition that could have affected the attractiveness of the programme was the fact that year by year the trainees had greater scope for self-determination. In the final (fifth) year management and direction of the community and small groups were entirely in their hands, the formal leadership providing only supervision. It is difficult to decide whether the participants' manifest satisfaction with the programme reflected its real qualities, or the subjective reward coming from opportunities for involvement. Perhaps activity in adult education is in itself an important determinant of satisfaction with an educational programme.

By content analysis of participants' written materials, questionnaires, and group interviews, we attempted to classify the techniques offered in the training according to the predominant effect they had upon individuals. The resulting categories were: (a) *relaxation techniques*: self-relaxation (after Schultz), concentrative therapy (after Horetzky), voice therapy, yoga; (b) *behavioural techniques*: role-playing, systematic desensitisation, interpersonal encounter, bibliotherapy, imago-therapy (after Volpert); (c) *analytic techniques*: techniques of TA, psychodrama, psychogymnastics (after Junova), dream analysis, art and music therapy, hypnosis. At the end of training, participants valued high TA techniques, especially for the precise methodology and easy practical application in their own work.

CONCLUSION

A five-year programme of psychotherapy training is very different from any other educational programmes for adults, and yet the study of such an experience can throw light on processes of adult learning and change. Our research revealed that the principal characteristic of the trainees recruited was their discontent with themselves. Such an inner state causes anxiety and tension. Generally there are two main ways to relieve such disturbing feelings: to remove oneself from reality as much as possible (with help of drugs, TV-watching, daydreaming, etc.); or to be active by earning more money, winning power or a higher social position. Education can be regarded as an example of the second path; it can pay off in the ways indicated; also it is socially valued, and brings lots of emotionally supportive feedback, so rarely enjoyed in adulthood.

It is suggested that continuing education was chosen by our trainees as a meaningful way of dealing with subjective discontent. Testing at the start of the programme showed the trainees to have a low level

of self-actualisation on the Shostrom POI, and discrepant indications on the Leary questionnaire of how they saw themselves and how they believed they were seen by others. The first two years of programme were not viewed as very easy. The participants found their personalities shaken up by the group and community sessions. The immediate rewards came from newly learned techniques, which were directly useful at work, and helped them to survive this uneasy period.

The significance of teacher personality and teaching style is often referred to in adult education literature. Our group leaders had different personalities and different styles of work. For example the leaders of one training group focused on the deep personality problems of each member; clearly a deeper understanding of the sources of their behaviour was evoked in the membership. The leaders of another training group focused rather more on the appropriate character traits of a good therapist and the participants were seen to become more assertive, independent and self-confident.

Presumably if the training groups had worked in isolation, the specific influence of the leaders would have been more strongly marked. The community setting and frequent large-group sessions helped utilise the powers of each leader for all participants and minimised any one-sided effects of their teaching styles on members of their own training groups.

The leaders were not included in the research, so, unfortunately we have no objective information about ways in which they may have changed. From interviews with the staff we can summarise: they valued the training because it offered the new experience of seeing their colleagues in action as psychotherapists; they were challenged to be inventive therapeutically and to become more empathetic and co-operative. The greatest benefit came from the daily sessions on community leadership, where they received feedback from their colleagues, the community leader, and the principal supervisor. During the main programme there was also feedback from the participants, who had good insight into human behaviour and who, after all, were professionals in their own right.

The research confirmed a generalisation, well known to adult educators: that the prospects for behaviour change are good when adults are highly motivated to undertake further study, and when the educational programme allows them to utilise newly acquired knowledge and experience by putting it quickly into practice. Nevertheless, to affect an adult personality deeply is a difficult task, even in a long-term intensive group programme.

In conclusion we can say that the results supported the first and third objectives of the research (identification of personality changes through time; identification of effects attributable to training). The second was supported in part (response differences among groups classified according to personal, social and occupational characteristics); however, no correlation between length of practical experience and behavioural change or its absence was observed.