Satir Around the Globe

Outcome of psychotherapeutic training MOVISA (Model of Virginia Satir) in the Czech Republic: Research results

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Introduction

Satir Transformational Systemic Therapy (STST) emphasizes self-esteem and congruence. We assume that these areas are necessary for the application of individual therapeutic methods in practice and that they are closely related to the psychotherapeutic process. It is at the levels achieved in these areas that we see the potential for change, both on the part of the therapist and the client. In the Czech Republic, we have been involved in training psychotherapists in Satir Transformational Systemic Therapy for a long time and we wanted to explore whether there are some training and/or non-training factors that contribute to the changes the participants describe related to increases in self-esteem, congruence and therapeutic competencies.[1]

If such changes do occur, it is important to identify which factors, according to the participants themselves, cause them. We assumed that a four-year long psychotherapeutic training would affect the trainees and so we decided to describe areas, which may be responsible, or at least co-responsible, for the changes. Our assumption was that if the training offers growth and psychotherapeutic preparation, then it is very likely that the trainees will progress. We were interested in where exactly the changes appear and what could cause them.

We identified three research questions and divided them into partial sub-questions for clarity:

1. Does psychotherapeutic training affect its graduate in the area of psychotherapeutic competencies, self-esteem and congruence? What specific impacts has the training had on the participants?

   a. Does psychotherapeutic training influence the graduate in the area of his/her psychotherapeutic competencies?

   b. Does psychotherapeutic training influence the graduate in the area of his/her self-esteem?

   c. Does psychotherapeutic training influence the graduate in the area of his/her congruence?

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[1] Beránková and Petrovská (2016) report that the training takes 4 years; participants are mainly psychologists, psychiatrists, counselors, and social workers working in different areas, including schools, counseling centers, psychiatric hospitals, family centers, private clinical practices, etc. A group of about 30 participants meets 3 times a year for a residential long weekend (4 days) and once a year for a weeklong residential camp. In the meantime the trainees meet in triads and do their individual and triad homework. MOVISA IV consisted of 710 hours and it included 130 hours of theory, 420 hours of experience and skill building, 120 hours of group supervision, 20 hours of personal individual psychotherapy and 20 hours of individual external supervision.

2. Are there any factors which can be identified as "training" factors and which bring about change in the participants' psychotherapeutic competencies, self-esteem and congruence?

   a. Are there any factors which can be identified as "training" factors and which bring about change in the participants' psychotherapeutic competencies?

   b. Are there any factors which can be identified as "training" factors and which bring about change in the participants' self-esteem?

   c. Are there any factors which can be identified as "training" factors and which bring about change in the participants' congruence?

3. Are there any factors which can be identified as "non -training" factors and which bring about change in the participants' psychotherapeutic competencies, self-esteem and congruence?

The reasons that we explore the impacts of training are apparent. Primarily, in Timuľák's words, "exploring the education in psychotherapy can give us knowledge, which can shape the education of future psychotherapists as well as the continuing education of currently practicing psychotherapists" (Timuľák, 2005, p. 230). Hill and Knox (2013) also point the direction to which the research in psychotherapy should lead. That is, among others, to identify and define professional competencies, to better map the measuring standards for exploring professional competencies, to learn more about the effective factors of training, to explore, how the training and other experiences mutually influence each another, etc.

We, the researchers, attended one of the previous sequences of MOVISA training courses and so we might be perceived as being contaminated by the training itself. However, we wanted to learn more about the work and means that lead to the improvement of the psychotherapists during the training. Another reason was to get feedback—to find out if what we do actually works (or how it works from the participants' point of view). This fact can be perceived with skepticism (e.g., they will be biased), but also as an opportunity to see new perspectives (e.g., they might see things that would otherwise fall through; they might understand the process better and might be able to interpret it better). Yalom (2003) believes that the best way to learn about a psychotherapeutic approach is to get involved in it as a patient. We did our best to keep our research procedure fully professional and objective.

Methodology

The sample consisted of 32 participants of psychotherapeutic training MOVISA IV (only 2 trainees decided not to participate). [2] Trainees were mostly women [3] of various ages and they were mostly psychologists, social workers, psychiatrists and workers in related helping professions.

Data was collected in two stages—prior to the beginning of the training and during the last training session (roughly after 4 years). Semi-structured individual interviews were led by the researchers. In both stages, the interviews focused mainly on perceived self-esteem, congruence, and therapeutic competencies of the trainees.

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[2] Currently, the 7th STST training course MOVISA VII is under way.

[3] For research purposes (given the small number of respondents), we did not collect detailed demographic data, because we did not plan to use them for further processing. Groups that got formed are only of informative character; they would not be usable for any statistical analysis. There is also no clear evidence (see Hill & Knox, 2013) that demographic data would have an impact on training efficiency and the growth of trainees. Butler et al. (as cited in Hill & Knox, 2013), for example concluded that that age of the therapist does not play any role in the treatment outcome. Anderson and others (therein) say, that age of the therapist serves as an indicator of the gained experience needed for therapeutic work (it is however problematic to define experience). The paper also presents a study that does not provide clear evidence that there is a specific group that would be destined to become good therapists (Hill & Knox, 2013). "... many people may have the ability to be therapeutic, but not all of these people choose to use these skills as professional psychotherapists ..." (Lambert, as cited in Hill & Knox, 2013, p. 799)

The content of the interviews was similar, only in the first stage we also focused on the motivation of the participants to enter the training. We did not strive for direct comparison of the before and after statements of the participants. The content of the interviews[4] focused on mapping three main areas. We asked how the trainees would describe their self-esteem, if they feel they are congruent and what kind of psychotherapeutic competencies they perceive themselves to have, or what they miss in order to feel competent in their profession. In the second stage of the interviews we also asked the trainees to identify the key moment of the training.[5]

The participation in the research was entirely voluntary and took place during the residential parts of the training. The interviews were audio recorded; the transcripts of the recordings were then coded. The analyzed text was processed by open coding and then axial and selective coding; we used the paradigmatic model of Strauss and Corbinová (1999). We had 64 recordings (after 4 years), the average length of each recording was approximately 23 minutes. All interviews were transcribed and analyzed in detail and we watched also for the nonverbal expressions of the respondents, which could add significant value to the meaning of their response.

Results

The results of our research suggest that the psychotherapeutic training can influence its graduate in the explored areas (congruence, self-esteem, therapeutic competencies). This was confirmed particularly by repeated monitoring. Participants of the training improved in psychotherapeutic competencies, self-esteem as well as congruence, or more precisely, they mentioned that in the interviews. The impacts and improvements can be seen mainly in the areas of work activities and competencies, but also in the fields of personal life, thinking about oneself, treating oneself, acting and behaving toward oneself and in the area of thinking about, treating and taking care of the clients. We selected the following citations of the participants' responses as examples of the changes on a personal level:

> I broke up with my partner … I **became aware of myself**, of **what I wanted**, **how I wanted it**, I **knew how to talk** about it, so this was one of the important things …!

> like … I simply don't have **energy** for some things any more. And that one … like … has to **let go** of something. And so it came up to me, that it would be the best to ... like… **let go of** these **coping positions** and to keep and ehm … like … put my **time** and energy into other things.

We can also see that the picture the trainees have of themselves was enriched by the opportunity to experience themselves in other than working and personal contexts, the opportunity to look at themselves through the eyes of others, the opportunity to share roles and knowledge of their colleagues.

The key factors bringing about changes in the trainees were experiences that enhanced self-awareness. Here is an example of a response that documents our claim:

> And I think, for sure, that the experience was the recourse … because the experience stayed with me much more than when I was in the role of the observer. That the experience was

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[4] The scope of this article does not allow us to introduce all the questions. For example, we asked about therapeutic competencies which the trainees gained as a result of the training; the respondents were asked to differentiate between those they learned during the training and those that are not necessarily related to the training. We were not satisfied with just a list of competencies, but we asked about specific examples. We also wanted to know when and where the trainees perceive these competencies, where they use them, etc.

[5] Key moment would be something that "touched" the trainees the most. Something they perceive as crucial, that they will never forget. They usually mentioned moments related to self-experiential work (birth of self-esteem, working in the role of the star, working with family maps, connecting to one's own history, resolving unfinished personal topics, feedback received during group work, sculpting, parts party, supervision).

something of a breakthrough for me and something that stayed with me much longer than when I just put it (notes from a lecture) on a paper.

We did discover factors that can be identified as "training" factors. They include mainly self-awareness and the benefits related to it. In the interviews, the trainees mention specific impacts in terms of their personal as well as professional lives. They describe how their self-esteem and congruence were changing during the training, how they were gaining concrete therapeutic experiences, skills, tools. They applied the above-mentioned gains mainly to their personal lives, but also in their work with clients.

Looking for factors that influenced self-esteem we see primarily training experiences, in which the trainees worked on their internal world and achieved increased levels of self-awareness. Through self-awareness the respondents grew to understand what had formed them and what had been the cause of their behaviors and feelings. They discovered or strengthened their **courage**. Satirová (2007) saw a therapist as the one who encourages the client and empowers his faith in success. "I am not so afraid of some quarrels or conflicts I used to try to avoid before."

Participants' **faith in themselves** changed. According to Satirová (2007) a therapist must be someone the client can trust: "that during the training I have opened my private practice, so as far as my profession goes, I started to **trust myself more**." In addition, **they like themselves more** (from the point of view of therapeutic work it is a resource from which they eventually draw for work with clients): "well, surely there are those situations when **I like myself more**, I think about my needs and what I want. In a way, I ..., uh, **take care of my needs more** than I did before," and they **accept themselves as they are**. According to Schütz (as cited in Kastová, 2012), the ability to accept oneself with all the shortcomings and faults is one of the factors that protects the feeling of one's value and contributes to the growth of self-esteem:

maybe it was about distracting myself from whether I was **able to accept myself as I am** ….
And when I stopped distracting myself even from the painful things … I started … uh …
to listen to myself more.

They are **authentic**. Kramer (as cited in Baldwinová, 2013) points to the fact that it is not possible to create a close relationship without personal engagement and authenticity (in other words, it is necessary to be open and authentic to create a close relationship). True openness relates to low levels of anxiety and is an indicator of the level of congruence: "it is totally much better for my partner when I tell him what I don't like. And not playing any games around it. It is then all much **clearer** I think … I mean also with my parents when I speak with them openly"; **they take responsibility**, which correlates with so called meta-goals in STST. Ruppert (2011) believes that taking responsibility for one's actions is a sign of high self-esteem: "there are situations that before I would run away from and now I know how to act or talk about them or simply not run away."

Further, **they appreciate themselves**. In this context, Satirová (as cited in Banmen, 2016) doubts that a well-nourished person could abuse oneself or anyone else. The way the respondents appreciate themselves reflects in how they take care of themselves: "that **I do not wish** the other to, uh, treat me like this and that I don't **deserve** such behavior". They can also **assert themselves in a healthy way**. "I don't tend to placate so much. I am able to **ask for my needs**, for my time." In sum, enhanced self-awareness can be considered to be the key impact of the training.

It is, however, debatable (see Hill & Knox, 2013) whether awareness can serve as an indirect indicator of the effect of the training. The participants also gain their experience outside the training (e.g., maturity, practice—in a sense of clinical experience and direct work with clients). Clear evidence that training experiences were key factors in the quality of therapeutic work does not exist. It has been found that there are many helping individuals without psychotherapeutic training, who are just as helpful to clients as trained therapists. Problems in the field of research on the effect of psychotherapeutic programs are mentioned for example by Karpíšek (2016) or Kahancová, Jennings and Řiháček (2016).

If we turn our attention to the psychotherapeutic competencies of the respondents, we can again find self-awareness. Here is an example of a participant's response:

> but at the same time I think that I am also **competent about this addiction**, because I think I have been **working** there for a **long time**. That in a way I know perhaps what … what to do with him, how to continue working with him.

Psychotherapists see the impacts of self-awareness in courage, trust in oneself, vision of new possibilities, accepting oneself and taking responsibility for what they do, feeling more freedom in their work. The respondents have directly attributed these areas to the completed training. The following competencies were also identified as significant: ability to empathize, ability to keep boundaries of one's privacy, hope in goodness, openness, ability to listen, tolerance. All the above-mentioned competencies are emphasized more in the participants' responses after the completion of the training. Besides that, the respondents having gained therapeutic experience in work with clients, they have learned to use new therapeutic methods and tools (they mentioned mainly: iceberg, family maps, sculpting, parts party, etc.). Studies of identified professional competencies can be found in reports that are summarized by Hill and Knox (2013).

What is responsible for self-awareness of a participant in training? Self-awareness has become the common denominator in the majority of responses of the psychotherapists. The cause can be seen in work with impacts at the intra-psychic level of the participants. The trainees described the following: a letter to self-esteem, so called birth of self-esteem, working in the role of the star, work with family maps, connecting to one's past, opening and processing unfinished businesses during personal individual psychotherapy, feedback gained during the work in small groups, sculpting, work in triads, parts party, supervision, self-awareness gained in the large group work, work with lecturers and facilitators.

We also paid attention to so-called non-training factors. Non-training factors are all the aspects that do not directly relate to the work and learning in the training. Trainees are also active in other social groups (family, work, free-time groups), where they learn and gain experience, and integrate that into other experiences and benefits. The learning process works also vice versa—they learn and gain experience in the training which contributes to changes outside of the training. An example is this response:

> such resilience … I simply don't let myself be influenced by others, who might have it different … I just allow myself to bring in what I am convinced is good. I might be a little against the mainstream, but it doesn't harm me, I can bear it.

We have asked if there are some "non-training" factors, which bring about change in the fields of psychotherapeutic competencies, self-esteem and congruence of a trainee. There were, however, no compelling arguments in the statements of the respondents, pointing to specific non-training aspects involved in the observed changes. We cannot unequivocally say though, they do not exist. In our research, we have focused primarily on the training factors.

Figure 1 helps to understand the positive impact of self-awareness. The first column shows the codes (clusters of respondents' most frequent responses) and their impacts on self-esteem, congruence and therapeutic competencies (category 1), which also relate to changes in professional and personal life, thinking about oneself, treating oneself and thinking about and treating the clients (category 2). It shows what areas are influenced by the training.
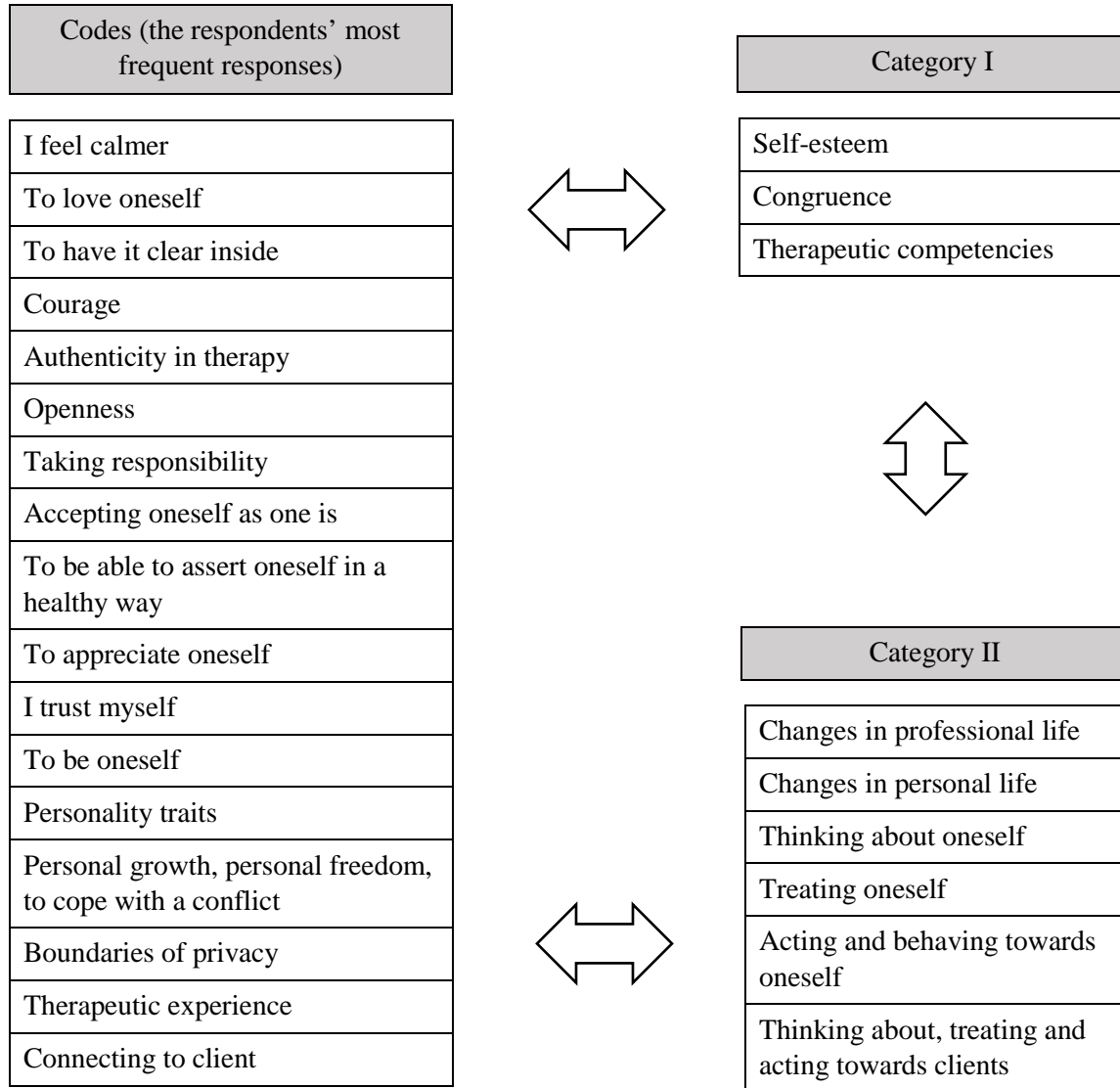
Codes (the respondents' most frequent responses)	Category I
I feel calmer	Self-esteem
To love oneself	Congruence
To have it clear inside	Therapeutic competencies
Courage	
Authenticity in therapy	
Openness	
Taking responsibility	
Accepting oneself as one is	Category II
To be able to assert oneself in a healthy way	Changes in professional life
To appreciate oneself	Changes in personal life
I trust myself	Thinking about oneself
To be oneself	Treating oneself
Personality traits	Acting and behaving towards oneself
Personal growth, personal freedom, to cope with a conflict	Thinking about, treating and acting towards clients
Boundaries of privacy	
Therapeutic experience	
Connecting to client	

Figure 1. Specific impacts of self-awareness and training.

Figure 1 illustrates the relationship among so called impacts of self-awareness of the trainees (codes) and the Categories I and II. It can be seen, for example, that self-esteem and congruence cannot be strengthened (changed) without the described specific impacts on the factors described in Category II. We can also have a look at it backwards—in case a change happens to the trainee in Category II, he/she can change in Category I and gain new "impact." These aspects relate to each other. In other words: if a trainee experientially changes his self-esteem by beginning to appreciate himself more, it will influence his congruence, his attitude towards himself and eventually the way he acts towards others (in personal as well as professional life). Even more specifically, if during the training, a trainee is experientially confronted with his/her personal issue that holds him back or traumatizes him/her, he/she can use therapeutic/training tools to explore and transform it and change his/her relationship towards himself/herself and the world. This also leads to a change in his/her congruence and self-esteem and eventually impacts his/her behavior and coping.

Complete results and their detailed analysis are presented in Sekera and Cisovská (2016) and Sekera (2016). The scope of this article does not permit inclusion of all the results.

Discussion

Three research questions and answers:

1. Is the context of psychotherapeutic training going to affect its graduate in the area of psychotherapeutic competencies, self-esteem and congruence? What are the specific impacts the training has on the participants? We cautiously answer that, yes, it is. It is very difficult to identify what exactly is behind the change. We have tried to do so in the text above. Specific impacts of the training at levels of congruence, self-esteem and psychotherapeutic competencies are those connected with self-awareness. The following aspects can be considered as the key impacts of the training (in the first set of interviews the participants did not mention them): the participants are calmer, they like themselves more, they have it clear inside, got courage, in therapy they are more real and open, they take responsibility, accept themselves as they are, they can assert themselves in a healthy way, they appreciate themselves, believe in themselves, they allow themselves to stay who they are, they perceive their personal growth and their personal freedom, they are able to cope with a conflict, they watch the boundaries of their privacy, they gained therapeutic experience and are able to connect to the client. Mearns and Thorn (2013) describe a therapist as someone who is not afraid to offer himself, to be engaged and is able to risk new ways of being, especially in the relationship with a client. They perceive self-acceptance and love for oneself to be one of the key resources of a psychotherapist. We can state, that due to the self-awareness in the training the self-esteem and congruence have grown. As a result, the therapists focused on themselves and through their own changes they can work with their clients in a new, different way. Drawing upon the statements of Satirová, V., Banmen, J., Gerberová, J., Gomoriová, M. (2005), Ruppert (2011) and others about the crucial role of self-esteem, our results allow us to expect that the training brings possibilities of new, healthier self-concept.

In the area of therapeutic competencies, we have also seen shifts. The respondents describe self-awareness, effects of which they see in courage, trust in themselves, vision of new possibilities, accepting themselves and taking responsibility for what they do, perceiving more freedom in their work. The following competencies have also been identified as significant: ability to empathize, ability to keep boundaries of one's privacy, hope in goodness, openness, ability to listen, tolerance. Participants also gained therapeutic experience in working with clients and learned to use therapeutic methods and tools. Fauth (2007) declares so-called psychotherapeutic responsiveness, realized through the therapist's compassion (empathy, attunement and observation of distinct differences during the therapeutic process), to be an essential part of a psychotherapeutic process. In this respect, the observed impacts of the training can be considered as beneficial. Reports of identified professional competencies can be found in studies summarized by Hill and Knox (2013). Although some professional competencies could be highlighted (e.g. empathy, warmth, truthfulness, reflection of feelings, etc.), the conclusion of the study deals with the difficulty of assessing professional competencies in the field of psychotherapy, especially for reasons of complexity and lack of predictability of the process and of the results of psychotherapy.

2. Are there any factors which can be identified as "training" factors, which bring about change in the participants' psychotherapeutic competencies, self-esteem and congruence? We have identified self-awareness (gained in the work in groups, triads, in the personal individual psychotherapy, supervision etc.) to be the main training factor. Without it, the shifts and learning of the trainees would be very limited. Transformations that took place were caused by changes which were not primarily based on learning at the level of cognition. Hill and Knox (as cited in Hill et al., 2015) point out that therapists from different psychotherapeutic approaches attribute the changes in their psychotherapeutic work to direct work with clients, personal therapy and supervision, rather than to lectures, theories and seminars, which are seen as less effective. In our case, the key factor bringing about changes in therapists is self-

awareness. Lum (2002) mentions that therapists in the Model of Growth (STST) are encouraged to raise their self-esteem through more sensitive approach towards oneself, self-acceptance, understanding one's abilities, etc. Similarly, Satirová, V., Banmen, J., Gerberová, J., Gomoriová, M. (2005) state, that high self-esteem is manifested by loving ourselves and believing that we are loved by others, and accepting ourselves and others. In the participants' responses we can see a shift in their beginning to accept themselves and to appreciate themselves, which might be signs of love for themselves. Satirová (therein) also says that a person with high self-esteem accepts his/her feelings, has courage to take risks and is open to changes. Respondents in our research have also changed in these areas.

3. Are there any factors which can be identified as "non -training" factors and which bring about change in the participants' psychotherapeutic competencies, self-esteem and congruence? We have not found clear arguments pointing to specific non-training factors, which would be involved in the participants' changes in the areas of self-esteem, congruence and professional competencies. We cannot unequivocally say though, they do not exist. It would be worthwhile to address this topic in the research in more detail so that all the factors participating in the changes of the trainees would be captured. However, we have not succeeded in clearly differentiating the training and non-training levels. A possible solution would be (in case of using interviews) to strictly separate the training context from the rest of the space. Although we have repeatedly asked the participants about the non-training factors, identification of such factors failed.

We can already see the impacts of our research findings; based on the 15 years of training experience and with regard to the research results, MOVISA VII training team decided to put even more emphasis to experiential learning and added 10 hours of personal individual psychotherapy and 10 hours of individual supervision to the curriculum which now consists of 730 learning hours including 30 hours of personal individual psychotherapy and 30 hours of supervision. Beránková and Petrovská (2016) discuss the training scheme and its best practice in more detail.

Currently there is another long-term research study being conducted in the Czech Republic: The seventh training group MOVISA VII is now the center of interest and the research, led by Petrovská, Pilátová-Osecká, and Sekera, focuses on the effectiveness of the STST training program. The results will be presented when the study has been completed.

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