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Reflections on Group Psychotherapy

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Abstract

Group therapy is one of the foundation forms of psychotherapy that has occurred over the years. It has been used in a multitude of ways and varies widely in how it is structured, how many clients are involved and so forth. Eric Berne's original practice of transactional analysis was a group therapy because this way he could see the transactions between the various group members. I have used the group approach to psychotherapy for over forty years and this paper looks at just a few of the reflections, observations and techniques that I have developed for group therapy in that time. This includes the three different types of permissions, use of the carom transaction in group therapy, the role of the immediate transactional relationship and the commonality between group therapy and family therapy.

Keywords: transactional analysis, group psychotherapy, ego states, permission, therapeutic relationship, family therapy, carom transaction, hypnosis.

Introduction

This paper is a series of refections and observations on what group psychotherapy is and what happens in group psychotherapy. I have spent about forty years doing psychotherapy with a good deal of that being group psychotherapy. Indeed in the very beginning of my training in transactional analysis in the early 1980s there was no individual therapy done by trainees. All therapy was done in

groups and often the mentor system was used. A beginning trainee therapist would tend to join up with a more experienced therapist in the co therapy team leading the group. It was quite a good system for the inexperienced therapist to learn, it seemed to me. This paper is statement about some of my reflections on what I have seen and experienced in group psychotherapy over this time.

What is a therapy group

One of the difficulties in writing about the psychology of group psychotherapy is that groups can come in such a wide variety of forms. One can have a group that lasts for one day or perhaps two or three days long. Then the group is finished. Other groups may be conducted for two hours per week, one day a week for ten weeks and then that group is finished. For example Etemadi-Chardah, Martinpour and Heshmati (2017) report, "Group therapy using TA approach was executed on the experimental group for 10 sessions, each session for 2 hours (one session per week)." (p. 146). Some groups are ongoing and do not have an end point. Each week the therapy group is conducted for a few hours one day and people can come along or not. This tends to happen in organizations that have a drop in centre approach such as for the homeless of other marginalized groups. They can 'drop in' to the therapy group some weeks and not other weeks.

James (1977) also discusses the idea of homogenous and heterogeneous groups. A homogenous group is where membership to the group requires a particular diagnosis. For example the group maybe for the treatment of addictions, juvenile delinquents, depression or anxiety. All group members have a similar diagnosis to gain entry to the group. Whereas a heterogenous group takes anyone, so participants end up presenting a variety of different psychological conditions. A common example of the homogeneous group is when a therapist is working in an organization like a drug rehabilitation centre and uses group therapy in the treatment. Obviously, all the participants are going to have a drug abuse problem of some kind. Another example may be when a therapist is working in a homeless centre and all the participants would have recently experienced homelessness.

Therapy group size can vary from three or four clients to perhaps a maximum of twenty clients per group. I have conducted three-day therapy marathon groups with twenty clients in them. That's probably the maximum number one could have in a therapy group. If there was say forty clients, then that is not really a psychotherapy group in the usual sense of the word but is becoming more of a workshop style of group.

As the number of clients increases there is more likelihood of subgroups forming. With four clients in a group there is usually a sense of we all belong together in this one small group. With twenty clients people still have a sense of belonging to this one big group but as said before many will form small subgroups of perhaps three or four people or even 'coupling' in twos. In these subgroups people also have a sense of belonging to this special little subgroup that only involves a few members. So, they feel they belong to two groups, the overall group and their little subgroup.

This can lead to some problems because games of exclusion can occur. People can be excluded from a subgroup. For some clients this can reflect their experiences as an adolescent. At high school often subgroups are formed by teenagers. At times the subgroups are quite fluid and changeable with new ones forming that includes some people and excludes others. As mentioned before this can lead to games of 'exclusion' occurring similar to what teenagers can do in high school. From a therapy point of view it can be informative to watch who is forming subgroups with whom.

Group therapy and modes of therapeutic action

The amount of time that group members spend together is important because it allows for transference and counter transference feelings to develop between the various participants. If a therapist runs a series of therapy groups over time often some of the same participants will attend a number of groups so they get to know each other over time over a number of groups. This then allows for more transference reactions between them to occur. Other times friendships develop and group members may meet up with each other in-between group sessions for socialising. Obviously, relationships develop more depth when that happens with group members between sessions. However, in many groups most of the participants don't know each other at all or to any significant degree so transference reactions between them are less likely to occur.

Most groups do have a clearly defined beginning and end date. This means that group therapy is most often suited for a short-term solution focussed therapy. This is what Stark (1999) would call a one-person psychotherapy versus a two person psychology that is more common in individual longer term relationship based therapies.

In group therapy most often, time is limited so one is forced to use approaches that use hard contracts right from the beginning of therapy. One cannot let a therapeutic alliance develop first because there is simply not enough time. As White (2022) notes what is known as a soft contract allows for therapy to be more exploratory and less solution focussed. This takes time that is usually

not available in group therapy. If the group is being run over two full days or is a few hours once a week over six weeks one needs to use at times quite regressive therapeutic techniques to facilitate change based on hard contracts. The one person approach, with redecision therapy being a prime example of how this can be achieved.

The two person approach that uses the therapeutic relationship for change is much better suited to individual therapy as that can continue over many months and at times years. However sometimes clients enter a group with a therapist who they already have a long term individual therapy relationship with. In this case the transference reactions can be quite strong in the group because of the pre existing relationship. Also as mentioned above sometimes members get to know each other over a series of groups they attend together or with outside the group meeting times friendships may also develop thus creating stronger transference reactions to each other that can manifest in the group.

Using the relationship in group therapy

As stated above most often relationship based therapies cannot be used in group therapy as you don't have the time for the relationship to develop. Attachments take time to develop. Deep feelings and emotional contact between people takes time to develop. You cannot do relationship or transference based therapy in five or six weeks in a group setting. Paul (2023) in highlighting the key points in group therapy says, "The therapist-client relationship is not central in group therapy."(p. 542)

For example you cannot develop and work through what Little (2016) calls the feared relationship and the needed relationship in a group in half a dozen sessions. There is not the time. He states, "The therapeutic relationship involves engagement in the transference - countertransference matrix from the perspective of a two-person psychology (Stark, 1999), consisting of a focus on the relationship between therapist and client…… From this perspective the client and therapist are seen as participating defensively or adaptively in a co-constructed relationship… The therapeutic stance involves what I have described as the therapeutically required relationship (Little, 2011b), and entails working with and responding to both the repeated and needed relationships (Stern, 1994), and the old while co-creating the new." (p. 29).

You cannot work through the old relationship and co-create a new relationship in a group setting in a few weeks. A therapist needs many months if not years of work to do that. It is not possible to uncover and work through enactments and relationship ruptures in the transference relationship in a few weeks in a group setting where the person may only contribute in a few of the weeks.

A two person approach needs a considerable length of time to be workable. As a result group therapy usually involves a one person approach with a short term solution focused therapy such as redecision therapy in transactional analysis but also many other widely used therapies like CBT, EMDR, gestalt therapy, hypnosis, solution focused brief therapy and so on, Hanley and Winter (2023).

Effectiveness of group therapy

The research evidence for such a one person approach being effective is large indeed. Table 1 describes a very small summary of the evidence that supports the effectiveness of a group approach to psychotherapy that can facilitate change in a wide variety of different psychological disorders. This evidence for this has been consistent over a many decades of research.

Table 1
Summary of the evidence that supports the effectiveness of a group approach to psychotherapy:

Research showing the effectiveness of group psychotherapy				
Author	**Year**	**Weekly sessions**	**Session duration**	**Conditions successfully treated**
Etemadi-Chardah et al	2017	10	2 hours	Addiction
Forghani and Abadi	2016	12		Drug dependency
Wajda et al	2022	10	1.25 hours	Depression & somatoform disorder
Spiller et al	2023	8		PTSD
Ceylan and Akbıyık	2023	12	3 hours	Anxiety
Riedl et al	2023	10	1.5 hours	Anxiety, depression & somatisation disorder
Riedl et al	2023	20	1.5 hours	Anxiety, depression & somatisation disorder
Chida et al	2016	5	1.5 hours	Depression
McNeel	1975	3 day group	All day	Multiple conditions

Source: own materials

As discussed above, in group therapy there will not be much transference and counter transference existing unless the client and therapist have a pre existing relationship. Also there will be little transferential reactions between group members unless they also had a pre existing relationship before the group began. Significant attachments and deep emotional responses don't occur in

group therapy unless there are pre existing relationships, as there is not time for them to develop.

However this does not necessarily stop the therapist and group members from having profound emotional contact. Such relational contact can and does exist in some group therapy. This is discussed at length by White (1998) who begins by noting many authors who report the importance of such relational contact.

Yalom cited in Clarkson (1992) states, "It is the relationship that heals. Every therapist observes over and over in clinical work that the encounter itself is healing for the patient in a way that transcends the therapist's theoretical orientation" (p. 57).

When we consider group psychotherapy you have to identify two different types of relationships that unfortunately Yalom does not distinguish in his quote. The long term relationship that includes transference and attachments versus the immediate transactional relationship that does not include those relationship qualities. It is the immediate transactional relationship that mainly exists in group therapy. This is clarified by Carl Rogers in Rogers and Stevens (1967), "I hypothesize that personal growth is facilitated when the counselor is what he is, when in the relationship with his client he is genuine and without 'front' or facade, openly being the feelings and attitudes which at the moment are flowing in him." (p. 90).

This is clearer than Yalom as he is talking about the therapist being genuine, without facade and being open with his feelings. This concerns the immediate transactions that occur between client and therapist and between individual group members. This is not talking about the longer term transferential relationship.

As White (1998) notes Berne is probably taking about the same quality of genuineness when he talks about game free intimacy. Both Rogers and Berne state that attaining true intimacy and true genuineness is difficult to do and rare. In transactional analysis this is probably referring to Free Child to Free Child transactions occurring between two people. When this is done, one is attaining a sense of genuine intimacy that can have significant curative powers for the parties involved in the transactions. Using Yalom's terminology, it is this that 'heals'.

In successful group therapy you don't need a well developed therapeutic relationship or alliance, indeed there isn't time to develop one. What you do need is a willingness of the therapist and group members to allow their own Child ego state to enter into the transactions with others in the group. It is this that brings in the genuineness, intimacy and connection to the therapy. As White (1998) notes gestalt therapy has discussed this idea for a long time. Shepard (1974) talks about the here and now relationship as the basic requisite of therapy. Polster and Polster (1973) say that a therapist must use his own feelings as the

therapeutic instrument. Perls cited in Clarkson (1992) talks of applying self to the therapeutic situation is what is needed.

We need to clarify the two levels of relating or interaction in psychotherapy. See figure 1.

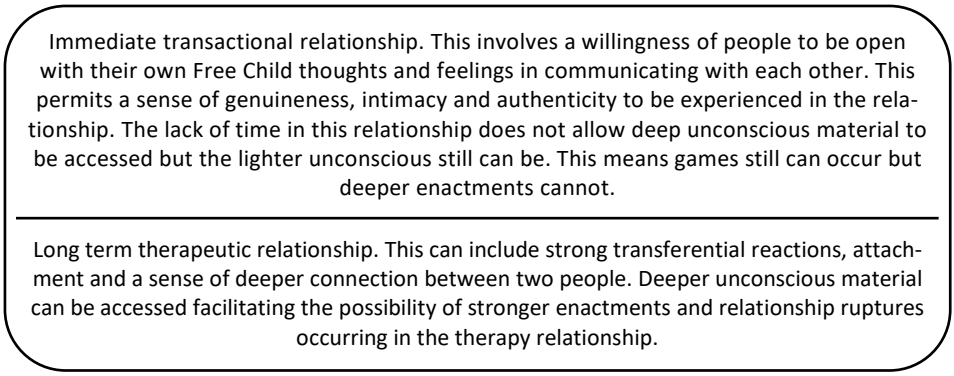

Figure 1
The immediate transactional relationship

Source: own materials

The longer-term therapy relationship is seen as being under the immediate transactional relationship. However often both are occurring at the same time in long term psychotherapy. In group therapy only the immediate transactional relationship exists unless there is a pre-existing relationship between the therapist and group members. If there is, then both relationships can exist between those two people.

It is proposed that in longer term relationships deeper unconscious material can arise increasing the likelihood of enactments occurring between the two people. In this case enactments are differentiated from games as games can occur between two people who are meeting for the very first time. You don't need any deeper sense of contact and connection between two people to have games occurring. Thus, games can occur when 'lighter' unconscious material is involved.

The role of the immediate transactional relationship

As cited above what gestaltists are talking about is the surface immediate transactional relationship, not the long-term therapeutic relationship. Operating in the here and now, using their own feelings and applying self in the therapeutic situation is about transactional level communication not deeper attach-

ment level communication. Of course, this is well suited for group therapy which is how a lot of gestalt therapy is conducted, in groups.

A good transactional analysis example of this is provided by Erskine (2013) in his discussion of relational group process. The immediate transactional relationship is described well with this quote, “Confrontation from the group leader or from one group member to another is consider essential to the therapy process. Such bluntness is often regarded as an expression of the speaker’s genuineness and the “reality of how I see you”. In a feedback-oriented group, the focus is on each member’s perception and interpretation of other group member’s behaviour. The feedback may not accurately describe an individual’s subjective and internal experience, but it reflects how another group member perceives him or her.”(p. 266).

Put another way it is Free Child transactions from one person to another. The person speaking is willing to include their own Child ego state or the personal, vulnerable and intimate part of self in their transactions with another. When this happens, the listener will experience a sense of genuineness, intimacy and authenticity in the immediate transactional relationship.

He goes onto state, “When members are attuned to each others’ affects and relational needs and are respectful in their transactions with each other, the quality of the feedback they provide becomes a valuable asset in promoting growth.”(p. 268). This is what Rogers called genuineness and what I am calling Free Child contact and when this happens in the immediate transactional relationship often growth occurs in people.

In group therapy I use such a style of relating a lot. I provide many opportunities for people to state their responses and reactions to other group members and of course I will do the same myself to a group member when the opportunity arises. Again due to the time limited nature of group therapy members usually only have a short time when they can do such immediate transactional relating to other group members. In one way this is good as it helps maintain the genuineness of the relating, keeping it young and fresh one could say.

This can also be done over a much longer period of time in individual therapy between the client and therapist and if a person attends multiple therapy groups, then they also get to know this style of relating well. This is when we return to the comments by Rogers and Berne that such genuineness and intimacy are rare and difficult to do. Comments that I certainly agree with and address at length in White (1998).

The problem humans have, is if they repeat a piece of behaviour over and over then that behaviour will become habitual. This is a natural thing humans do and it is not possible to not do it. If one repeatedly reports their reflections to another on what they said and did in a piece of work, then that process of reflecting will become habitual for the person reporting it. This is inevitable and

you cannot stop that happening. The more habitual it becomes the less genuine it is, the less it is a statement of intimacy of the Free Child and the less the person will be attuned to the feelings and relational needs of the other. The person is reporting it in a habitual way and the authenticity is lost. The transaction is no longer coming from the Free Child so the listener will not feel it as genuine and it loses its growth producing powers.

Hence we get the observation that true genuineness and true intimacy are rare. Humans will inevitably and naturally move away from such genuineness when they repeat the same immediate transactional relating over and over. It will start to become habitual. If staying attuned and involved with a client is what a therapist does then quite quickly that way of relating becomes habitual and the less they will be attuned and involved. This is what a therapist has to constantly battle with and indeed other group members as well if they are repeatedly reporting their genuine and intimate reactions to other member's thought and feelings. The immediate transactional relationship shown in figure 1 begins to lose its curative effects on others such as Yalom reported.

The family secret and group therapy.

Family therapists for a long time have discussed how information creates boundaries in groups. In a group of three people if two of them have a piece of information that a third one does not then that creates a boundary around the first two people that keeps the third person external to that subgroup. As Haley (1978) says, "…revealing or concealing information at a boundary between groups creates a boundary between groups. To not reveal to parents what their child said is to draw a boundary between parents and child and define them as two separate groups. Information and boundary are synonymous"(p. 217).

Some families have a secret that each member agrees to keep. It can be due to embarrassment or in more serious instances it can be due to legal implications. A family decides it's better if they keep a piece of information secret from the public and each member agrees. Examples could be that mother is a hoarder, father his a drunk, son has a drug problem or the daughter is neurotically anxious and stays in her room constantly. It is kept secret because they are embarrassed if the information got out to the neighbours or relatives. Other families keep secrets for more serious reasons. Father may beat mother, there maybe some kind of child abuse going on, the family conditions are very strange or involve some kind of neglect. In these cases the secret is kept so as to avoid the police or child protection services becoming involved and potentially splitting up the family.

This has multiple effects on the group including increasing a sense of family cohesion. As was mentioned before, information and boundary are synonymous. The external boundary of the family is increased and hardened. A strong sense of us and them is exaggerated. See figure 2. Also there is an increased sense that you have to keep others out of the family because if you allow them in then they might find out the secret.

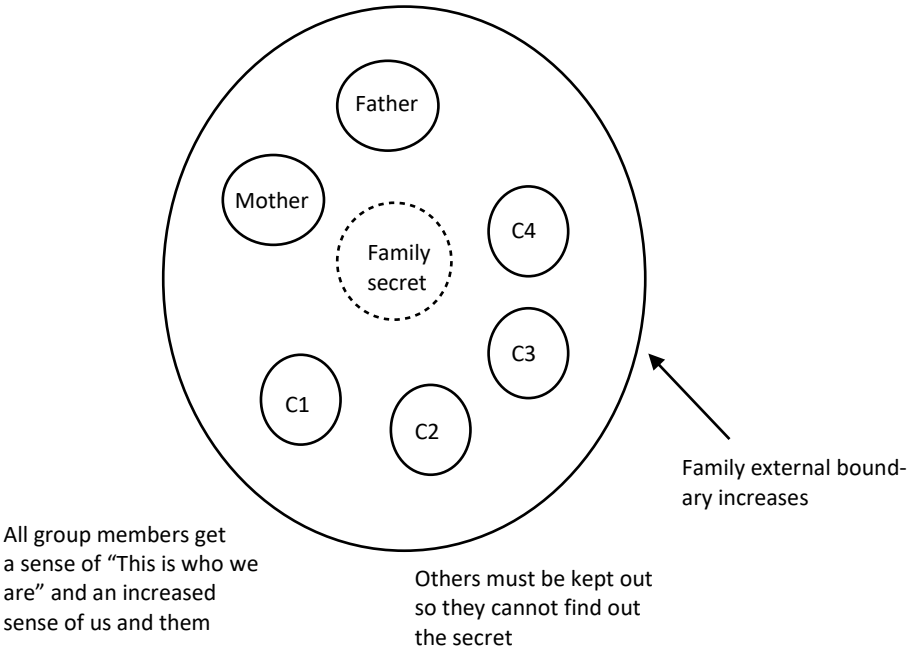

Figure 2
Increasing a sense of family cohesion

Source: own materials.

The family has mother, father and the four children. The family secret becomes like another member of the family that has to be understood and protected. Indeed protected vigilantly. This increases the external family boundary and increases a sense of 'Us and them'. Outsiders may be seen as dangerous as they can find out the secret and expose it so they are rarely allowed into the inner circle of the family. At times a sense of betrayal and loyalty becomes important in the family which can lead to problems for family members seeking psychotherapy. They can avoid therapy because they fear they might tell the secret which would then be seen as disloyal to the family and betraying it. This can lead to an enmeshed family structure.

Psychotherapy groups are full of secrets because of the confidentiality requirement. At the beginning of most groups the therapist will state the group rules and one of those is the confidentiality rule. As group members will talk about matters that are very private and intimate all group members agree to keep confidentially and not discuss or disclose any personal information to outsiders that was stated by other group members during the sessions.

To many group members this highlights the external boundary of the group and one gets a stronger sense of being in the group and a sense of others who aren't in the group who don't know the secrets. The group members get a sense of "This is who we are" which includes the secrets and also creates more of a sense of 'Us and Them'. The secrets must be managed and cared for like another group member.

Under other circumstances if a person goes to some kind of non therapy meeting with a group of people it would be common for them to talk about it later with family and friends after that group meeting is over. This of course happens when a person goes to a group therapy meeting as well. Afterwards family and friends most often would like to hear about it and the experiences they had, especially as it is a therapy group as they may be some what anxious if the person has changed and how that might impinge on them and the relationship.

As a result of the confidentiality requirement, reporting about what happened in the group needs to be done with caution which further highlights the external boundary of the group and the sense of belonging to the group. As mentioned before information and boundary are synonymous so family and friends may easily feel some kind of exclusion knowing that their partner or friend is withholding information that is secret only to members of the therapy group. My point being that the secrecy aspect of a therapy group is very real not only in the encouragement of belonging to the group but also with the exclusion of other close and intimate people from the group. In addition, if it is an ongoing group that meets once a week for ten weeks then these relationship boundaries become a very real factor in a person's life and the lives of their close and intimate others. With feelings of inclusion and exclusion over an extended period of time.

Group therapy as a family therapy

I have always recommended to trainees that if they are going to do group therapy then it is most wise to do some studies in family therapy. One does not need to get certified in that approach and I myself never have, but early on in my training and practice as a therapist, both group and individual, I did some readings and trainings in family therapy. This has been very useful over the years as family therapy has some good ideas and different ways of looking at psycho-

logical disorders. I am by no means a family therapist in my approach but at times I do use and think how a family therapist would think especially in group therapy. (Also if you work with children and adolescents it is most helpful, if not essential).

In my early trainings I particularly studied the work of the eminent family therapist Jay Haley (1973, 1978 & 1980) although this did happen somewhat by accident. I only read such books and did training seminars as my fellow students were interested in it and I kind of just went along with that. The motivation never came from me but what I learned about the family therapy approach by accident has been very useful for a very long time in my psychotherapist career. Most useful in my work as a therapist and group psychotherapist. Building on the work of Haley and others we now have approaches like functional family therapy, brief strategic family therapy and structural family therapy, Delghandi and Namini (2024), Hogue at al (2019) and Dallos (2023).

In the transactional analysis literature Clarkson (1992) discusses hypnotic transactions in a very similar fashion to how Haley (1973) talked of Milton Erickson's use of them in family therapy many years before. Hypnosis does not necessarily need to be a specific formal procedure that a therapist uses instead hypnotic transactions can become part of normal discussion and talking between two people. This can be especially so in group psychotherapy with the use of things like the carom transaction that will be discussed at length later. This illustrates that the line between family therapy and group therapy can be a fine one indeed.

When a person enters a therapy group often they are unconsciously reminded of their family of origin. You have a group of people meeting together where there is a two level hierarchy like most families have. The group members and the therapist hierarchy. It does not take much for the Child ego state to be unconsciously reminded of the similarities this has to their original family with the two level hierarchy of children and parents. Especially if there is a male and female co therapy team leading the group. As Napier and Whitaker (1978) say, “The group therapist must continually keep in mind that reactions between group members are likely to be displacements for their family experience.” (p. 279). This makes group therapy very useful diagnostically.

One problem with individual therapy is you only ever get to see the client’s transactions with family, friends, work associates, etc through the eyes of the client. As we know we all distort our perceptions of reality based on what our life script makes us see and feel so the individual therapist can only ever get these distorted perceptions from the client. Group therapy avoids this as you get to see clients transact first hand with others in the group. The therapist’s Adult gets to see the transacting directly and their Child ego state gets to have a feeling reaction to seeing the way the client is relating to others. Large amounts of diagnostic information are being provided to the therapist. Also

knowing that the person has been placed in a situation that will remind them of their family of origin.

This is especially the case when the therapy group is like a marathon group that runs over two or three consecutive days. The therapist not only works with the clients but also lives with them, eats with them and socialises with them over that time. This can provide invaluable diagnostic insights into the client that you can never get in individual therapy. The out of therapy group transactions become part of the work as well for the therapist, in this way.

If the group is organised to meet for a few hours, once a week for a set number of weeks it is a good idea to organise a break into the structure of the group. For example half way through or perhaps a time to socialise before or after the group in a coffee break. This provides the therapist with similar first hand observations of the clients transactions and relationships they start to form.

The carom transaction

Woollams and Brown (1978) discuss the carom transaction. A carom transaction involves at least three people. This is where two people talk about a third person who is in front of them and can hear the conversation. A mother and her friend are talking about her daughter when the daughter is listening on and the mother says to the friend, “Jenny is a very good swimmer and wins most of her races.” Jenny hears this and may hear the messages from her mother: “Jenny is the sporty one (child) in the family”.

Mother is communicating to two people at the one time, her friend and her daughter. The daughter is learning that mother is structuring the family (the children) in particular way by assigning certain roles to the various children. This is not an uncommon thing to occur in families and is called attribution. For example in this case Jenny could be the sporty one, her sister may be the academic one, her older brother may be the funny one and the younger brother is the problem one. This is what family systems theory particularly focusses on and all families develop a structure like this where various people take on various roles. The carom transaction is one way a mother can communicate the roles to the various children and provide the attribution of their role to them.

The carom transactions in group therapy

The carom transaction can be particularly useful in group therapy. When there are at least two clients in the therapy room then the therapist can use the carom transaction. See figure 3.

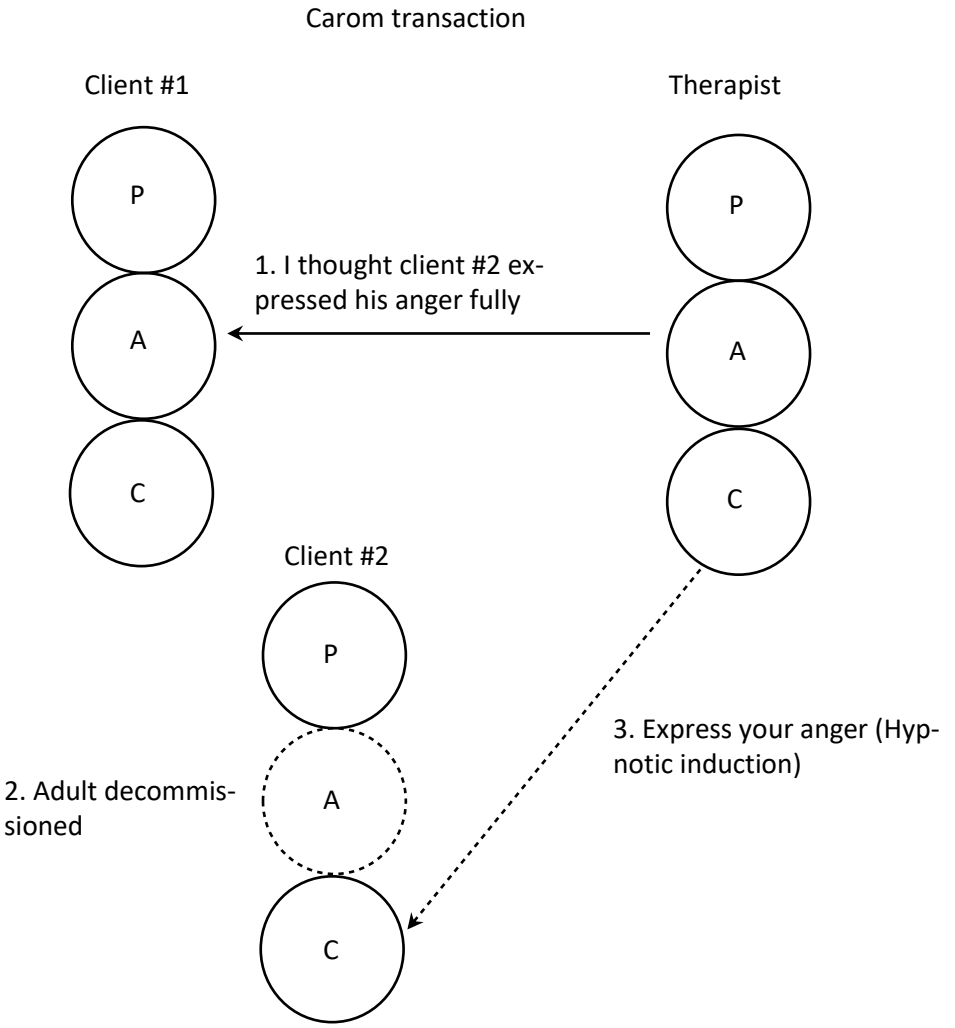

Figure 3
The carom transactions in group therapy

Source: own materials.

The therapist begins by talking to client #1 about client #2 in front of them. In transaction 1, the therapist makes a comment about what client #2 did. As client #2 is listening on and not being directly addressed the Adult ego state is likely to be decommissioned to some degree.

At the same time the therapist is sending an ulterior transaction to client #2 as a hypnotic transaction. This makes the carom transaction more powerful because it is also a hypnotic suggestion. As Haley (1973) would say, with hypnotic communications like this the client is directed to do involuntary or spontaneous

behaviour, in this case the expression of feelings. This direction takes place whilst the client's Adult is otherwise distracted.

Two decades later Clarkson(1992) explains the same from a transactional analysis point of view. She talks about hypnotic transactions occurring when the receiver has their Adult decommissioned in some way. The therapist delivers information to person #2 whilst they have a poorly functioning Adult. This means instead of the information going through the Adult first which would normally happen, the information tends to go directly to the person's Child ego state. Thus it is more directly impacted and therefore the transactions develop the quality of a hypnotic suggestion. As we know a hypnotic induction or suggestion can be a powerful form of communication from one person to another where the other tends to take the new information on fully as correct and accurate. Client #2 in Figure 3 in essence is being given a hypnotic suggestion by the therapist which can make the transaction more potent.

Subsequently White (2024a) further explains this process. When one enters into a conversation their Adult ego state must be functioning quite well. They must be able to hear and comprehend what the other is saying, then often they have to also formulate some kind of response and then produce that response. This takes up quite a lot of energy in the Adult ego state. A third person listening on does not have to do any of that. As they are not being addressed directly their Adult is under no pressure to be functioning at a competent level in comprehending what is being said and they have no pressure on them to formulate and provide a response to what is being said. This allows the person's Child ego state to be more involved and 'hear' more of what is being said than if they were being addressed directly. Thus the Child is impacted more by the information. In figure 3 one can see the transaction to client #1 is directed at the Adult whereas the transaction to client #2 is directed at the Child ego state. The information does not need to go through the Adult first and then to the Child.

In a redecision therapy group it is commonplace for 'board work' to take place after a client has done a piece of work. The therapist asks the client if it is OK for other members to provide feedback to the client and for the therapist to explain what transpired in the work. The theory behind the work. The therapist will often use the white board or flip chart to draw diagrams and explanations of the work that occurred. These days this process would be called bibliotherapy. The use of Adult information to assist the treatment process.

I often use this type of bibliotherapy or board work after the client has finished their work in the group. Most clients are keen to have this done as they realise they will get lots of information about themselves, their change process and their desire for self interest is satisfied. This is where many carom transactions can occur as the explanations are often directed at specific members (other than the client) who may have asked a question or the comments are

directed at the group in general. Many carom transaction hypnotic suggestions can be made to others in the group, about what the client could do, as they listen on.

For example

Client: Listening on and not involved directly in the conversation

Other group member: Can you explain why you focussed on the grief and loss when the client was wanting to work on his depression?

Therapist to the other group member: By doing the grief work and saying goodbye to mother then the depression will lift.

This is what Haley would call hypnotic communication. The client is told to do something voluntary (grief work) and then told to do something involuntary (reduce the depression). The client has been given a hypnotic suggestion to reduce the feelings of depression and this is further encouraged because the instruction is been given to the client by a carom transaction. It could be said directly to the client but by doing it with a carom it is further strengthened. Many of these types of transactions happen during the bibliotherapy or board work part of redecision therapy.

This engenders what what Haley (1973) and other family therapists would call a trance state, when the Adult is decommissioned and the Child ego state is taking in the information. People can do this with varying degrees of success. Hypnotisability has been shown to be a stable trait over time. As Malloggi and Santarcangelo's (2023) work demonstrates hypnotisability scales show people can be grouped into high hypnotisability, medium hypnotisability and low hypnotisability. These tend to remain consistent in people over time. In transactional analysis terms this means that some clients are more able to decommission their Adult and allow their unconscious Child to be responsive to transactions coming in from the therapist (and other group members for that matter). They are more able to attain the "trance" state and this is a stable personality trait over time.

Conway and Clarkson (1987) also join in Haley's view that this trance like state is a naturally occurring event in human communication and that formal hypnosis is simply a refinement of this naturally occurring event in communication. They provide a list of situations where people are likely to move into a such trance state beside the carom transaction just described.

1. In highly emotional states such as traumatic situations. If someone is experiencing high stress such as in an accident, in war or in psychotherapy then they are likely to be in a hypnotic trance state. The Adult is decommissioned and the unconscious Child is particularly receptive to suggestions at that time.
2. When one experiences deliriousness in a fever. If someone is quite ill then they can be in a trance like state as the Adult will be less effective at that time.

3. Close physical contact can induce a trance state. This encourages the cathexis of the Child and if the Adult is decommissioned then they are receptive to suggestions. This can also occur in some cases of massage.

A fourth one I would add is when a person is regressed as this is particularly relevant to psychotherapy. Any of these can of course be combined with the carom transaction.

Redecision and hypnotic suggestion

A core part of redecision therapy is when the client does two chair work and goes into the early scene where they originally made the decision to accept the injunction. As White (2023a) notes when a client goes into an early scene it is in essence a flashback where they relive the early trauma. In such a flashback state the person is likely to be highly regressed at that time. White (2023b) also says that "chair work for many people is an effective way to assist them to regress. The chair work helps them regress and for the chair work to be successful they must be regressed. That small group of people who refuse and say they can't do chair work usually refuse for this reason. It is too scary for them to regress into their Child ego state feelings at that time, so they refuse or make up an excuse like they would feel too embarrassed talking to an empty chair."(p. 21).

Figure 4 shows the change in ego states between a person who has all three ego states functioning when they enter the group meeting. Many psychotherapies use regression in some way to assist in the change process. For example formal hypnosis as described by Berne (1957) invites the client into a deep regression at times. Transference reactions in therapy are a regression as are instances where games and enactments are played out in therapy.

Empty chair work, the three conditions cited above by Conway and Clarkson (1987) and a carom transaction all describe a person who is likely to be regressed and have the ego state structure that you can see in figure 4b. The Adult is decommissioned and the Child is highly receptive. Such an individual at that time is in a trance state and receptive to some kind of hypnotic suggestion. As mentioned before in the research above, some find this easier to do than others making them highly suggestible, and some are only mildly suggestible.

Indeed this could describe redecision therapy in a different light. How much of the empty chair regressive part of redecision is about a redecision being made and how much of it is about hypnotic suggestibility? In the actual redecision part of the therapy the client may be more effected by suggestions given by the therapist and indeed by themselves than by the actual redecision by the client. Possibly it is a combination of both.

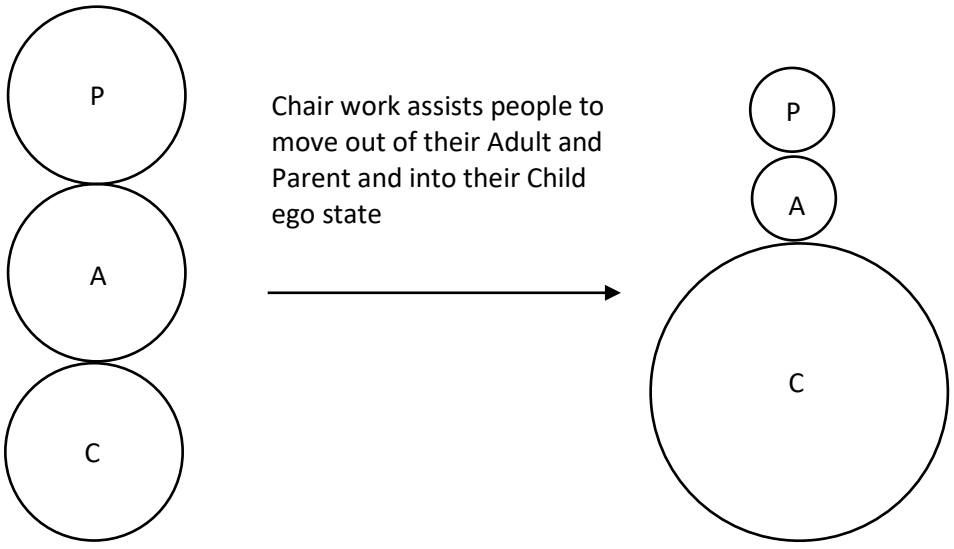

Figure 4a
Normal psychological functioning

Figure 4b
Regression

Regression in empty chair work

Figure 4
The change in ego states

Source: own materials.

Three types of permission in group therapy

Three different types of permission can occur in group therapy and these are:

Instructional permission. This is what Berne (1972) originally proposed as the permission transaction. With potency and protection the therapist delivers the permission verbally to the client. Such as a permission to be close, to exist or to express your feelings. This can be done in group therapy and individual therapy.

Observational permission. The act of observing another person do a behaviour or express a feeling provides permission to the observer to do that themselves. When the client observes another group member expressing their feelings that can be taken as a permission for them to express their feelings. This is a more potent type of permission because it is proposed that by watching an-

other person do the behaviour then this is stronger than a simple verbal instruction to do the behaviour (instructional permission). In addition as proposed by White (2024b) we all have an instinctual mimicry. When we observe another person act a certain way there is a natural instinctual urge to copy that behaviour. This is seen to increase the power of this type of permission.

Obviously this cannot happen in individual therapy but it can and does happen a lot in group therapy. Group members are constantly watching other group members express feelings, do behaviours and relate to others in a wide variety of ways. Inevitably they are going to observe things which they want permission to do themselves and this is shown in figure 5.

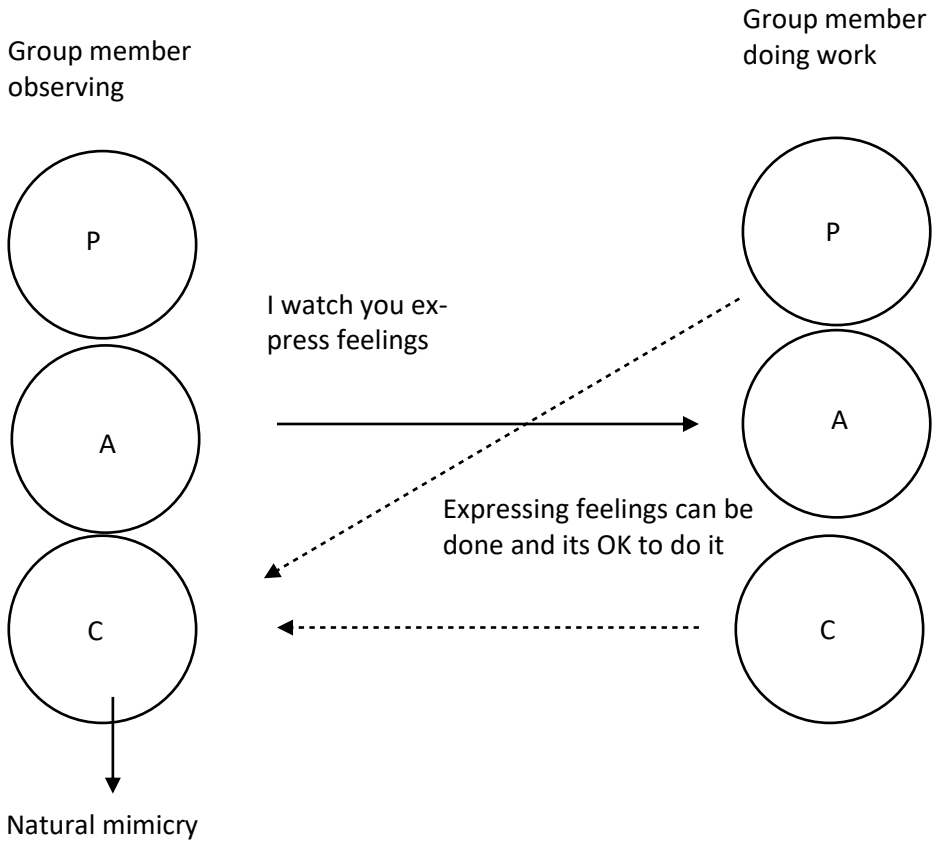

Figure 5
Observation of what others feel

Source: own materials

The group member observing watches from their Adult the other group member express their feelings as shown in the transaction. By seeing this there

is an automatic permission coming from the person being observed to express their feelings. Most people will think, "If they can do it that means I can also do it". As mentioned before there is also a natural mimicry that occurs as well, to copy the behaviour. Observational permissions happen a lot in group therapy especially in homogenous groups where group members often have a lot of the same psychological issues. They watch other group members break injunctions which they also have and hence get the permission to do the same by observing that.

Experiential permission. This is the most potent type of the three permissions. This happens when another person expresses something or behaves in a way directly to the individual. A child can hear its parents tell it that it's OK to punch other children at school and that provides that child with the permission to hit others. A child can watch father hit mother and that provides a stronger permission to hit. Finally a child can be directly hit by a parent and this is the strongest permission for the child that its OK to hit others. See figure 6.

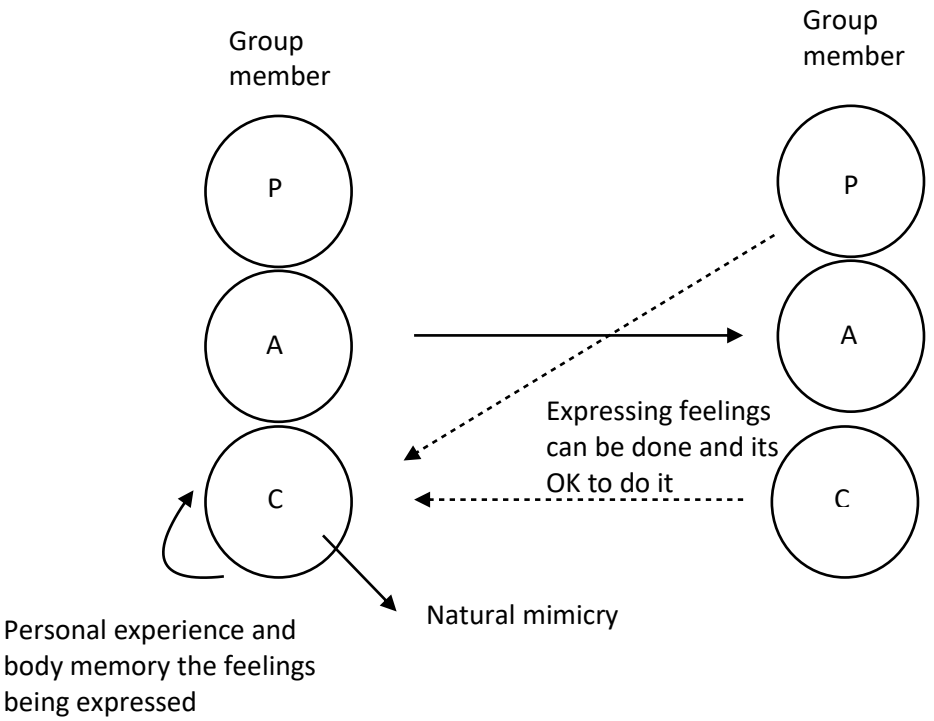

Figure 6
Experiential permission

Source: own materials.

The child who is hit not only gets the observational permission and natural mimicry to hit but it also gets the personal experience and body memory of what it is like to be hit. There is an intellectual memory part to the permission and a body memory experiential part to the permission. The permission has now become personal. This can happen in individual therapy if a therapist expresses nurturing to a client then the client receives an experiential permission that it's OK to nurture. However it is much more likely to happen in group therapy as there are many more people involved. This is one reason why after a person has done their work, other group members are invited to say to the client their responses to that work they just observed. These group member comments can often become experiential permissions for the person who just did the work. They will express feelings, display behaviours and ways of relating to the person that end up being experiential permissions for the original client who just worked.

Observational and experiential permissions can and do happen a lot in group therapy. Much more than happens in individual therapy. Especially if the therapist creates specific opportunities for them to happen such as by having feedback to the group member who just worked. As mentioned above these are the most potent types of the three permissions. Earlier in this paper it was reported that Yalom said, 'It is the relationship that heals'. In group therapy versus individual therapy there are a lot more potential healing relationships and perhaps the occurrence of observational and experiential permissions go part way to explaining why that is so.

Conclusion

Humans naturally form groups. It feels comfortable and is easy for most. Therefore group psychotherapy would seem like a natural and normal thing to do. At the same time it opens up a whole variety of therapeutic opportunities that individual therapy does not have. I have endeavoured to explain some of those opportunities, especially the idea of permissions and the nature of hypnotic transactions. Both of these deserve more consideration and work on understanding how and why they impact the psyche of people. Whilst we all use transactions as a way of communicating it seems that we also often use them in a therapeutic sense as well. Humans can't help themselves in this way in their desire to repair self.

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Kilka refleksji na temat psychoterapii grupowej

Streszczenie

Terapia grupowa jest jedną z podstawowych form psychoterapii, która rozwijała się na przestrzeni lat. Była stosowana na wiele sposobów i różni się znacznie pod względem struktury, liczby uczestniczących klientów i tak dalej. Pierwotna praktyka analizy transakcyjnej Erica Berne'a była terapią grupową, ponieważ w ten sposób mógł obserwować transakcje między różnymi członkami grupy. Stosuję podejście grupowe w psychoterapii od ponad czterdziestu lat, a niniejszy artykuł przedstawia tylko kilka refleksji, obserwacji i technik, które opracowałem w tym czasie dla terapii grupowej. Obejmuje to trzy różne rodzaje pozwoleń, zastosowanie transakcji karambolowej w terapii grupowej, rolę bezpośredniej relacji transakcyjnej oraz podobieństwa między terapią grupową a terapią rodzinną.

Słowa kluczowe: analiza transakcyjna, psychoterapia grupowa, stany ego, pozwolenie, relacja terapeutyczna, terapia rodzinna, transakcja karambolowa, hipnoza.