Personal growth groups for therapists

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Abstract
Since the birth of psychotherapy, the need for therapists to attend to their own personal healing and growth has been recognized. This tradition of personal therapy has been incorporated into many current programs that train therapists/helpers in this country. Freud and a large number of subsequent practitioners have also advocated periodic or ongoing personal therapy throughout the therapist’s career span. Self-exploration groups can be an excellent means to keep helpers in touch with their humanness, to further their personal and professional growth, and to reduce toxic consequences of practicing therapy.

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PERSONAL GROWTH GROUPS FOR THERAPISTS

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Since the birth of psychotherapy, the need for therapists to attend to their own personal healing and growth has been recognized. Freud and others in the first few decades of the new profession advocated analysis for the analyst as a prerequisite to practicing psychotherapy with clients (as cited in Greenberg & Staller, 1981; Macran, Stiles, & Smith, 1999; Norcross, 1990). This tradition of personal therapy has been incorporated into many current programs that train therapists/helpers in this country (ACA, 1995; Aponte, 1994; ASGW, 2000; Greenberg et al.; Guy & Liaboe, 1986; Wise, Lowery, & Silverglade, 1989). This trend also holds true in the United Kingdom with the exception of clinical psychology trainees (Macran & Shapiro, 1998).

Freud and a large number of subsequent practitioners have also advocated periodic or ongoing personal therapy throughout the therapist’s career span (Emerson, 1995; Guy & Liaboe, 1986; Macran & Shapiro, 1998; Macran, Stiles, & Smith, 1999; Norcross, 1990). Most often, personal therapy for trainees and experienced therapists takes the form of individual counseling (Greenberg & Staller, 1981; Guy & Liaboe; Macran & Shapiro; Macran et al; Norcross; Wise, Lowery, & Silverglade, 1989). However, many counselor education programs encourage future helpers to participate as members in self-exploration groups as an experiential
component of their training (ASGW, 2000; Corey & Corey, 1997; Wise et al.; Yalom, 1995).

Seeking a personal growth experience in a group format is much less common among professional helpers than among trainees. The most common assumption in professional literature, as well as with the general public, is that most, if not all, groups exist to benefit lay clients. However, groups, as well as one-on-one therapy, geared toward the helping professionals themselves can contribute greatly to the process of developing and maintaining competent helpers. Self-exploration groups can be an excellent means to keep helpers in touch with their humanness, to further their personal and professional growth, and to reduce toxic consequences of practicing therapy.

Self-Exploration Links Training and Career

Most literature classifies groups for helping professionals according to their role in the professional process: (a) training; (b) personal exploration/growth; (c) professional organization/association; and (d) remediation (Corey & Corey, 1997; Corey, Corey, & Callanan, 1998; Emerson, 1995; Layman & McNamara, 1997; Roback, Moore, Waterhouse, & Martin, 1996; Sherman & Thelen, 1998). Of these four groups, training and self-exploration/growth groups are most closely linked. Each of these (with the exception of professional organizations) are most often
discussed in terms of specific situations and/or specific time periods. However, professionals are sometimes encouraged to attend personal exploration/growth groups throughout their careers (Beck, 1987; Corey et al.; Emerson; Evans & Villavisnis, 1997; Gladding, 1999; Guy & Liaboe, 1986; Quin, 1998; Coché, 1984; Van Ostenberg, 1973).

A training group seeks to develop the therapist on two levels, personal and professional. Some authors point out that the two dimensions are inseparably entwined (Aponte, 1994; Coché, 1984; Corey & Corey, 1997; Corey et al., 1998; Emerson, 1995; Yalom, 1995). Specifically, counselors-in-training are urged to use these groups to increase self-awareness of characteristics such as strengths, limitations, blind spots, unfinished business, use of power, responses to certain persons and situations. Obviously, receiving a degree from an educational institution does not negate the need for helping professionals to continue working toward increasing self-awareness. Continuing growth experiences are needed in both personal and professional arenas to ensure therapists are as effective both as people and as helpers.

Two general goals of personal (one-on-one) therapy for practicing professionals are: to increase therapist effectiveness and to maintain therapist well-being (Macran & Shapiro, 1998) and can be said to encompass the objectives of training groups. There is no reason to suspect
that these two goals and their specific components can not be
accomplished in a group context. In fact, Emerson (1995) and Coché
(1984) discussed the value of self-exploration/therapy groups for
therapists as an experiential component of helping professionals’
continuing education. Aponte (1994) summarized three ways in which
gains in the personal arena enhance the professional:

1. Therapists develop the capacity to assess their personal emotions
and reactions within the therapeutic transaction.

2. They learn how, in light of their own life experience, to interpret
what these reactions tell them about their clients.

3. Clinicians learn how to forge interventions out of their model of
therapy plus gain an understanding of client needs. (p. 4)

Corey et al. (1998) cited a national survey by Pope and Tabachnick
(1994) of practicing clinicians who had experienced personal therapy
which listed “self-awareness or self-understanding, self-esteem or self-
confidence, and improved skills as a therapist” (p. 43) as positive
outcomes of the therapists’ experiences as clients. Macran & Shapiro
(1998), Macran, Stiles, & Smith (1999), and Norcross (1990) echoed these
reports of enhanced personal and professional effectiveness. Emerson
(1995) and Corey et al. quoted findings of Guy and Liaboe (1986) who
advocate that helpers routinely avail themselves of therapy opportunities
for increasing personal and professional effectiveness and diminishing negative outcomes in their personal relationships and professional performance. Guy & Liaboe and many authors recognized the humanness of clinical practitioners to experience, stress, negative countertransference, impairment, and burnout as results of working with clients (Coché, 1984; Macran & Shapiro; Macran, Stiles, et al.; Norcross; Quin, 1998).

In addition to therapists’ own unresolved issues and emotional pain emerging as part of the helping process, unrealistic professional expectations contribute to practitioners’ need for ongoing, periodic personal therapy whether in one-on-one or group format. Coché (1984), Emerson (1995), and Quin (1998) encountered helpers in their groups who were fearful of being perceived as less-than-perfect by their colleagues and/or found it very difficult to participate in any role other than leader. Group dynamics can provide opportunities for therapists to identify their personal weaknesses and experience the healing, affirming power of the group.

However, Yalom (1995) admits the difficulty of locating therapy groups for professional clinicians, especially in smaller cities and communities. He suggests that group therapists involved in training students also lead growth groups for professionals in the field as he himself has done for many years. Emerson (1995) encountered a similar
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scarcity of literature detailing the establishing and maintaining of such
groups. She and her colleague created an open growth-support group for
counselors which continued for several years. The most common
outcomes expressed by participants were (a) relief from isolation of
private practice; (b) gratitude for safety to self-disclose and process
personal and professional concerns; and (c) recognition of their
humanness with its attendant problems and limitations.

Coché (1984), Quin (1998), and Van Ostenberg (1973) discovered
similar benefits for members of therapist groups they have been involved
with. In addition, Coché cited the advantages of group feedback to each
member over the single feedback source of counselor to individual client
in preventing the transfer of a therapist’s personal deficits to present or
future clients. In other words, it is more difficult to hide in a fish bowl
than in a closet.

Confidentiality Issues

Professional helpers pursuing personal mental health in self-
exploration groups find confidentiality concerns to be somewhat complex.
Not only are the basic expectations and limitations present, therapists
must also come to terms with the professional risks they are taking by self-
disclosing to their peers with whom they have contact in the working
community. Possible breaks in confidentiality carry the potential for
greater harm to members (Coché, 1984; Emerson, 1995; Quin, 1998). On the other hand, clinicians are well-versed in the necessity of keeping confidences as a result of their professional training and experience. This greater understanding somewhat balances the increased risk that potential breaches would carry. Coché recommended allowing therapist groups to establish their own norms regarding these complexities as an initial task and springboard for further work.

**Dual/Multiple Relationship Issues**

Ethical guidelines of many professional associations prescribe avoidance as the first and preferred response to such situations, even relationships that would be non-sexual in nature (Corey, Corey, & Callanan, 1998). If this approach is not feasible, then underlying motivations are addressed and multiple relationships are permitted (with the exception of sexual relationships) if exploitation of and harm to clients or students will be absent from the interactions. Therapists are responsible to clearly and directly communicate possible risks of multiple relationships to clients (ACA, 1995; Corey et al., Ryder & Hepworth, 1990).

As with confidentiality, multiple relationship concerns can be more complicated when clinicians seek self-exploration, growth, and therapy groups as a means to improve personal and professional effectiveness. While members are not clients of each other, other relationships do exist
between them. How do helpers ethically handle the multiplicity when participating as members of such group consisting of colleagues from the same agency? From the same community? What if some group members are supervisors of others when performing their jobs in the agency? Or are consulting therapists in the community? Or if all of the above are true? These are not unrealistic scenarios in smaller communities and can occur even in larger cities.

Emerson (1995) reported that practicing helpers in her community felt compelled to use the services of out-of-town or out-of-state therapists when needing professional counseling. Although local therapists eventually attended the support-growth group for counselors she and her colleague established, members initially offered only superficial disclosures. Their professional training gave them a thorough understanding of group theory and process but their multiple relationships as colleagues in the working community and as group members produced conflicting goals. Their “expert” status dictated that they ensure continued client referrals by protecting their professional reputations. Their desire for personal growth demanded they abandon superficiality and image control in favor of ever-deepening self-disclosure and examination. Most members successfully navigated the complex multiple relationship maze to discover that the personal community they
had developed over the course of the group strengthened and enhanced
the existing professional community.

In general, Coché (1994) advocated creating a group experience that
most closely matches that of lay clients to maximize the benefits to
therapists' personal and professional functioning. Multiple relationships
are common in most clients' daily lives especially in less urban
communities and in smaller communities within larger one. He
recommended group therapists participate in a therapy group for
therapists not only for continuing cognitive education but also for ongoing
affective and experiential learning. Options for group structure that
considered multiple relationship issues were explored. To avoid them
altogether by either participating in a therapist-only group in another
agency, city, or state or by participating in a non-therapist group in the
local community. Time and distance may make the first option unfeasible.
The second option may later raise multiple relationship concerns if
another member seeks counseling from the member/therapist. Another
alternative is to join a therapist only group and confront the inherent
multiplicity as it arises in the group process. Multiplicity may emerge
from hierarchical positions within an agency or peer positions in the larger
helping professional community. By coming to terms with complications
of multiple relationships in a therapist-only group, professional helpers
have the opportunity to generalize their new understanding by handling similar multiplicity issues outside the group more compassionately, maturely, and professionally.

Sample Formats

Coché (1984) found three hazards resulting from professional therapists’ continually practicing the helper role as a group leader for years without reprieve: (a) believing they know all the responses that any group might require; (b) forgetting how difficult, intimidating, and unsettling the group experience can be for a group member; and (c) minimizing or denying the amount of power group members ascribe to a group leader. Formats to address these difficulties are many and varied.

Possible topics for each session of a 10-session self-exploration and growth group for professionals could include: (a) goals for my whole person, (b) healthy and unhealthy coping skills, (c) boundaries and balance, (d) spirituality, sabbaticals, and real rest, (e) creativity and play, (f) community and support, (g) asking and receiving, (h) completing my grief experiences, (i) revisiting goals, (j) affirming celebration. The ways these themes are presented and processed are virtually limitless. Some more kinesthetic approaches are psychodramatic, adventure, and art therapy-based groups (Luckner & Nadler, 1997; Quin, 1998; Schoel, Prouty, & Radcliffe, 1988). These strategies and methods create an
therapeutic environment that is less conducive to intellectualizing, a skill in which therapist members may be more apt to engage when they attempt to avoid the self-disclosure and vulnerability necessary for personal growth.

Conclusion

Since the greatest professional tool a therapist owns is his or her self, it is logical to develop and maintain the person over the career span of the professional. Personal exploration and growth groups can be very effective avenues to personal maturity which in turn contributes to greater professional expertise and efficacy. Though it may be fraught with difficulties (availability, confidentiality, multiple relationships, and other issues), the use of groups to diminish accumulating toxic effects of practicing therapy on clinicians is well worth the inconveniences that may accompany the experience.

Finally, groups for helping professionals can remind therapists of their humanity. Therapists who remain in touch with their humanness through groups become more aware of the benefits of community. By placing themselves in the role of helpee, they can empathize more with their clients' experiences in the group therapeutic process and are more likely to empower clients toward autonomy rather than dependency; they
are less likely to retain the "expert" role in their clients' lives and instead allow clients to become authorities of their own lives.
References


