Evolution of a child's group-therapy through the Therapeutic Cycle Model

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Abstract

This study[1] describes the process of psychodynamic-oriented group therapy for children with psychopathological disorders. In particular, analysis focuses on a target child, in order to highlight critical moments in the therapeutic itinerary and the influence which the group context had on the patient.
Fifteen therapy sessions were analysed according to the Therapeutic Cycle Model (TCM) developed by Prof. Erhard Mergenthaler. This model analyses verbal production, distinguishing words with emotional connotations from those with cognitive ones. The authors demonstrate the fundamental role played by the therapists and the group in modulating and integrating the patient's emotional and cognitive aspects.

Key words: evaluation of group-therapy, developmental psychology, Mergenthaler

Introduction

New research developments and new models of interpreting early childhood have enlarged and complicated theoretical knowledge and, consequently, the logic of assessment in clinical treatment in developmental age.
Today development is not considered as a simple, linear succession of predetermined phases, harmonious and predictable process. The developmental process advances by means of constant active reorganisation, passing continually from phases of relative stability, which depend on mechanisms of self-organisation of the system, to ones in which disruptions prevail, following by new forms of dynamic organisation and, thus, to new developmental appointments. The transitions which are produced from one state to the other, although having a genetic basis, are organised according to the intersubjective matrix.
Developmental and clinical phenomena may thus be understood as properties of the intersubjective fields in which they are produced (Carli & Rodini, 2008), and a child's development is viewed as the product of continual dynamic interactions between that child and experiences deriving from family and social context (Sameroff & Emde, 1989). In other words, the key to interpreting every phenomenon is given by the unicity of intersubjective history and the relational systems in which it originated and developed (Carli & Rodini, 2008).
At clinical level, a patient may be identified in a context, in a child, or in relationships, but only as privileged points of entry to a system, inasmuch as they are the points of least resistance (Fava Vizziello & Stern, 1992). In any case, beyond the point of entry

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to the *child-relation context,* in any therapy, the changes which occur concern the relations and interactions between the system and the surrounding environment.
The link between a child's diagnosis and treatment is therefore never univocal with respect to that child's surroundings, but always requires information about the relational network, personality, the world in which the parents exercise their function as such, family transactions, the physical situation, the family's and the therapist's resources, and the type of service on offer (Fava Vizziello, 2003).
In the therapeutic process, greater importance is given to affects and empathy than to the use of words and interpretation as essential instruments (Stern et al. 1998; Tronick, 1998). This approach derives from the interesting relational contribution given to psychoanalysis by Mitchell (Greenberg & Mitchell, 1983; Mitchell & Black, 1995). In this view, the relational field includes subjectivity, individuality and intersubjectivity: in this perspective, man reaches his own individuality and makes his own experience unique, significant and personal by means of relationships. The therapeutic relationship, viewed in the perspective of the dyadic regulatory system, does not only act by means of efficient interpretations regarding the mental organisation of patients and their object relations, actuated by language and the transformation of declarative memory, but also by means of expansion of their states of awareness, deriving from the synchronisation of affective states between patient and therapist.
The care which a child receives depends on geographical location, climate, local culture, available social, healthcare and educational services, and the "way of being" of adults near him: they may take on very different aspects, which are the cause and effect of the way of considering oneself as an individual in a particular historical moment.
Both the type of clinical material and the context in which they are inserted have characteristic aspects which exert and continue to exert their influence on the form of therapies which are evolving in the field of clinical developmental medicine. Today's social, healthcare and educational organisation contains a rich, complex range of interventions which, according to each case, are addressed to the context, the mother, the child, or their interactions.
There are many series of studies on types of psychotherapy for adults, which show how almost all approaches are generally successful if they are implemented by conscientious, sensitive people, with good training in the chosen approach (Luborsky, Crits-Christoph, Mintz & Auersback, 1988). Also in the field of clinical developmental medicine, we are working to understand which specific and non-specific factors, also called fundamental or common to all therapies, are involved in the process of therapeutic change (Fava Vizziello & Stern, 1992). Among these are essentially the family-child system; the elements of which it is composed are interdependent and in constant dynamic interaction: if one element is changed, as the result of a therapeutic action on it, all the other elements must change, in order to adapt to the change in the first. In this sense, the point of entry is determined by school, but the change inside the system is due to the nature of the system itself. Another aspect common to the various therapies is the emphasis placed on what is healthy, with respect to what is pathological in the clinical picture. This mainly occurs as a result of the impetus provided by growth, development and maturation, intrinsic to the *child-parent context*. In addition, the basic system is not only open to change, but also periodically re-enacts these periods of openness.
It is within this framework that it is interesting to adopt a study method focusing on the process and outcome of psychotherapeutic work which can also identify the aspecific factors which intervene in the various types of therapy, independent of type of orientation. The Therapeutic Cycle Model (TCM) (Mergenthaler, 1996), adopted here, can assess the therapeutic process itself, evaluating some of its general components which are implicit in all therapies.

Empirical psychotherapeutic research: the Therapeutic Cycle Model

The Therapeutic Cycle Model (TCM), created in the early 1990s by Erhard Mergenthaler (1996) at the Psychotherapy Informatics Section, Faculty of Medicine, University of Ulm, is based on verbatim transcription of sessions and computerised data processing of the results.

An essential premise is the idea that changes in therapy may also be interpreted by examining verbal exchanges, independently of the particular therapeutic procedures used. The TCM approach is that of "verbal markers", i.e., operational indexes identified in verbal production which can reveal the cognitive and emotional stages underlying the linguistic aspect of a written of a text (Buchheim & Mergenthaler, 2000). Blocks of words become objects of study, in that they reflect the patient's state at the moment they were pronounced and can thus act as proper interfaces of ongoing cognitive processes (Mergenthaler, 1996).

The TCM operationalises the key moments of a treatment, in which something important from the clinical viewpoint occurs, verifying the presence and importance of some general components which are implicit in all therapies: *affective experience (*stimulus to excitement and availability; suggestions, liberation and expression of emotions)*, cognitive mastery (*aspects in therapy which use reasoning and meaning, conscious or unconscious, as primary therapeutic instruments and which work by acquiring and integrating new perceptions, mental schemes and self-awareness), and *behavioural prescription* (techniques of behavioural reinforcement, feedback and modelling, which allow experimentation, assimilation and application of newly acquired knowledge, with lasting therapeutic effects) (Karasu, 1986).

The Therapeutic Cycle Model of Mergenthaler (1996) translates the factors of change of affective experience and cognitive mastery, identified by Karasu (1986) into two variables, identified by specific words in verbal production: Emotional Tone (Positive or Negative) and Abstraction. Affective experience and cognitive mastery are respectively operationalised as the quantities of words with emotional content (Emotional Tone [ET]) and of words of abstract type (Abstraction [AW]) contained in therapeutic dialogues.

Thus, essential tools in computerised textual analysis are "dictionaries", i.e., lists of marker words, with which transcripts of therapy sessions are compared. These dictionaries are constructed and updated by experts according to specific criteria, created starting from the linguistic theories of Sandhŏfer-Sixel (1988) and Labov and Fanshel (1977). In particular, the TCM involves constructing three dictionaries, respectively containing words of Emotional Tone, Abstraction, and Narrative Style. Emotional words are ones which possess emotional valence, classified according to one of the following dimensions (Sandhŏfer-Sixel, 1988): *sentiment*, pleasure-displeasure (e.g., 'exciting', 'comfortably', 'unhappy', 'to disappoint'); *cognitive assessment:* approval-disapproval (e.g., 'to sustain', 'very clever', 'incorrect', 'irresponsible'); interpersonal relations: attachment-detachment ('to hug', 'to hold', 'to abandon', 'detached'); and *surprise* ('impressed', 'amazing', 'marvellous', 'incredibly'). The emotional words for each of these dimensions (except 'surprise') may have positive (e.g., 'exciting', 'very clever', 'to hug' 'tender') or negative valence ('unhappy', 'incorrect', 'to abandon'). Abstract words are all those nouns which refer to concepts and realities which cannot be perceived directly by the senses, like names indicating general categories or objects or entities. In particular, these words may refer to: *time and units of measurement* (e.g., 'year', 'hour', 'quantity'); *actions and events* ('journey', 'accident'); *physical, bodily and emotional states* ('fever', 'death', 'calm'); *physical and emotional properties* ('length', 'dignity'', 'sincerity'); *interpersonal relations* ('marriage', 'friendship', 'freedom'); and *arts and sciences* ('medicine', 'biology', 'mathematics'). Evaluation of Narrative Style is instead based on the linguistic definition of "narration" proposed by Labov and Fanshel (1977): a narration is the description of a sequence of events, containing information regarding the time and place at which certain events took place, the identities of those involved in them, and their initial behaviour. Other necessary elements are unusual, funny or frightening aspects, which define the

development of the story, and comments on the problematic events and their consequences. A narration always describes the resolution or conclusion of problems and has a link or reference to present events. The dictionary of Narrative Style is the result of a study comparing textual analysis and narrations with respect to other types of text (Labov, 1972; Mergenthaler & Bucci, 1999). It is thus composed of a list of terms which characterise narrations, including pronouns, conjunctions and adverbs.
The database, translated in Italian language, currently contains 9779 words for Emotional Tone, 3482 for positive emotions and 6297 for negative ones, and 3512 words for Abstraction, and is continually updated and implemented with the collaboration of some Italian researchers and therapists, including members of our group (Lucilla Rebecca, Chiara Bellardi, Chiara Bellinato, Sara Cuticchio, Elena Coluccio, Ilaria Bianco, Benedetta Bozza), who produce new transcripts of therapies and new words.
The oscillation of the quantitative dimension of emotions and abstraction is particularly important from the clinical viewpoint, because it reflects variations in an individual's state. According to the TCM, the possible and diverse combinations of these two states can facilitate or obstruct change. The combinations, called Patterns of Emotions and Abstraction, are represented graphically according to the value of point z with respect to the mean (Figure A.1):

- Pattern A: Relaxing (Low ET and Low AW): patients speak of subjects which are not openly connected with central themes, problems or symptoms. In this condition, they express little emotion and do not always reflect their internal way of being.
- Pattern B: Reflecting (Low ET and High AW): patients talk of subjects with a high degree of abstraction, without an emotional event intervening. Processing occurs at cognitive level, without sensations or feelings (*cognitive insight*).
- Pattern C: Experiencing (High ET and Low AW): patients are in a state of emotional experience. They may speak of subjects which involve them personally or conflictual ones, and live through the affective experience linked to them.
- Pattern D: Connecting (High ET and High AW): patients have both emotional and cognitive access to conflictual subjects, and may reflect on them (reflexive function). That is processing of problematic topics, occurs in this phase, and may lead to emotional insight and change. This stage marks an important point in time from the clinical viewpoint, a key moment, in which the combination of emotional experiences and thinking about them leads to a "good connection" (Kris, 1956).

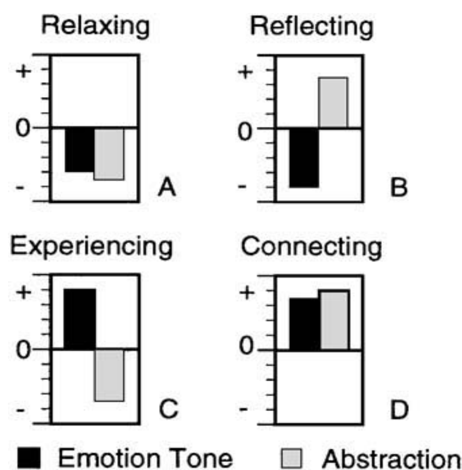

Figure A.1 – Emotion-Abstraction Patterns: Pattern A: Relaxing, ET and AB < 0, Pattern B: Reflecting, ET < 0 and AB > 0, Pattern C: Experiencing, ET > 0 and AB < 0, Pattern D: Connecting, ET and AB > 0 (Mergenthaler, 1996).

During the whole psychotherapeutic treatment or in a single session, the TCM shows that the succession of the Emotion–Abstraction Patterns is not random: the essential aspects of emotional experience and reflexive processes follow a periodic and cyclic process: Relaxing, Experiencing, Connecting, and Reflecting.
Mergenthaler's hypothesis was that treatment cycles which have positive outcomes, that is, when a therapeutic change occurs and the patient improves, differ from those with negative outcomes. In particular, he hypothesised that successful psychotherapy has several key moments, i.e., patterns of Connecting between emotion and abstraction (Pattern D). Patients who cannot connect ET with AW during their psychotherapy will very probably not show much improvement (Mergenthaler, 1996).

Aims

The following study analyses the process of psychodynamic-oriented group psychotherapy for children with various forms of behaviour disorders, in relation to one child. It also aims at understanding to what extent the group context influences the psychotherapeutic course of one of its members, to verify to what extent all participants in a psychotherapeutic group contribute to the process of change and to what extent the group is something different and more than the simple sum of its members.
This is a continual-process design, the aim of which is to verify whether therapy induces change, without stating "why" that change occurred or what therapeutic factors intervened in the process.
This is an explorative study, since it is one of the first, together with the works of Fontao and Mergenthaler on groups of patients with eating disorders (Fontao & Mergenthaler, 2003; 2008), to apply the TCM to group psychotherapy within the ambit of clinical developmental medicine.

Subject

This psychotherapeutic study was carried out at our Service for Parenthood and Psychopathological Disorders in Children of the University of Padua.
The target child, whom we call Giancarlo, was therefore a user of this Service, and was reported at the age of seven by his parents and teachers for behaviour disorders and some psychotic traits. Within a cognitive picture fitting the norm, psychodiagnosis revealed that Giancarlo had concentration and attention deficits, and also presented hallucinatory and persecutory aspects which could be controlled by an adult's intervention. Psychological support was provided for his parents and for him, together with cycles of psychodynamic-oriented group therapy for the child, later integrated with individual cycles of psychotherapy.
The groups in which Giancarlo participated were on average composed of five children of his age, or younger or older, all followed by our Service or reported for various psychopathological disorders. All the children had behaviour and learning disorders and one boy suffered from Fragile X Syndrome. Proposed activities were structured and usually involved play and narrative.

Method

This study was conducted on five cycles, each composed of ten group psychotherapy sessions, over a period of three and a half years, with moments of individual and family therapy.
The basic criterion for operationalising the process of therapeutic change was to analyse the transcripts of three sessions in every cycle of group therapy: the first, the third and the last, for a total of 15 sessions. Transcripts were obtained from video

recordings of sessions, and were compiled according to the standards for Italian transcription prepared by Mergenthaler (1999).

Data analysis

The transcripts were inserted in the TCM programme (TCM software) prepared by Mergenthaler (1996). This programme subdivides transcripts into blocks of 150 words each and, with the electronic dictionaries of Emotion and Abstraction and a third dictionary, quantifying the level of Narrative Style, calculates for each segment the word frequency of ET, AW and Narrative Style, and subdivides ET words into positive and negative. In addition, according to the values of ET and AW, it indicates the corresponding Emotion-Abstraction Patterns for every segment. These data are then automatically sent to the TCM programme in the form of tables and figures. The former contain frequencies calculated for the various word categories and the Emotion-Abstraction Patterns.
The figures which identify the succession of Patterns of Emotion-Abstraction may refer either to a single session (Micro-analysis) or to the whole cycle of treatment (Macro-analysis). In the first case, the 150-word segment is the unit of reference and in the second the single session. The figures, subdivided by the verbal production of single patients and for the total verbal production of both patients and therapists, show the trends of Narrative Style and the frequencies of words of ET and AW, expressed as deviations from the mean of their transformation into z-points. Another figure shows the proportion of patients' and therapists' verbal production, which together represent 100% of the verbal production of each single block. The last graph shows the valence of ET, positive or negative, during the time unit in question.
Analysis of the graphic output of the TCM programme was initially carried out only on the verbal production of Giancarlo, excluding that of the other children. Analyses were then extended to the whole group, in an attempt to understand to what extent the therapeutic change was a phenomenon acting at the level of single individuals and how much it was determined by the group context in which the boy played an active part, in a process of reciprocal influence.

Discussion of data

Figure A.2 shows the psychotherapeutic itinerary segmented into its 15 sessions, chosen as material for research (Macro-analysis). The Proportion of Speech part of this figure clearly shows that Giancarlo's verbal production is far lower than that of the therapists in almost all the sessions.
The distribution of the Emotion-Abstraction Patterns shows that they follow one another so that, in the last part of the treatment, corresponding to sessions 10, 11, 12, 13, 14 and 15, a Therapeutic Cycle as theorised by the TCM appears. If we examine Giancarlo's and the therapist's verbal production together, the cycle shows two Connecting blocks preceded by a Relaxing block. It is interesting to note how the Connecting blocks are immediately followed by two Reflecting blocks, as hypothesised by the TCM. As a consequence of *insight* processes, emotional tension is reduced, leaving space for reflecting processes. Again, the therapeutic cycle shown during Giancarlo's treatment coincides with a prototypical cycle hypothesised by the TCM, also as regards the trend of ET. Session 10 does show a *shift event*, i.e., an inversion of ET, which changes from negative to positive, in the first session of the fourth cycle.
The members of the group were Giancarlo, two other children, and the therapist and co-therapist. Giancarlo immediately showed that he was happy to participate willingly and enthusiastic about returning to group therapy: of all the children, he was the first to speak actively. After greetings and introductions, he helped the operators prepare the room for the session with vivacity and eagerness. The proposed game was drawing a

figure. As the minutes passed, Giancarlo's part in group activities became particularly active and lively: he ran about the room, jumping on and off the tables and chairs. So one of the therapists proposed something relaxing, but was not able to keep the child calm. The children were then asked to draw themselves, imagining themselves as grown-ups. This was successful, mainly for Giancarlo, and throughout this activity he tried to draw the groups' attention to himself, proposing new things to discuss and talking continually about himself. The session ended with the recital of a nursery rhyme.

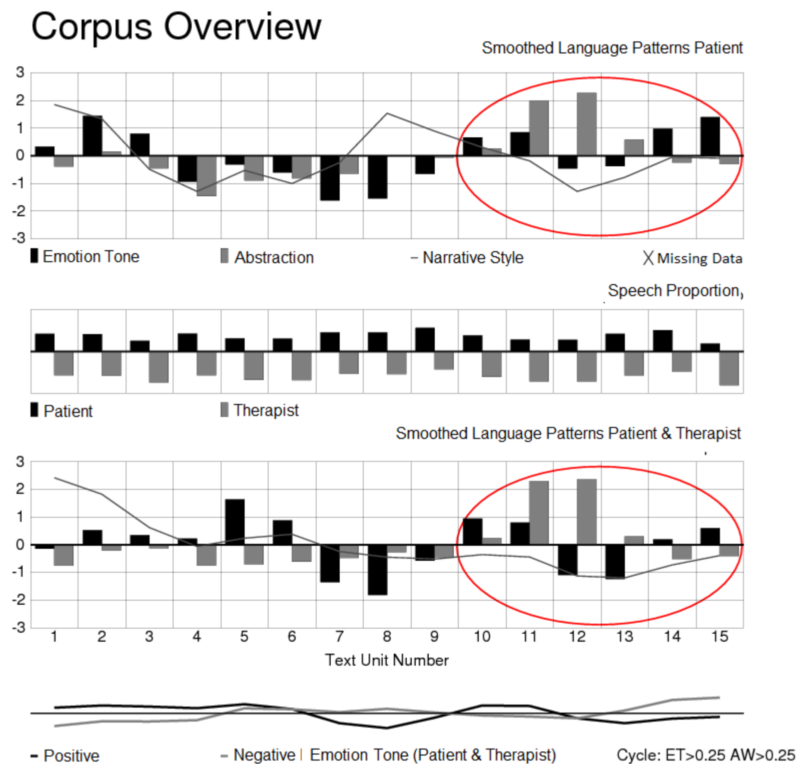

Figure A.2 - Emotion-Abstraction Patterns (EAP) and Therapeutic Cycles (Cycles) during treatments, calculated on verbal production of Giancarlo and therapists, excluding that of rest of group.

It is also interesting to note how, when the same session is classified by the Pattern – Experiencing in both graph, e.g., in sessions 3, 14 and 15, in the figure which also shows the therapists' verbal production, the ET is always significantly lower than that showing only Giancarlo's verbal production. And indeed, when he distanced himself from his own emotions and remained in a Relaxing phase, the therapists intervened to stimulate him with emotional language. However, when he abandoned the Relaxing phase and began to come into contact with his emotional experiences again, he tended to be “invaded” by them, manifesting them both through a communicative channel and by impulsive and often only slightly modulated activity, which was characteristic of him during the sessions. In these cases, the therapists intervened, playing an important moderating and modulating function towards Giancarlo's emotional experience, by using emotionally less intense language in order to contain his emotional eruption.
In the end, in order to assess to what extent all the participants contributed to a process of change within their therapeutic itinerary, a qualitative analysis was carried out, comparing the trends of the last psychotherapeutic module (sessions 13, 14 and 15) obtained from Giancarlo's verbal production (Figure A.3) with that of the whole group (Figure A.4).

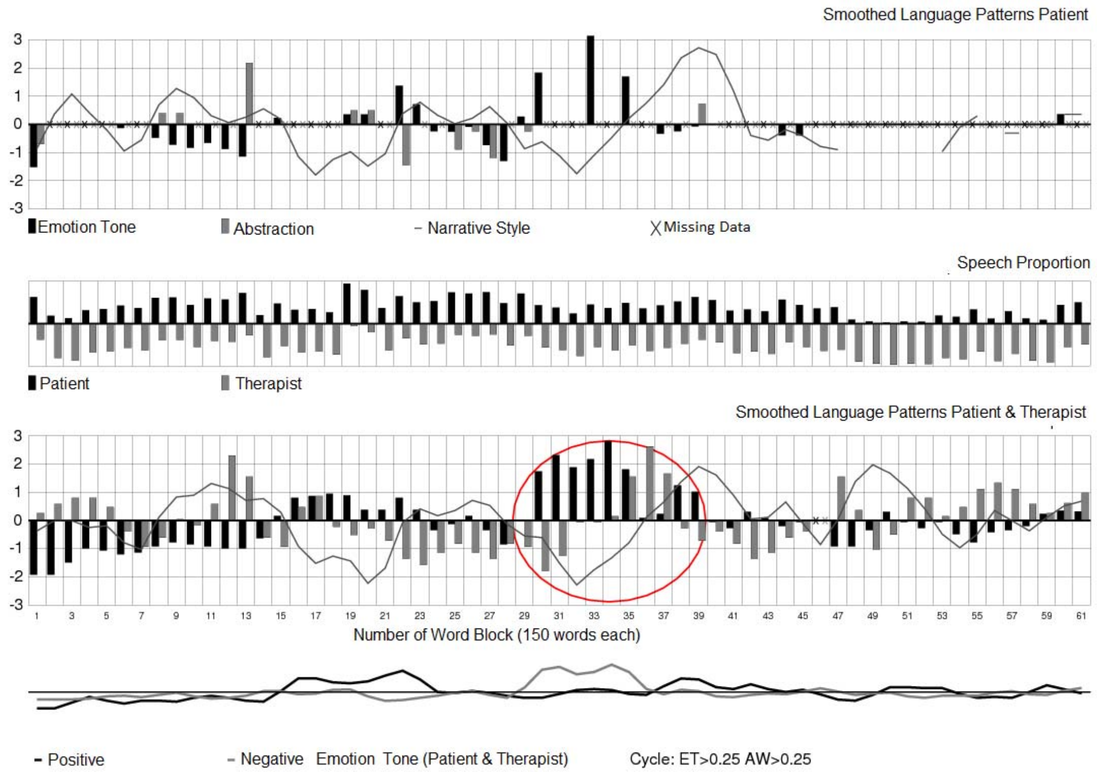

Figure A.3 - Emotion-Abstraction Patterns (EAP) and Therapeutic Cycles (Cycle) during last cycle (Giancarlo).

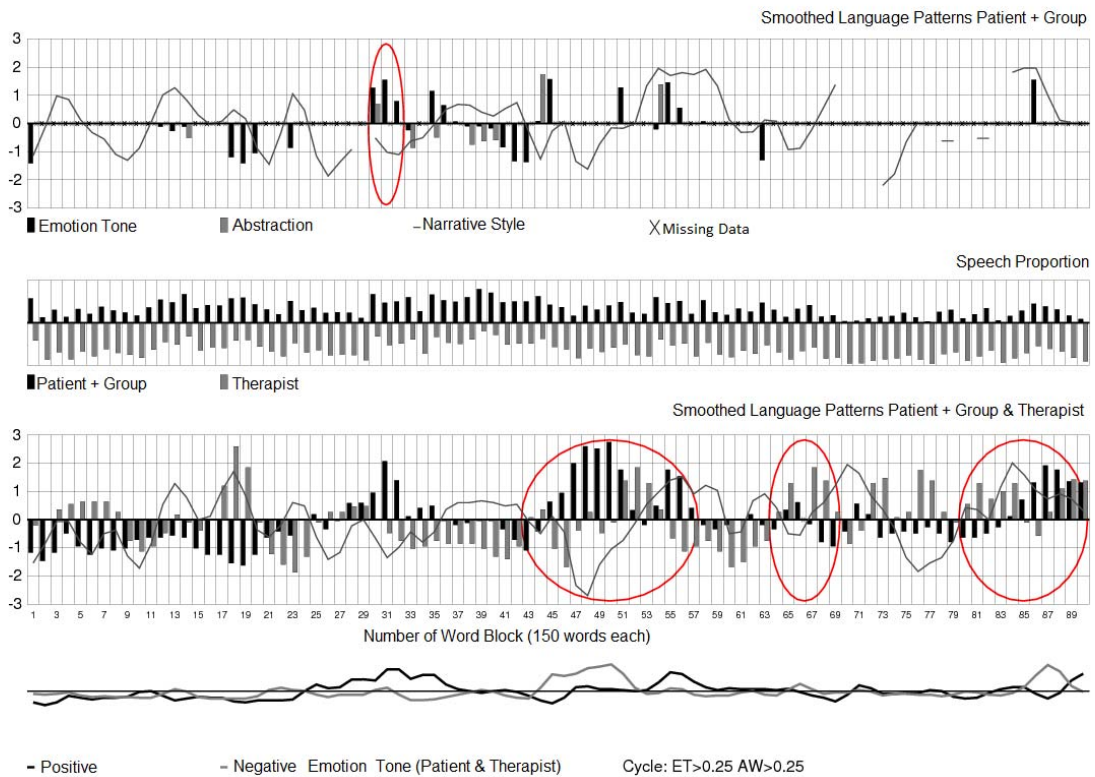

Figure A.4 – Emotion – Abstraction Patterns (EAP) and Therapeutic Cycles (Cycle) during last cycle.

Comparing the trends of Emotion-Abstraction Patterns, showing the verbal production of both Giancarlo and the therapists, when the other children's speech was left out, only one Therapeutic Cycle appeared, between blocks 28 and 40. In particular, the frequency tables from the TCM software classified block 35 as a Connecting pattern, near which a *shift event* also occurred. Block 35 is part of the middle session of the fifth and last cycle examined here. The members of the group were Giancarlo, another child, and the therapist and co-therapist. In the first part of the session, the group members were talking freely, and during this time Giancarlo clearly showed his need to talk about himself and attract attention. He often claimed it was his turn to speak, did not respect the other children's turns to speak, and seemed to be jealous of the attention the therapists paid to any other child, to the point of physically invading their relational space, setting himself as a barrier between the child and the therapists. In the second part of the session, true play began, the children being engaged in making a Halloween mask. The play in fact took place as if the two children were far away from each other; there was no participation or sharing, either of the activity or of the contents which emerged at verbal level. In particular, Giancarlo was highly concentrated on himself, seemed to be disorganised, and began talking about many death themes. The shift event took place when the therapists asked Giancarlo to think about the anger which everyone can sometimes experience. They asked him to imagine how one would feel when angry, how one could get angry, and asked him to find a solution to this state by thinking of the kind of advice he would give an angry person. Contrariwise, Giancarlo asked for advice for himself, because he often got angry, mainly in class when his schoolmates called him nicknames:

T: But when they get angry, how do they feel?
G: They feel a bit bad.
T: But how can they get angry when they're already angry?
G: I don't know, I can't even imagine.
T: Try and give them some advice.
G: I can never manage to give them advice, because I'm so angry myself …
T: But the others are able to give *you* advice. The others, when they'rein a good mood, they can give advice to someone who's angry...
G: Can they advise me? Because in my class, everyone makes fun of me!
T: Do they?
G: Mmmh...
T: Why do they do that?
G: I have no idea.
T: Ah, you don't like it, do you? … But it's nasty when they make fun of you ...
G: Yes, even Giorgia calls me *Giarrico*, but I think that's a stupid name.
T: Horrible!

In all patients, the TCM programme shows three Therapeutic Cycles, all in the last part of the module. In detail, the frequency tables classify blocks 48 and 51 as Connecting patterns, near which shift events often take place. One example is the first part of the middle session of the fifth and last cycle examined here. As already mentioned, the group members are engaged in free verbal exchanges while making Halloween masks. In block 48, Giancarlo's speech is characterised by death themes and the therapists intervene, trying to involve the other child, talking about topics quite different from those Giancarlo is talking about:

G: Yes, to kill!!
T2: What horrible thoughts you've got today, Giancarlo...
G: That's because it's Halloween.
T2: Are there always bad thoughts at Halloween?
G: Yes, always.
T2: Sandro, is it true there are always bad thoughts at Halloween?
G: They're all dead.
T2: Are we all dead?

G: Yes, everyone.
T1: But there are monsters at Halloween too, aren't there? and they're alive ...
T2: But there are some monsters that are scary.
G: And what do you do about me? I'm sorry for you, I'm sorry for you, you're dead.
T2: Me, I feel alive even if it is Halloween.
G: You must feel dead!
T1: Look, it's just a Halloween joke.
G: Not for me, it isn't!
T2: Here's some string.
G: To cut you, strangle you.
T2: But you know, Giancarlo, that ….
G: I've got an idea.
T2: You make me a bit afraid with all these bad thoughts.
G: I could use that string to tie you up.
T2: What, like a roast for the grill?
G: And then, do you know what I'd do? I'd barbecue you!

Blocks 89 and 90 were classified as Connecting patterns, with *shift event* near them, occurring in the last session of the fifth cycle. The group members were Giancarlo, two other children, the therapist and co-therapist. The session started confusedly: the children were lying stretched out on the carpet, but had problems in respecting the group rules. Giancarlo in particular tended to be distracted and to distract the rest of the group, being rude to them. When they managed to coalesce again as a group, they were asked to re-enact scenes representing particularly important episodes which had occurred during the psychotherapy course. These episodes were acted by the children in pairs: their attention was always quite high and they showed great interest. Giancarlo was sometimes barely able to contain his impulsivity and emotivity, but was then calmed down and got back into the group. In detail, in blocks 89 and 90, the children were re-enacting an episode of violence with a happy ending: one child was about to punch another one but, in order not to do that, he asked the teacher if he could leave the classroom:

G: I'll pretend I'm the teacher!
T2: No, Serena's the teacher. Sandro, come here, you can't see well from there.
T1: You must start the action!
S: OK, Action!
T1: OK, now he's about to punch you: say "Have pity on me!"
T2: Come on, come on, I can't hear you! Say it!
T1: Well done!
T2: Then Luca's upset, isn't he?
T1: Well done!
T2: Now we'll do it again, trying out a new behaviour. Wait a minute, no, no, not completely! He's annoying you, he's asking you to take pity on him, and you go to the teacher to ask for help.
G: Let's pretend he's saying sorry...
T2: Wait until I say so. No, you mustn't hit him, you must stop before you actually hit him. Let's do it again!
T1: Let's do it again from the beginning, because this is the last scene!
S: Right! Action!
T1: Giancarlo, run away! Luca's getting upset... "Pity!'", Luca stops, and runs back to the teacher.
L: Can I go to the bathroom?
T1: Yes, go.
T2: Well done!
G: It was always me who found the solution!

When the figures showing the trends of the Emotion-Abstraction Patterns (in which the verbal production of the therapists was not included) are compared, no Therapeutic Cycle can be observed when the other children's speech is removed. Instead, if we examine all the patients' speech, the TCM programme shows one Therapeutic Cycle.

Lastly, both when the other children's speech is excluded and when it is included, the active role of the therapists is clear-cut, as in both cases examination of their speech shows that the number of Therapeutic Cycles increases.

Conclusions

The application of the Therapeutic Cycle Model and its Patterns of Emotion-Abstraction to transcripts of psychodynamic-oriented group therapy clearly showed its clinical importance. It turns out to be a sensitive instrument which can assess trends in the psychotherapeutic process, allowing the most significant moments in sessions to be identified and highlighted into Giancarlo's treatment done up to now.
The TCM also appears to be able to describe and analyse group therapy processes, in that it can identify clinically important events within the psychotherapeutic itinerary. The results of this study match the assumption that, in group therapy, all participants contribute to a process of change. In the context of group psychotherapy, the set of all the patients is something more and different from the sum of the group members. This statement is supported by the fact that the linguistic behaviour of the whole group reveals distinctive linguistic traits which indicate the process of emotional reflection to a greater extent than in the linguistic behaviour of a single patient.
This study may in any case be viewed as a pilot study, opening the way to more structured research, extending and amplifying the Therapeutic Cycle Model to other treatments during children's development.

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