ARTS THERAPIES AND PSYCHOTHERAPY TRAINING: AN INTERNATIONAL SURVEY

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ABSTRACT

This paper presents a comparative analysis of data received from the dissemination of a qualitative questionnaire to 12 countries. The survey was concerned with the extent to which group therapy was incorporated into the personal development (PD) aspect of arts therapies and group psychotherapy training. It asked respondents for their rationales, which include or omit such an experience in their programme, together with details of the form, structure and orientation if it was included.

The paper provides the reader with a breakdown of the responses by category. Table 1 illustrates a comparison of the numbers of programmes in each category surveyed with those responding and not responding. Table 2 presents an analysis of category to countries. Table 3 compares the number of programmes in each category which included or omitted a group therapy experience as part of their training programme, and shows the numbers of programmes discontinued. With the support of these numerical distribution of data outlines, a qualitative textual analysis of three questions most relevant to the research study undertaken (Payne 1996) is presented.

The study, for which this survey had as context, examined student perceptions of a dance movement therapy (DMT) group as part of the PD aspect of their postgraduate training. It brought student reflections on the group experience into relationship with their developing competencies as clinicians,
both during and following their training.

The survey found that both group psychotherapy, expressive arts therapies and music therapy in particular thought the inclusion of a group therapy component during training was important for trainees. Some of the programmes for training individual psychotherapists and dance movement therapists were found to be less convinced of the value of such a group.

The overall issue to emerge was the role personal and professional development plays in group therapy when part of training. For example, the need for it to be free from evaluation and assessment procedures and the importance of enough staffing to enable a separate facilitator to run the group. The DMT programmes in the UK appear to have held views that were more akin to group psychotherapy, dramatherapy and music therapy programmes run both nationally and internationally at the time.

KEYWORDS: Training group psychotherapists. Qualitative and comparative Analysis. Arts therapists. Personal development groups. Evaluation and Assessment. Higher education.

INTRODUCTION

Specific aspects of training arts therapists have received little

research attention. There have been overviews of programmes (Higgins 1992; Belfiore and Cagnoletta 1992 for example) and reports of new group observation/evaluation methods for trainees to use within the clinical setting (Aldridge et al 1990 and Goldberg et al 1991; Gilroy 1995; for example). One experimental research study measured hypnotisability in dance movement therapy (DMT) trainees (Goodman and Holroyd 1993), concluding that they were a distinctive group. For example, students had higher levels of absorption and imagery thinking styles, which increased over time. They attributed student's personality changes to the programme overall compared to the control group of social sciences and psychology students.

Only one research study (Kipper and Tuller 1996) has attempted to evaluate short term, cross-cultural, training workshops as a form of personal development (PD) in psychodrama, using a sociometry instrument to measure any developments of the attributes warmth and trust in trainees.

There is acknowledgement in the psychotherapies that self-awareness is a crucial component to the professional development of the trainee therapist (Truax and Carkuff 1967; Hartman 1979; Bloch et al 1981; Smith 1984; Small and Manthei 1988; Aveline 1986 and 1990; Noonan 1993). Thorne, when speaking about group workshops for counselling programmes quotes advice from Mearns and Laubers '[trainers] should try to create an environment where participants can be fully involved as persons, not students or trainees' (Thorne 1991: 55). Macaskill and Macaskill (1992) surveyed UK psychotherapists in training, inviting them to evaluate their personal therapy, which was outside of the programme itself. Timimi (1994) gave an account of her growth as a therapist following her personal training group experience. Macran et al (1999), in a more recent study, examined psychotherapists' views of how personal therapy benefited their practice.

The importance of the trainee therapist experiencing the role of 'client' whether in-group or individual therapy is also understood by the arts therapies profession. Nijenhuis, an arts therapies trainer in The Netherlands, questions the 'lack of mandatory psychotherapy in the context of training within the training programme' (Nijenhuis 1992: 94). The emotional involvement of the student with the medium, within both teaching and therapy is identified. In the dramatherapy literature there has been some discussion on the nature and role of both personal therapy (Feasey 1993) and PD groups (Langley 1995). Dokter (1991) discusses student comments on dramatherapy training PD groups, some of which are mirrored in the survey findings from trainers' perceptions.

Contrary to the above there has been some debate in the British counselling literature. This concerns whether the requirement of 40 hours personal counselling, in addition to the PD group experience, for individual accreditation with The British Association for Counselling and Psychotherapy (BACP) is necessary when trainees experience personal development groups as part of their training (Wattis et al 1998; Spinelli 1998).

So is group therapy as personal development within the training perceived as an essential part of the professional development of therapists? The author sought to answer this question through a survey and an in-depth qualitative study (Payne 2001). The latter explored student-perceived links between the group experience and eventual clinical practice.

Research into the various aspects of trainees, training, curriculum design and content has yet to be undertaken in the arts therapies. In particular there has been very little exploration of the PD group therapy component variously entitled on programmes as: group therapy; therapy

group; training workshop; PD group; groupwork; experiential group; art therapy group; dance movement therapy group; music therapy group; dramatherapy group or training group.

From the literature it appears to be assumed that the objectives of PD groups such as developing self awareness or inter-personal skills, and experiencing the client role in the respective art or therapy orientation, will be met through this PD group aspect of the training. It is also assumed outcomes will be applicable to clinical practice.

Since the approach to arts therapies and psychotherapy training invariably includes a PD group component within the programme, research studies in the related area of group therapy as the PD part of counselling/psychotherapy training have been rigorously examined, for it is they that are most relevant to this study. For example British studies by Taylor (1991); Newman and Collie (1984); Aveline (1986); Connor (1986); Small and Manthei (1988); Rushton and Davis (1992); Izzard and Wheeler (1995). Berger as far back as 1967 describes a number of training programmes in the US for group therapy practice, which employ experiential group methods and the student in the role of client. Benefits included development of interpersonal skills, feedback and a greater sense of universality. Skovholt and Ronnestad (1992) found experiential groupwork focussing on feedback for personal growth important for developing counsellors. In summative evaluations by counselling trainees (Manthei 1980; Manthei and Tuck 1980; Holdsworth and Ryde-Piesse 1985) about the value of groupwork, it was judged to be the most effective aspect of their training. However, in contrast, a study in Britain by Irving and Williams (1995) found participants were ambivalent about experiential groupwork, which questions assumptions that PD can best happen in a group or all PD groups offer the same learning. They thought it was crucial to the training of counsellors/therapists to inquire into the PD group aspect of training, particularly as there appears to be little systematic research on this, nor indeed on other individual components of training. On reading the relevant literature the author did not think that a case had been established for the inclusion of PD groups as contributing to therapists' professional development or practice.

Chaiklin (1997) calls for more good quality DMT research and for it to be directed at audiences other than itself. As a first step towards addressing these issues; this research, built on a previous study concerned with client perceptions of DMT groups (Payne 1988, 1999), conducted an international survey. It aimed to discover the prevalence, perceived value, role, form/orientation and nature of that PD aspect termed group therapy for a number of UK group psychotherapy (due to their close link with group DMT and other arts therapies which offer group approaches) and arts therapies training programmes.

This survey, although conducted some time ago, has evolved through the analysis to represent the author's current thinking. Although many students in arts therapies and psychotherapy had perceived the PD group on their programmes as extremely valuable (anonymous student evaluation reports from a number of programmes), the researcher wondered why this was the case, and whether other programmes, outside the UK, had similar student evaluations. Hence the questions revolved not solely around the prevalence, form, role, rationale and value of the group experience as perceived by other programmes, but also around student evaluation of the component.

The survey questionnaire was addressed to trainers together with an attached covering letter providing an overview of the study with its focus on the personal development group therapy aspect as part of the training. The researcher was aware of the possible bias in designing questions, so

ensured they were stated neutrally and open-ended, encouraging qualitative narrative responses rather than the usual 'tick boxes' approach. The survey yielded numerical data that was useful information in setting the scene for further research questions. The study as a whole aimed at pluralism of methodological approaches, the survey being the least qualitative in a largely phenomenological, interpretive approach (see methodology section p.7).

The issue addressed in the study was the PD component of training programmes. It is a group within the programme itself, not to be confused with group or individual personal therapy (whether psychotherapy, counselling or an arts therapy) undertaken by students outside the programme (this will be discussed in detail on p.11).

For the purposes of this research, personal development within a training context may be defined as a regular, confidential, group approach based on experiential learning (Kolb 1984). Opportunities are given for students to experience being clients linked directly with a therapeutic relationship, working with personal issues in an extended way. It is neither task orientated nor specific skills training, having a more open agenda, often with an independent facilitator. Students may begin to take responsibility for the nature and development of group experience, eventually perhaps implementing their facilitation skills, further contributing to professional development. This component would normally be in addition to being a client in their own personal therapy outside their training or in skills development workshop/laboratory sessions when they are clients in role for a short exercise.

There were three purposes for the survey:

a) to determine the number of programmes using group therapy (of whatever form/orientation) as a component of training;
b) to give a context for the main study fieldwork by locating the aims, significance and nature of therapy groups to the relevant, same level, therapy programmes generally available at the time, and
c) to gain information from trainers on their perceived values of such groups, together with type, structure and orientation, and to compare and contrast these.

To this end this report documents an analysis from 82 courses in the UK and abroad for DMT and the professions of art therapy, dramatherapy, music therapy, expressive arts therapies and group/interpersonal psychotherapy. Other relevant, non-specific courses approached because of their nature but did not fit into any of these categories (subjects) are included under the heading 'others'.

METHODOLOGY

The study was a survey of arts therapies and group psychotherapy programmes identified through contact with the various professional associations world-wide. It is acknowledged that there would inevitably be different models, cultures and contexts of training in the countries included in the survey. In addition the responses would be interpreted from within the author's own cultural norms. Parameters for responses in the accompanying covering letter were in English, and were framed as a result of the researcher's own personal and professional experience with PD groups in arts therapies and group analytic training programmes. The questionnaire was however, piloted with trainers from other countries as well as the UK (for example, The Netherlands, USA, and Ireland) and from comments appeared to be neutral and easily understood.

Questionnaires were sent to all known arts therapies programmes of similar level programmes (i.e. postgraduate diploma/MA) both within the UK and abroad.

(Note: UK group psychotherapy programmes only were selected due to the vast number world-wide).

The countries involved in the survey were: The United Kingdom; The United States of America; Uruguay; Canada; Germany; The Netherlands; Japan; Australia; South Africa; Switzerland; Denmark and Israel. All countries known to have programmes at the time were included.

The questionnaire was in two parts. The first asked the form of group therapy (if any) as a component to their training (i.e. what type of group therapy and its title). This section also elicited information on the reasons for including such a group in their programme, any student/staff evaluation and/or assessment of such a unit as well as the perceived objectives and value placed upon it by trainers. If there was no such group, reasons for its omission were requested.

The second section requested information on relevant literature, any other programmes which could be approached and whether trainers would be prepared to participate in a follow-up interview in order to gather further qualitative data. Unfortunately due to travel difficulties only one respondent participated in an interview. This section is not reported here for obvious reasons.

The programmes surveyed were public and private, validated and non-validated, in the health service, in higher education and in the private/community sector. Information was sought on whether they included a PD group therapy component or not, and if so why, and whether it was evaluated. Current views on the value of such a component as part of training was also sought.

There was a time difference between the distribution and return of these questionnaires (1988-1989) and the eventual analysis (1994). It was a deliberate strategy not to analyse the responses prior to completing the fieldwork for the in-depth study so that findings did not influence the fieldwork
or analysis. However, information given by respondents concerned with part two, such as relevant literature was utilised in the study early on however.

The questionnaire was distributed to 149 programmes world-wide. Seventy questionnaires were initially sent. 31 replied (a response rate of 40 per cent). A follow-up of this questionnaire was then sent to non-respondents and the same questionnaire to a further 43 programmes resulting in a further 22 replies. Based on information gained about other training programmes from these responses, a final distribution to 36 more institutions took place in June 1989, with a response from 29.

To summarise: 149 were distributed, 82 responded and 67 failed to respond. Table 1 compares the number of institutions consulted in each country. This makes a grand total of 53 per cent of response rate to total distribution. This is more than would normally be expected from a survey by questionnaire. The letter accompanying the questionnaire explained the research and how the information required from respondents would be used which may have facilitated a response.

Protocol for the Analysis:

Each of the institutions responding was given a number as a reference to ensure anonymity. Since the researcher was questioning the

role and nature of PD groups, internal bias was minimal. The researcher has attempted to stay authentic to the responses whilst commenting from her own perspective. It is acknowledged another researcher may interpret responses from their worldview and socio-cultural context. The construction of the analysis is co-created from responses and researcher's worldview. Reason and Rowan (1981); McLeod (2001) and numerous other texts have already documented problems with positivistic methodologies, which claim to be objective for example.

The questionnaire first asked trainers if there was currently group therapy as a component within their training programme. It asked for reasons for inclusion and the general orientation and structure. Question two asked if it was assessed or staff/student evaluated and, if so, how. Question three concerned training programmes, which did not currently include a PD group unit. It asked a) if they had ever included one in the past, and if so what was the rationale for it being discarded; and b) had they ever considered including one and, if so, what were their reasons for its rejection. Question four requested further thoughts on the perceived value of the trainee undergoing a therapy group as part of the programme.

TABLE 1

Showing the comparison of numbers of programmes in each category:

Training Categories:	consulted	responding	not responding
Group Psychotherapy	66	35	31
Art therapy	14	7	7
Dramatherapy	5	2	3
Music therapy	20	14	6
Dance movement therapy	12	11	1
Expressive arts therapy (offering programmes with all four arts therapies included rather than specialising in one as found in UK)	12	4	8
Others	20	9	11
TOTAL	149	82	67
	Consulted	Responded	No Response

TABLE 2

Showing the analysis of number of programmes per category by country

Group Psychotherapy	0	0	0	0	0	0	0	0	0	0	35	0
Dramatherapy	0	0	0	0	0	0	0	0	0	0	2	0
Expressive Arts Therapy	0	1	0	0	0	0	1	0	0	0	0	2
Dance Movement Therapy	0	0	0	2	0	0	1	0	0	0	1	7

Art Therapy	0	1	0	0	0	0	0	0	0	0	3	3
Others	1	1	0	0	1	0	0	0	0	0	5	1
Music Therapy	1 Aust'lia	1 Can.	1 Den.	2 Germ'y	0 Israel	1 Japan	0 Netherlands	2 S.A.	1 Switz.	1 Urug'y	3 UK	1 USA

Group Psychotherapy: UK (35)

Art therapy: UK (3), USA (3), Canada (1)

Dramatherapy: UK (2)

Music therapy: UK (3), USA (1), Japan (1), Denmark (1), Switzerland (1), Canada (1), Germany (2), Uruguay (1), South Africa (2), Australia (1)

Dance movement therapy: UK (1), USA (7), The Netherlands (1), Germany (2)

Expressive arts therapies: USA (2), Canada (1), The Netherlands (1)

Others: UK (5), USA (1), Canada (1), Australia (1), Israel (1)

REPORTING AND DISCUSSION OF FINDINGS

For the arts therapies 16 programmes in the UK responded and 31 at the international level. For group psychotherapy 35 responded from the UK. For the associated training programmes ('others' category) 5 responded from the UK and 4 from the international stage. In the case of group psychotherapy it was not thought any further information would be gained by surveying outside the UK.

This section is an analysis of the responses from trainers in group psychotherapy, art therapy, music therapy, and dramatherapy, dance movement therapy, expressive arts therapy and 'other' categories. Findings from the following four areas are documented:

1. The inclusion of group therapy as PD during training: its structure and theoretical orientation;
2. The exclusion of group therapy during training.
3. Evaluation of the group therapy component within a training;
4. Further responses on the perceived value of group therapy during a training programme.

Group Therapy as Personal Development: Its Inclusion, Structure and Orientation

A large number (just over half) of respondents, apart from the 'others' category, included a group therapy experience in the training. The reasons for inclusion and structures/orientation offered in the group therapy unit varied.

Below is an overview for each therapy category together with commentary. The section establishes the reasons for inclusion, firstly with the structure and secondly, orientations. Where a reason or structure/orientation is mentioned more than once, the number is indicated in brackets afterwards.

In the group psychotherapy category (all from the UK) 22 respondents indicated group therapy was part of their programme. Respondents gave

several reasons revolving round areas such as: the need for students to have opportunities for self-examination; developing emotional strength; changing in a professional setting; increasing sensitivity and personal learning. It was thought to be 'basic to adult psychotherapy to experience group therapy'. Secondly respondents' rationale centred upon the importance of the group (8) 'for group building' or 'to understand and experience group dynamics' (3) and 'for personal growth/group process' (3). Thirdly respondents stressed notions of professional development, for example, the idea that personal development is integral to professional development and the value of experiencing the client through role.

Finally the group's relationship to the theoretical content was noted in that it was seen to complement academic work through personal experience, or to enable the trainee to make an informed choice of method. Several respondents spoke of the group developing skills, widening the range of therapeutic tools and identifying strengths. Other reasons included the prevention of de-personalisation and burnout, or was seen as a 'place to air difficulties about the programme and its members.'

In summary, the reasons given for including a group therapy unit in psychotherapy training could be categorised into three main areas: (i) professional learning - the training element; (ii) personal learning - the group and the client elements; and (iii) programme issues - as a means of containing issues on the training itself. Each of these is explored further below.

Professional Learning:

In the area of professional learning the two main reasons for inclusion of the therapy group were the experiential understanding of a) theoretical content/ methods and b) group dynamics. This is not surprising perhaps, given that these programmes aim to train individuals in a group therapy approach. The trainee would need to grow within such a framework herself to gain an understanding of group process. Also mentioned was the need to experience a particular type of therapy, for example, 'a personal experience of Gestalt therapy' which again is no surprise, since opinions generally agree the same approach to therapy should be experienced by students in training.

From a trainee therapist's perspective we can also see that reasons given are highly desirable to ensure a competent practitioner. These include: to gain emotional strength; produce change; identify strengths; widen therapeutic skills; tune the instrument; gain experience of the client role; make an informed choice of method; and increase sensitivity are highly desirable to ensure a competent practitioner.

Personal Learning:

Here it is clear that most reasons place an emphasis on the inter-relationship between personal growth and professional development for the trainee therapist, for example 'it is basic to adult psychotherapy'; indeed one reported 'personal development is integral to professional'. However, some responses placed particular emphasis on the personal such as: 'to prevent burnout; produce change; facilitate personal learning; give the experience of the client role; prevent de-personalisation; provide an opportunity for substantial self-examination; and get in touch with their own issues. Notably this focus on the student as someone engaged in a personal learning experience is recognised in this rationale.

Programme Issues:

The PD therapy group was also seen to provide a balance for the academic work by giving personal experience of the theory whilst complementing any personal, individual therapy undertaken outside the programme. In this way it was seen as playing a useful role in the programme. Group experiences were thought to be necessary to balance other areas of the training. This was also the case when group building was given as a reason; 'the course [programme] will need to be cohesive as a group because of its nature as a therapy training with all the personal challenges this presents'. Here group therapy seemed to help the cohesiveness of the cohort. Such a component, it was felt, could contain the entire inevitable, individual, emotional issues emerging from such a personally orientated training. Finally, the therapy group was seen as providing an opportunity to work through programme related issues and inter-personal conflicts, as illustrated, for example, by the comment that the group therapy unit was 'a place to air difficulties about the course [programme] and its members'.

Respondents' training group psychotherapists gave various structures for the group therapy component including: on-going weekly groups; all-day groups; residential intensive events; one term (10 weeks for three hours); ten weekends; one, two or three years for one and a half hours per week; twice weekly for the one year minimum followed by, for example, another small or large group for a further year. Respondents commented on the importance of using small groups (6) consisting of six or so participants for a minimum of one year, particularly during the first year of training. Two institutions said independent therapists were employed.

'Group therapy' for training purposes was mentioned twice in the orientation section, which seems highly appropriate when describing such a component in training. Other orientations ranged from 'various group approaches' to Rogerian (3) core process psychotherapy, psychodrama, experiential, humanistic, personal development to analytic group (9) and psychodynamic approaches. One mentioned that Rogerian or analytical groups were optional. The most popular orientation from group psychotherapy training was the expected analytic group, although no indication of the duration was provided. Finally, core process, psychodrama, humanistic groups as well as psychodynamic were stated as approaches to group therapy where these were also the training orientation. As will be evidenced later, art therapy; dramatherapy and music therapy (to some extent) mirrored the view that the therapy group needed to be modelled on the subject orientation.

Similar to psychotherapy respondents, the majority of art therapy programme respondents included an art therapy group (four out of seven training programmes). Of the seven programmes, four were from North America and three from the UK. Reasons given were not dissimilar to those given by other categories of training. Personal work was acknowledged with reference to trainees coming to terms with, or being aware of, their own issues in groups and appraising work with their own feelings. These, together with the expectation that 'they will be in the role of client,' illustrated there was a contract to work with trainees at a personal level. The only reference to the professional or training element in art therapy was the need to learn about differentiating themselves from their clients.

Unfortunately there was not much information about the structure/orientation of art therapy groups available due to three of the art therapy programmes not including such a unit. However, for those that did include the group, the duration was less than those emphasised in the psychotherapy training programmes, for example, only 32 sessions or 8 days per year. One point to note is the art therapy respondents stated they had a requirement for students to undertake individual or group art therapy or

psychotherapy independently of the programme, which psychotherapy respondents did not mention.

Both UK programmes responding in the dramatherapy category said they included a therapy group. Reasons given were similar to other respondents. Although there was an emphasis on the personal, references to each of the 'professional' and the 'programme needs' were made as well. For example, the group acting as a model for practice and the notion of the personal and professional being interdependent.

In terms of structure and orientation responses were very limited. Just one comparison with group psychotherapy, DMT, art and music therapy, only one dramatherapy trainer, out of the two, termed the group 'a dramatherapy group'. The other failed to title the group experience.

In contrast to the other categories music therapy, the most representative of all in terms of numbers of countries (10), was divided equally on the issue of inclusion of a therapy group. Half (7) respondents of the 14 included a music therapy group. Only one reason seemed to fit into the professional area, that of the exploration of modalities (such as singing, guided imagery, improvisation, music and Laban movement). The rest stressed solely the personal or the personal in relation to group understanding (as for psychotherapy) emphasising self awareness, self experience personal growth or an understanding of group dynamics. Unlike group psychotherapy, art and dramatherapy it was also mentioned that creativity, particularly in relation to group aspects was valuable, for example 'to recreate originality'. The following quotation aptly catches the feeling from the music therapy world:

'We think students' own therapy is one of the centres of our course and [it] is extremely important to undergo music therapy if you want to work as a music therapist. Experience in other therapies might also be useful but cannot compensate for the deep insight into self-experience with your own therapeutic discipline'.

With reference to structure and orientation, the importance for music therapy was the reference to the therapy group being a mandatory part of the programme and that it was seen as unique. However we know art therapy programmes also made the art therapy group component a 'course [programme] requirement'. One music therapy respondent believed the therapeutic group should comprise of different groups of students rather than 'an already formed course [programme] group' meeting for music therapy, then dispersing. The idea of written logs came up twice, once optional and once obligatory. Interestingly, two respondents spoke of using movement in the groups and contrary to the above quotation, other group therapy orientations for music therapy training were varied, such as Jungian; gestalt; transactional analysis; 'here and now' (probably humanistic); music therapy; psychodrama; behaviourism and psychodynamic. This was different from art therapy and psychotherapy respondents, who mostly said the group was of their own therapy orientation.

As for structure, IN one programme, the group only took place in the fourth year, at the end of the training. For another, it seemed to shift over three years from a one-year group, to individual, to a group again before inter-therapy (this term was not explained) was undertaken. For another respondent it was weekly over three years, and for another over two years.

Similarly two out of four respondents (from three countries, two of which were North American) in the expressive arts therapies category also said group therapy was included. Not many reasons were offered for its

inclusion. Those there were did fall neatly into either the personal and professional development areas described earlier. For example, 'for present life changes emerging in the course [programme]' and 'to grasp group process'. In terms of structure and orientation few ideas were mentioned except the notion of a peer support structure which was not mentioned in any other category. It involved peer group led sessions evaluated by the leader after three months and regular check-ins with the programme director. At the end of nine months the peer group evaluated the leader.

Six of the eleven respondents (4 from Continental Europe, 7 from North America) in the dance movement therapy category replied a DMT group was included in the training. Reasons offered were similar to other categories falling into either professional or personal development. In addition there were two new rationales.

First, the need to identify counter-transference issues, which goes further than other reasons, concerned with the professional role. It specified that 'by working with one's own issues counter-transference would become more readily available when working with clients'.

The second identified issues which could 'get in the way' of participants becoming empathic. The requirement to experience the role of the client, mentioned in other categories was noted, as was the opportunity for students to let go of irrational visions of what therapy was like, such as 'catharsis all the way.'

In contrast to the other respondents however DMT trainers responded that only attendance was assessed within the structure of a two-year, weekly group. Students' keeping a journal was mentioned again (but not for assessment as in music therapy) and the use of an intensive marathon therapy group over several days was noted as it was in the psycho and art therapy training programmes. One respondent believed the group should be informal but completed within the duration of the training. Another unique structure noticed in this category was that the trainee's individual therapist co-led the therapy group. It was not stated if the co-leader was the same gender or not but this would be an interesting area for further study.

Finally, two mentioned the therapy groups were for six months only, and for one respondent a one-year group was seen to be a little too short. However, the respondents clearly perceived them to be therapy groups, albeit brief ones.

To summarise, this section compared comments from respondents on the first survey question concerned with the inclusion of a group therapy component as part of their training. Respondents were drawn from programmes in group psychotherapy, art, music, drama and dance movement therapy, together with those from expressive arts therapies programmes.

Programmes Omitting Group Therapy as Personal Development During Training

Less than half of the sample, a total of 33 out of 82 responded that they did not include PD group therapy as part of the training. Six of these no longer conducted training anyway. For each category the reasons for excluding a therapy group are reported, analysed and compared in discussion.
Only thirteen out of 35 psychotherapy training institutions replied that they did not include group therapy for a variety of reasons. Out of these, one respondent gave no reason apart from questioning a therapist being on the evaluation team and another said the programme had discontinued. Five said they trained solely for individual work (the researcher's information appeared to have been inaccurate/out of date) so group therapy would not

have been applicable, contrary to much of the literature. One respondent saw students solely as trainees, not clients, stating group work was therefore inappropriate. Another said their MA was too theoretical but there would be such a group on the new Diploma. Yet another respondent said personal therapy was part of the training, on a one-to-one basis, whilst another spoke of it being inappropriate for the trainees since they were friends/colleagues in a small community. Another reported that no leader was available who was not also supervising. A further respondent stated they did not to train 'therapists' although from other comments some students apparently went on to become accredited as such. Finally, one described the lack of 'back up' facilities to 'take therapeutic responsibility' as the main reason for not offering a therapy group experience to trainees.

Programmes (6) in the psychotherapy category (although sampled because it was thought they trained group therapists) declared the group experience to be unnecessary as they trained people for individual work. This unexpected finding gives rise to the notion that trainees would not benefit from such a group focusing on inter-personal issues. This is interesting since one-to-one work is clearly an inter-personal experience. Arts therapies programmes purport to train for both individual and group therapy in the same programme. Group work, it could be argued, would be valuable for facilitating learning about how trainees behave in relation to others co-creating further understanding of personal issues in relation to, for example, counter-transference in one-to-one practice. Indeed it is common in UK practice for programmes training for individual counselling and psychotherapy to hold much learning in groups and many have included therapy groups as an aspect of personal development. Without further information from respondents and no opportunity for follow-up interviewing unfortunately it was not possible to explore their reasons further.

The respondent who said staff were all caught up in teaching/supervision work so could not facilitate such a group went on to say that personal therapy was sufficient. For a group therapy training to rely solely on individual one-on-one personal therapy as the vehicle for personal development might result in trainees not having had a therapy group experience themselves yet facilitating therapy groups for their clients. This programme acknowledged that funding was limited thus preventing another facilitator, not engaged with trainees in another capacity, being employed. The respondent went on to say that she doubted whether a group therapy approach was appropriate because of the contact trainees had with each other as peers in other areas of the programme. This was the case in the main study itself, indicating peer contact in other aspects of the training led to fears of becoming engaged in particular issues, such as any conflict already being experienced in the DMT group. This may also be an issue for clinical groups where clients are drawn from common settings such as resident hospital/therapeutic communities and so on.

One trainer spoke of the fact that students were seen as trainees not clients so any component, which placed them in the role of client, would be inappropriate. Furthermore, it was clear that personal therapy, although recommended, was not mandatory for these programmes. This respondent stated they did not train therapists therefore did not include a group therapy component.
She went on to indicate some trainees might become accredited as therapists, however, which appears contradictory.

In summary, a very small number who trained psychotherapists for group rather than individual work, did not offer the group therapy experience as part of the training. This leaves a majority offering such a unit which demonstrates the importance these trainers placed on trainees experiencing

the therapy process in a group if they wish to become group psychotherapists.

The arts therapies programmes appear less clear on the role of group therapy in training, despite claiming practitioners are trained to work with a range of clients in both individual and group therapy.

In art therapy three out of seven respondents said there was no group therapy unit in their training. This is quite high but perhaps not unexpected since although they facilitate groups, from the literature one-to-one work appears much more common. (Since this survey, literature on art therapy groups has become more prevalent, for example Waller, 2000 and Lieberman, 1998). Reasons given for excluding the component included: liability issues; conflicts of interests for staff, therefore only one year provided; not needing to 'delve deeply into personal issues'; and the resulting power imbalance if the facilitator graded an assessment:

'we don't want too much information about a student because that gives too much power to the staff who must grade their performance and papers'.

From the other respondents it seems to be thought that trainees need a reasonable duration, in order for the group process to be experienced. This respondent acknowledged the conflict of interests by only offering it for a short time. The liability issues might be referring to the 'therapeutic responsibility' spoken of in an earlier comment. The second reason offered of 'not delving deeply into personal issues' was followed by stating that they set a paper on group dynamics and art therapy covering this aspect of training, which avoids any learning from the direct experience of a group. Theoretical understanding however is only one form of knowledge. From the literature (Connor 1996, for example), it appears that trainees requires a 'deeper knowing', which cannot be achieved from theoretical studies alone.

In the case of the third reason given for excluding group therapy as part of the training there was an awareness of staff role conflict because of the assessment issue. On the other hand music therapy programmes ensured other tutors undertook assessment. For example, it does not need to be the same member of staff who grades papers and retains knowledge about a student's personal life. One part of training therapists is to ensure a thorough knowledge of the student is gained in order to assess their suitability to become a therapist. This understanding of their personal process can be gained through the students' processing of their practice in supervision, reflections on personal experiences in workshops or self understanding documented through the writing of essays etc.

In sharp contrast to the psychotherapy and art therapy training no negative answers were noted in the two responses from dramatherapy. One could postulate from the data that dramatherapy trainers value the group therapy component more than other therapists do but further evidence would be needed to justify this.

In music therapy half (7) the total number of respondents (14) omitted a group therapy experience from the programme. On the face of it this was similar to that of art therapy although very dissimilar to psychotherapy. However, it was apparent two had discontinued the course, and one gave no reason, which ostensibly leaves four. The first reason concerned the role conflict again; 'so much of the group's life is outside of therapy.'

The second rejected the title of 'therapy,...due to difficulties crossing the line between therapy and education, but it [the group] does deal with personal

issues..'

In this response it was clear that the difficulties of running a 'personal' group not called a 'therapy' group in an educational setting did not appear to have been fully resolved.

The third reason given was that the course was too small, having only six members, and that

'...One should not mix therapy training and therapeutic experience because staff would be teachers and therapists at once*(ed.'simultaneously')*. There should be a group outside training..'

Clearly this trainer understands the role conflicts. Some music therapy respondents commented that, subsequent to training, students often entered individual or group therapy, though not necessarily music therapy.

A fourth music therapy programme, which had a Jungian psychotherapist come in weekly to lead a group, did not see the component as group therapy but rather as an 'informal, confidential group where trainees could speak about their feelings towards the course work and course [programme] process.'

Respondents who offered the first three reasons, recognised the role conflict in the issues of the group's life outside the therapeutic process, the problems of therapy in an educational setting and the difficulties created through
same staff being, at the same time both teacher and therapist. The fourth respondent's solution seemed to be to focus on course process alone which led them to refrain from using the term 'group therapy' for this experience.

It appears music therapy trainers value the group therapy experience higher than trainers in art therapy. One possible explanation is because music as an arts activity is more social, taking place in a group as well as individually, unlike visual art.

From the expressive arts therapies category of four respondents two replied in the negative, one of which said that there was now no training offered at their institution. The others spoke about the importance for trainees to undergo four years of 'studio time for their own creative process', and went on to say that '...group therapy in the course [programme] would cause a hindrance to the free exploration of the chosen art form'. There seems to be a conflict perceived between an exploration of the creative art process and trainees' personal process. However, the young age-range of trainees on this programme may be an influence on this idea.

The 'others' category was concerned with those programmes which did not fit entirely into the psychotherapy nor arts therapies training categories. Out of nine respondents in this category none responded that group therapy was appropriate. One gave as a reason that they trained people in one-to-one therapy (similar to the psychotherapy respondents), one said the programme had ceased; another four were simply not applicable to the focus of the study, and one gave no reason. This left two who articulated other reasons, for omitting therapy groups. Firstly, that they:

'provided an experiential 'training' group of one hour to explore feelings and reactions to course [programme] staff and fellow trainees and how this affected their emotional development. It is not group therapy because we are teaching the same group and have no funds to employ staff'.

The second respondent stated:

'We abandoned it to offer verbal group therapy where we are not undertaking to train group therapy skills, the focus is educating about groups not training group therapists'.

Reflecting on the first comment, the focus is more specific concerning the programme and student's inter-actions and, as previously commented, in other categories. It demonstrates an awareness of the conflicts of role during training, for one person to act as teacher-trainer and therapist. The lack of funds
was given as the reason for not employing an outsider, and it appears the group was not made a priority on the training. Although it was recognised an outsider would enable an experience of group therapy to take place on the programme; the commitment to the notion does not appear to be present. The second respondent said a verbal group in which the aim was not to train group therapists but to 'educate' students about groups replaced the group therapy.

Five out of 11 programmes in the dance movement therapy category responded that they did not include a DMT group as part of the training. This is in sharp contrast to psychotherapy and dramatherapy responses, which was surprising, since dance is an art form that normally takes place in a group, like drama. Dance therapy has been defined by the Association for Dance Movement Therapy UK (ADMT.UK) and the American Dance Therapy Association (ADTA) as a form of psychotherapy. In addition, from the literature it appears that dance movement therapists mainly conduct group, not individual work, unlike the art therapists.

Of these five not including a DMT group one respondent said training had ceased but the other four gave interesting reasons which are detailed below. One spoke of it being:

'It is unethical to require or provide therapy as part of training. It avoids the necessary separation of one's personal life and the academic. However, we do use class as a learning experience with others on group process and dynamics. The focus is educational not therapy. We are not interested in having people work through their personal issues in class. To observe patterns and responses and work towards changing these is related to clinical work'.

It is clear this respondent does not believe it is necessary to work with personal process in the training context. A second programme had a very different perspective, but offering group theory and practice instead of a DMT group in order to:

'..explore the student's personal style and development as a vehicle for integrating counselling psychology and internship experiences. Students are encouraged to enter personal therapy, verbal or DMT, outside the institution. We used to do a professional seminar but staff became too involved in the student's personal issues. A lack of clear boundaries and the 'cultural climate' has led us away from doing group therapy with students'.

While this programme had something like group therapy it was claimed impossible to continue because of a lack of clear boundaries and 'cultural climate' changes. A further respondent said they offered an 'experiential group process' class and recommended personal, individual or group therapy, outside of the training. The experiential learning using group process and personal work was not considered group therapy as the aim was the 'education and development of the therapist'.

Lastly, one respondent said their programme provided 2.25 hours per week on 'self experience' instead, where a tutor gave an 'opportunity for personal themes as in a therapy group for neurotic individuals'. They felt it important to acknowledge the 'school situation' in this group. However, even when they had an independent therapist offering weekly therapy under more usual conditions, the school setting and familiar group of peers (which has more dependencies than normally, they claimed) was found to be 'confusing and inhibiting'. Trainees missed sessions, they said, since it was semi-independent, so instead they too preferred to encourage personal therapy outside the programme. From this comment it seems that the institution and the fellow students were found to be an inhibiting factor to full engagement in the therapeutic process. Personal therapy appears to be a reasonable replacement for the personal development group therapy component in this trainers' view.

TABLE 3

Showing the comparison of programmes including, excluding or discontinuing a group therapy experience

Category	Excluded	Included	Discontinued
Group Psychotherapy	22	1	12
Art therapy	4	0	3
Dramatherapy	2	0	0
Music therapy	7	2	5
Expressive arts therapies	2	1	1
Dance movement therapy	6	1	4
Others	0	1	8
Total	43	6	33

In summary, group psychotherapy and each of the four arts therapies together with those programmes entitled expressive arts therapies and 'others' were compared and contrasted in relation to their responses to the question of whether they excluded a personal development group therapy experience as part of the training programme.

Evaluation/Assessment of Group Therapy During Training

For this question the survey was seeking information about whether any group therapy component of training was subject to a) assessment or b) evaluation. Most seemed to evaluate it as part of a whole programme evaluation, requiring student perceptions of its value. Assessment was a more complex issue.

The main finding for psychotherapy training was that there was far more evaluation of the group therapy component than expected. For example, some programmes in the therapy group undertook direct evaluation itself, presumably as part of the therapeutic process, alternatively with, or by, staff members in meetings, supervision or tutorials. Staff and students' evaluations were not always included together, however many programmes favouring either one or the other. Five programmes included staff/self and peer evaluation which was all encompassing.

Evaluations appeared to fall into two sub-divisions; a) the

students' experience of the process together with their own assessment of progress, and, b) the students' perception of the programme as a whole (of which the group therapy component was only one part) in the form of verbal/written feedback to programme leaders.

Comments for the former included 'therapist's evaluations'; 'self/staff/peer evaluations'; 'staff informal meetings'; 'via supervision/tutorials'; 'self appraisal'. For the latter through mechanisms such as 'anonymous student evaluations'; 'student questionnaire'; formally/informally at the end of the programme' and so on. It is interesting to note the lack of formal evaluation concerning the outcomes the therapy group may offer trainees. This is particularly striking when there are such a plethora of Group Process Rating Scales (including one specific to the process to non-verbal processes, Goldberg et al 1991 for example) in both the arts and psychotherapies. In seeking to describe the process of clinical practice groups, and those strategies employed which contribute to specific growth and healing for clients, practitioners may be advised to evaluate the ways in which PD groups contribute (if indeed they do) to trainees' professional and personal growth. In particular growth in relation to eventual professional practice as clinicians. Perhaps it would be helpful if trainees themselves could experience scales such as these.

The confidential nature of therapy groups makes evaluation and assessment a very difficult matter and perhaps the strategies noted above go some way to offering a solution to this. Several respondents mentioned the therapy group was seen by students to be the most, or the second most valuable contribution to clinical practice experience in end-of-year evaluations.

Compared to psychotherapy, art therapy training was seen to carry a mixture of formal systems evaluating art therapy groups, such as through paper submissions as assessed assignments or staff (facilitator's) judgement in assessing specific aspects, such as trainees' maturity in the group itself. There is a difference between staff assessment of trainees, peer assessment and self-assessment of the group therapy experience and trainees input to the general feedback and evaluation about the programme as a whole. Some programmes had no evaluation or assessment whatsoever. However, assessment appeared vague, with no procedures, nor with specific factors to be assessed (if indeed it was believed they could be measured) such as the ability to be 'objective with clients'. Where reflection of their therapy group took place in supervision respondents thought trainees might make links between these outcomes and those in their clinical practice, but they did not appear to be specifically addressed.

In systematically exploring the outcomes and connections between personal development as experienced in group therapy on the training, and professional practice, a greater insight may be gained into the kind of provision of training strategies for learning on group/individual psychotherapy and arts therapies programmes.

As with some programmes in group psychotherapy, art therapy had some emphasis upon both the facilitator's assessments of student progress as well as peers. With respect to the important and linked issue of confidentiality one trainer wrote

'It [evaluation] forms part of the continuous assessment but [the group therapy] is not directly evaluated - it would be impossible to offer students confidentiality and encourage them to be open about their feelings if they were to be formally assessed'.

And another respondent said:

'The group is confidential. Students realise that they can contain but have a place to share and comment, a part of their general awareness, which grows over the year.'

This perception echoes that of the trainer above. Confidentiality and an openness about feelings and issues, appear to be seen as essential to the experience, and uninhibited by the group's assessment procedures.

Similar to group psychotherapy most music therapy respondents evaluated the group more indirectly in some way. Two mentioned the idea of a journal kept by students and submitted if they wished. They believed offering students the opportunity to keep a non-assessed on-going journal was valuable as a way to facilitate reflection on their experience of the group. One of these music therapy respondents stated that content or participation in the therapy group was not assessed.

Only one music therapy training offered a trainee's self-evaluation procedures, although this could be undertaken in the submission of journals/logs. On the other hand the student-writer, knowing the log was to be read by the facilitator, might select content accordingly, not giving a true reflection of their inner processes. Assessment of attendance was only mentioned by music therapy respondents twice giving the impression that for the other five respondents the group was more like a clinical therapy group where there is the freedom to be absent. One respondent claimed that students submitting a paper gave them an academic task based on their own experience of music therapy.

Consequently, from these findings respondents did not appear to see how a therapy group with could be undertaken as personal development with the restrictions of assessment and evaluation attached. Indeed respondents' reasons for not evaluating the therapy groups were mostly concerned with the fact that the group was of a confidential nature and that a therapy group needed to be as free as possible from judgement.

This comment neatly captures the trend for dance movement therapy trainers on the issue of assessment and evaluation of therapy groups at the time of the survey:

'At the end of training students answer questions; 'have I grown? where is my present state of being?' in relationship to a prior defined image of an 'ethical therapist'. Criteria used to evaluate this include realistic perception of self, and the presence of a perspective as to how to deal with personal strengths and weaknesses.'

There is clearly an emphasis on self-appraisal here but not until the training is completed. However, attendance was placed quite highly as an evaluation criteria for DMT programmes giving the impression that, when included, the DMT group was very much part of the whole training where trainees presence was essential. This was in contrast to music therapy where there was no assessment of attendance at the therapy group. It seems important to have attendance as one of the criteria for trainees as in some settings, in the UK anyway; non-attendance for a certain number of sessions may result in clients being required to leave the group. Absence and presence are clear indicators as to the issues being worked through in therapy. As such a mandatory attendance factor will influence material in the group to some extent.

It was of interest to note the combination of evaluative strategies for DMT programmes, such as student participation and paper submissions. The author wonders whether as with music therapy these papers enabled student

experiences to be reflected upon, but how to assess participation? The submission of the papers would compromise confidentiality if marked by a tutor. If marked by the facilitator it would change the therapeutic alliance drastically, as she would become an assessor inhibiting certain material and encouraging other material to be brought to the surface, for example punitive mothers or fathers. It appears that the issue of confidentiality is still a thorny problem for these programmes in DMT and music therapy compared to the group psychotherapy programmes in particular.

The notion from some DMT trainers of providing students with self-reflection questions and encouraging them to set their own goals are innovative ideas as base lines for student self-evaluation of their use of group therapy.

Similar comments to DMT and music therapy were found in the associated programmes ('other' category) concerning evaluation and assessment of group therapy. For example the 'subjective' view of student contribution from the facilitator's general assessment of student progress, or feedback to the therapist from students about the group, or feedback on specific criteria of student performance by the therapist/trainer (facilitator) were mentioned.

In the expressive arts therapies the two, which included a group therapy component, seemed to be more formal and tutor-led in evaluation in contrast to group psychotherapy. However, in these programmes students also made contributions to evaluation, which could contribute to the skill of Self-reflection required for becoming a therapist.

To summarise this section, therapy categories were compared with each other, in relation to their responses to the question of evaluation and assessment of the PD group therapy component in the programmes.

Perceived Value of Group Therapy During Training

Question three in the questionnaire asked respondents for their current thoughts on the value of the trainee therapist undergoing their own group therapy as a part of the training course. This was designed to elicit more qualification as to why trainer-respondents included or omitted group therapy components in their programmes. Not all respondents answered this question.

This extract illustrates the mood of many of the respondents from the group psychotherapy category:

' Invaluable, personal growth and understanding is essential in training a psychotherapist.'

There is much in the research literature on PD groups in the training of counsellors/therapists (Payne 1999) to support this view. In addition, as
we have seen from this survey, group therapy was essential and was normally provided as part of training. Many trainers did not insist students enter personal therapy (group or individual) outside the training, but making this only a recommendation. However, if students chose not to enter, then it was seen as questionable whether they were suitably qualified to practice as group therapists. Since the therapy groups were rarely formally assessed during the psychotherapy training, students were seen to need to choose whether or not to enter therapy. The author considers they should only be accredited as group psychotherapists once they have experienced this and not licensed to practice until this has been demonstrated, whether

via their training or separate from it.

This quotation was typical for those art therapy trainers which included a
therapy group experience;

'It is absolutely essential to include group experience like this. Apart from the experience of therapy in the role of client it helps students to come to terms with their own difficulties about working in groups.'

As with psychotherapy a strong recognition of the essential nature of including group therapy with the student as client is evident. Only one said that it needed to be outside the programme. This is different from the impression found in dramatherapy, which was similar to psychotherapy i.e. that students also needed to undertake group and/or individual therapy outside the programme since the group therapy component 'may not resolve neurotic blocks'.

In music therapy one respondent commented on the importance of experiencing the actual art form as the model for the therapy experience.

'It does not seem possible for us to become a music therapist without having had experience of our own group process and our own responses to MT. The delicacy is in the relationship between the learning process and the training, which requires an openness to self-experience'.

This respondent appears to believe very strongly in the value of group music therapy as part of the training to become a music therapist. Art therapy and group psychotherapy also made cases for their own medium. The response in music therapy that the therapeutic group should not consist of a previously formed peer group, but should meet then disperse. This appears to add weight to the data from DMT trainers that it can be particularly difficult for peers undertaking the same training to meet for therapy.

The same students studying together could make for inhibitions of expression in the therapy group. Perhaps a design, which allowed for students from any year to participate in the group therapy would be more appropriate. This model could be easily integrated into the new modular and credit based system now operating in higher education in the UK. Students could also choose when to undertake the therapy group allowing for flexibility in personal and professional development; graduating only when this module has been completed.

Two out of the three respondents running programmes in the expressive arts therapies category seemed to believe the therapy group to be valuable. One felt it would hinder the 'free expression of the art form' in direct contrast to psychotherapy and music therapy, which emphasised a need for trainees
to experience their own medium as the form of therapy.

Finally it appeared that dance movement therapy respondents were ambivalent on the whole, or like music therapy were more equally divided, concerning the value of including a DMT group on their programmes. Neither were they of the general view, as claimed by one respondent in music therapy and those in psychotherapy, that the orientation needed to be the same as that for which students were in training.

'We frequently encourage students to pursue their own therapy but do not require it or provide it within the program. Whether a student seeks

group or individual, movement or verbal therapy is up to them'.

This was typical of the few responses to this question in the DMT category. Perhaps those DMT trainers who do not provide the opportunity for DMT group experience were abiding by the American Dance Therapy Association's code of ethics which understandably, will not allow a trainer to be a
therapist for the same student group.

However, to leave it to chance as to whether a trainee undergoes group DMT if she is to practice group DMT may be misguided. From the analysis of the psychotherapy programmes it was found that group therapy was mandatory for the most part if the programme aimed to train group therapists, either on the training or as an outpatient during the training. To recommend the trainee undergoes a DMT group experience, or takes individual therapy, outside the institution may result in some trainees never having experienced individual nor group therapy let alone DMT. In the author's view this is one difference between dance movement therapy and group psychotherapy. Therapy through dance and movement may not aim to go as deeply into group dynamics or personal issues as is expected in group psychotherapy. Research undertaken in group DMT by Ehrhardt et al (1989) concluded that clients thought vitalization to be the most liked healing process (from the eight healing processes postulated by Schmais, 1985). Interestingly neither group process nor cohesiveness was mentioned by outpatient clients, which may support the notion that the group is not the important factor in DMT in the USA approach.

Clearly the education-based nature of the DMT group is perceived to colour its agenda. This connects to the three clusters identified from the analysis of the psychotherapy training: (i) professional learning - the training element; (ii) personal learning - the group and the client elements; and (ii) programme issues - as a means of containing issues on the programme itself. In relation to the latter (iii) the context of the DMT group has a direct bearing on the issues worked with and which cannot be as individually focused as in a non-training/education based therapy group. Perhaps these trainers see the DMT GROUP as synonymous to personal therapy outside the training programme itself.

Regarding the earlier point made that a DMT group may interfere with participants becoming empathic (p.13). Perhaps this refers to counter-transference but could also be due to a fear students may lack understanding or listening skills as a result of feeling overwhelmed by specific personal issues.

This section discussed the comparative value each therapy category placed on the group therapy personal development aspect of their training.

CONCLUSIONS

The core question of the research was an evaluation of the importance, role and nature of PD group therapy in relation to professional development as perceived by training programmes in the arts therapies and group psychotherapy.
In answer to this question an international survey of 47 arts therapies programmes world-wide, 16 from the UK was undertaken. Nine 'other' programmes relevant to the arts
therapies and 35 group psychotherapy programmes from the UK also responded. It compared and contrasted findings for each category of therapy for each of the four questions asked in the survey, namely:

1. Whether the programme included some form of group therapy as

personal development during training, and if so what was its form (i.e. structure and orientation)?

2. If group therapy did not form a component for personal development during the training programme, what were trainers' rationales for its omission?

3. Where group therapy formed part of the programme, whether there was any separate evaluation/assessment of the component?

4. Where group therapy was included what was the perceived value by trainers of the component?

Findings:

More than 75 per cent included a group therapy component to the training of group therapists in both verbal psychotherapy (mainly group) and the arts therapies. Institutions not supporting the notion of group therapy when purporting to train group therapists was less than 25 per cent of 82 (the total number responding).

Of the 33 respondents who did not include a group therapy component, six respondents said there was no current training programme. Of the others some of these respondents offered the alternative that students were encouraged to enter personal therapy outside of the training programme/institution. There may be an underlying assumption here that therapy groups are the same in function and outcome as students receiving personal therapy outside the training programme. Trainers did not recommend students undertake 'group' personal therapy (as opposed to individual personal therapy), even when it was clearly a training that stressed group therapy. Nor did trainers state that any personal therapy ought to be orientated within the field of therapy training the student had entered. Neither was such personal therapy outside the training programme deemed to be mandatory. Countries represented in these findings included the USA, The Netherlands and the UK.

However, out of the 33 a further six said they trained for individual work only so group therapy was, in their view, inappropriate. This finding may indicate further research is required on the value of group therapy (for example, in developing inter-personal skills) for those training to work with individuals only. In addition studies examining whether, in fact, it is conducive to train for both group and individual work at the same time as happens in the arts therapies. Out of the remaining 27 four said group therapy was not applicable, or they decided the idea was not applicable - mostly because they did not aim to train therapists. Three gave no reason leaving only 20 respondents who saw themselves as training therapists but did not see group therapy as valuable for trainees.

These 20 respondents comprised four from DMT, three from art therapy, one from the expressive arts therapies, four from music therapy, six from psychotherapy and two from the 'others' category. They gave a variety of reasons for not including a therapy group. In summary, when these responses to the idea of group therapy were explored it became clear there were, in fact, significantly fewer choosing not to include such a group experience in their training than those choosing to include one **(see Table 3)**.

The majority of respondent's (49) confirmed that the PD component of group therapy is a crucial requirement for the training of arts therapists and psychotherapists. The form, structure and orientation differed both within categories and between categories. Respondents offered different evaluation and assessment procedures. Some believed self-experience alone should be the focus, others programme material or therapist skills.

The group psychotherapy analysis fell into three aspects of the process: training/professional issues; programme issues and personal issues. This seems to be a useful model to reflect upon when designing the rationale for PD components in arts therapies and psychotherapy training. It was interesting to note the lack of emphasis on the development of self awareness, which has been fairly well researched in the fields of counselling and psychotherapy as a crucial part of professional development as noted at the beginning of this paper (Payne 1999).

Of those psychotherapy programmes which had a group therapy component (the majority in the sample) there seemed to be recognition that participation in the group was insufficient to provide all the PD a student required. It appeared personal therapy outside the programme was also thought to contribute. For example, in their brochure the Institute for Group Analysis (UK) required that candidates participate as bona-fide patients/clients in an outpatients therapy group composed of non-professionals seeking personal therapy. The Tavistock Institute (UK) requires psychotherapy (group and individual) trainees pursue individual psychotherapy twice weekly for the duration of the programme. These examples illustrate the importance placed by such training for group psychotherapy on the trainee therapist's self-awareness. Although such procedures would not be possible under University Academic Board regulations for an academic programme, the Arts Therapies professional Associations could state in the criteria for full professional membership, that practitioners need to have had, say, three years personal therapy, for example DMT in a group if wishing to practice a group approach, and with the same therapist. This could be stipulated, for example, as having to be undertaken prior to, during and after the training itself. At the time of the survey the criteria for registration for DMT practitioner status only requires two years and that not necessarily in DMT (ADMT. UK 1995). For dramatherapy programmes it is now equally obligatory that individual or group personal therapy is undertaken outside the programme setting.

From the data, both DMT and art therapy respondents had the highest proportion for omitting group therapy on their programmes. However those including in the group therapy experience considerably outweighed this finding indicating most arts therapies and psychotherapy programmes agree on its value to trainee's personal development, with cautions around the design of evaluation and assessment strategies.

The focus of future research might include an exploration of the benefits of this therapy group for trainees, and how the experience may contribute to professional practice for clinicians, whether individually or group trained.

Despite the finding that DMT programmes (drawn mainly from the United States for this survey) omit the DMT group component the survey supports the inclusion from the perspective of all the other arts and psycho-therapies perspectives.

From the survey there do not appear to be any significant arguments to exclude such a group as a PD component on programmes, nor that DMT is particularly unique in its form making it inappropriate to offer such a group. The next question for DMT in particular, and the arts and psycho therapies in general, revolves around whether this group therapy component is valuable or useful to trainees when they begin to practice, and if so, in what ways.

Future research questions may be identified as a result of this survey. In particular, a study re-addressing this topic in view of the developments in PD and professional development in the arts therapies in

the last decade. This might include an evaluation of the ways PD is perceived to contribute to professional practice.

The paper provided a comparison between findings from an international survey conducted at the end of the 1980's which was concerned with the extent, role, structure, orientation, value, and nature of the PD group therapy component of arts therapies and group psychotherapy training. It is hoped readers will find the data interesting, noting the historical context in which the study was undertaken.

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FOOTNOTES

1. Council for Professions Supplementary to Medicine **(CPSM)** is a UK government forum soon to be disbanded and replaced with the Health Professions Council. All State Registered arts therapies professions in this forum are now required to ensure students experience the form of therapy that they are trained to practice. The Association for Dance Movement Therapy UK hopes to become State Registered in the near future, however _practitioners applying for registration with **ADMT.UK** are required to demonstrate they comply with this expectation. There are discussions in process for a government bill to license psychotherapists as state registered.
2. See previous endnote 1 and later endnote 3.
3. ADMT.UK has recently amended its criteria for registration that group DMT must have been experienced during training if the trainee wishes to practice as a group therapist.