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Group Psychotherapy: TA and Beyond**Book Reviews, Explorations and Personal Reflections**

We are all born into groups, therefore, in these reflections on the theory and practice of group psychotherapy the natural place to start is to note that following conception and during the first months of life the child develops protocols which although held unconsciously are maintained throughout life as the foundations for functioning in daily life.

These protocols are unspeakable truths which guide the child's experience in life, their relationship to themselves, others and the world around them. The child learns these protocols in their early experiences of family and other caretakers. The roots of all psychological processes including the development of problems in life and relationships are firmly held in these unremembered but unforgettable early relational experiences.

Logically therefore it is reasonable to expect relational groups to be most effective in facilitating the healing of these unforgettable, but unremembered protocols, by providing the environment for a transformational creation of new healthy foundations for personal growth and development. TA psychotherapy groups which focus on the therapeutic relationships in the complex matrix found in all psychotherapeutic groups have this healing as their goal.

Personal reflections: Writing these notes and reading the books and articles in preparation has triggered many memories and associations with my own formative years in groups. Prior to psychotherapy training I was involved in two profoundly different worlds:



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I was brought up in the Brethren movement, Christian fundamentalists who followed a very strict interpretation of the Bible. In the above picture I am the young boy crouched in the front and centre, looking at the camera. I think my father must have taken the photo on one of the regular organised outings which in my memories were always great fun. I can see my mother, sister, her future husband, his parents and all in the photo are familiar faces, many of whom I can name and while not being actual relatives I called Aunty or Uncle.

This group was wonderfully supportive and often fun, at least when not in one of the very long and boring "meetings". As long as the members were completely adapted, accepting the agreed dogma, people were loved and welcomed. Anything else led to harsh rejection, shunning and shame. For me like many others, this included ex-communication where my significant others, all those in the photograph including my parents, were meant to have nothing more to do with me. I believe 5 of us in the picture went through this process of ex-communication or possibly left before they were put through the process. Fortunately, my parents did not comply with the extreme demands and continued to support me. "My sin" was that I was attending a Saturday evening Christian youth rally at a Baptist Church, which was seen as a demonic influence!

With a curious twist of fate, the youth rallies are where I was first introduced to the principles of pastoral counselling and where I learned to lead groups. From the age of 17 I was involved in "Christian counselling" which I now know was based on pop versions of TA, Gestalt, and hypnosis. No matter the problem or how the counselling was dressed up, ultimately there was only one answer to every need; trust and obey God. Any residual problems were really a result of a failure of faith. I reflect on my experience with a mix of pleasure – we had lots of fun, and with sadness and anger. It was certainly formative in my experience, eventually leading to the positive and creative life choice to become a TA psychotherapist and trainer.

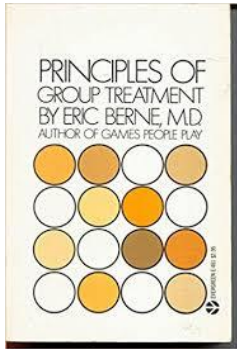
At 17 I started leading various groups in a number of Christian settings, this continued for the next 14 years, midway through my psychotherapy training I withdrew from the various Christian groups. I learned that these groups often generated a wonderful sense of cohesive love and mutual support, which was effectively and creatively used for personal healing and development. However, I now recognise that they were also used to control and persecute people who did not conform to the expected demands of the fundamentalist group. I left the church after realising that it was impossible for me to be a psychotherapist and to continue to hold onto the dogma of the fundamentalist church and once again, I experienced complete rejection by "Christian" people, who had once been experienced as close friends.

During my twenties my second formative group experience was within the NHS psychiatric system which in my experience seemed to be doing far more harm than good. When a patient I was involved with violently killed himself several of my colleagues dismissed my distress. Telling me that if I was going to work in psychiatry then I had better get used to patients killing themselves as little or nothing could be done for them. I was not willing to accept their callous dismissal and so I determined to find alternatives. Through various training courses, self-development groups, counselling sessions, almost two years in a psycho-analytical group, and various therapy-intensive weekends. I eventually attended an Introduction to TA where I discovered an oasis of life and hope and my journey with TA and within the TA community began.

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TA and Group Psychotherapy – A review:**Berne: "Principles of Group Treatment" (1966)**

This book starts by declaring that the book was written for those who want to become "real doctors". "A real doctor is trained to cure his patients, plan his treatment and takes responsibility for his patients". Berne believed that group therapists should be trained in the best tradition of the healing arts. This reflects his frame of reference, a psychiatrist and trained psychoanalyst running "treatment groups" in a psychiatric hospital, with the specific goal of alleviating psychiatric symptoms. He differentiates these groups from the many other forms of groups.



Berne's book is in two distinctive parts, the first is taken up mostly with his views of what constitutes an effective psychotherapy group. He is most critical of institutional and analytical groups where patients "make progress". Berne's comments on homosexuality and the importance of marriage for sexual satisfaction are clearly not acceptable to the current practitioner. While his comment that the good therapist permitting himself the occasional handshake while generally forbidding touch of any kind would be not recognisable to most who have experienced TA psychotherapy groups.

Berne's admonitions regarding the therapist not being under the influence of alcohol and various other rules also seem surprising to the current ethical practitioner for whom these issues are taken for granted. Berne emphasises the need for training and supervision and explores various issues regarding these. He spends a chapter describing the practicalities for the group room and seating arrangements including discussing aspects which today would seem obvious; for example, the problems of sitting in rows or behind a table and eating food together.

It is interesting to note how all these matters were not settled when Berne was writing. His requirement for the therapist to enjoy a satisfying sex life demonstrate the assumed centrality of the erotic and sexual experience of psychotherapy groups, even though this is not overtly expressed elsewhere.

TA theory and practice in groups: The second part of the book is an interesting review of TA theory including many aspects still considered central to TA practice and form the core of the introduction to TA courses run throughout the world. During his discussion of TA, it is easy to understand where some of the confusions regarding TA theory have come from as he presents practical ideas which don't comply with his theoretical ideas. For example, on page 218 he describes the therapist as sometimes being Parental or in Child which does not sit well with his description of the second order structure of ego states presented on page 224.

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These two different ways of understanding ego states have meant that two completely different models of ego states developed over time. The structural model and the behavioural model (traditionally called the functional model).

Co-therapist: Berne is clear that a co-therapist simply adds confusion to the already complicated dynamics in any group and therefore work with a co-therapist should normally be avoided.

Contracts: On page 87 / 88 Berne describes contracts as being bilateral, he also describes how he agrees to find out together with the client what might happen. We now refer to these kinds of contracts as exploratory which are central to current TA Practice. Berne (page 104) describes hard groups where specific, well-defined treatment outcomes are the focus of the group and soft groups where the goal is diffuse. He also praises the therapists use of crisp interventions. These are all commonly used terms within TA to describe different types of contracts and effective interventions.

On Page 15 & 16 Berne describes 3 kinds of group contract:

- a) **Administrative**, includes the purpose of the group and the administrative arrangements such as frequency and costs and venue.
- b) **Professional**, this is the professional goal of the therapy; the treatment outcome such as social control or symptomatic relief.
- c) **Psychological**, reflecting the psychological and unconscious psychological needs and desires of all those concerned. When discussing the psychological contract Berne reminds therapists to keep in mind the organisational requirements by drawing an authority diagram. This is to include all levels of the organisation responsible for differing aspects of the group, accounting for their overt and covert expectations of the group.

Homogenous / heterogenous groups and accepting of new members: Berne reflects on these two types of groups and clearly states that with some exceptions the selection of patients for groups "is not good". Best practice is to prepare the patient for group therapy and to run heterogenous groups. Berne states that a therapist should accept any client into any group, the only exceptions being for physical illness such as dementia or for violent / sexual predators. My view is that there are several additional reasons for refusing membership of the group. Berne states that it was his practice not to read the notes regarding the patients referred to him, preferring to let the client present him / herself to the group in any way which suited the client.

New members: Prior to joining the group the client needs to agree to keep the basic group rules and norms for example regarding attendance and confidentiality. They also must of course be motivated to join the group and to engage with others in their therapeutic endeavour as well as being open to others being involved in theirs. Therefore, they must also be willing to make a commitment to attend over a long period of time. Berne briefly mentions that if a client is already in therapy with the therapist makes it easier for the client to join a group. Reflecting his own flavour of psychoanalytic background Berne explains why he does

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not introduce clients to the group. In my own practice, as was my own experience in all the TA groups I have attended I routinely ask the group to introduce themselves to the new group member and expect the client to reciprocate. How the various group members describe themselves and how they offer engagement or with-hold themselves in relation to the new group member is of course highly significant.

The first 3 minutes: Berne emphasises the need for the therapist to be in place as the group arrives and to be focussed on the group – the therapist has the aim of learning something new every group and their task is to remove the obstacles for the client to grow in their own way. The therapist is to “identify the client’s strengths and to mature and strengthen their potential.”

A developed version of this is found in the European Associations of TA’s definition of TA counselling: The counselling process enables clients or client systems to develop awareness, options and skills for problem management and personal development in daily life through the enhancement of their strengths, resources and functioning. Its aim is to increase autonomy in relation to their social, professional and cultural environment.

Before the group starts the therapist is encouraged to attain a kind of meditative state and to keep in mind the following:

- 1) First do no injury.
- 2) The client has a built-in mechanism, a drive towards health, physical and mental. (Physis)
- 3) The therapist cannot cure anyone, he can only treat the client. “We treat – God cures”

Once the therapist is ready, he asks him/herself several questions:

- a) Why am I sitting in this room now?
- b) What will this hour bring for my unfolding?
- c) Why are the clients here?
- d) Why did they choose psychotherapy?
- e) What will contribute to the client’s unfolding?
- f) Why did the client choose me?

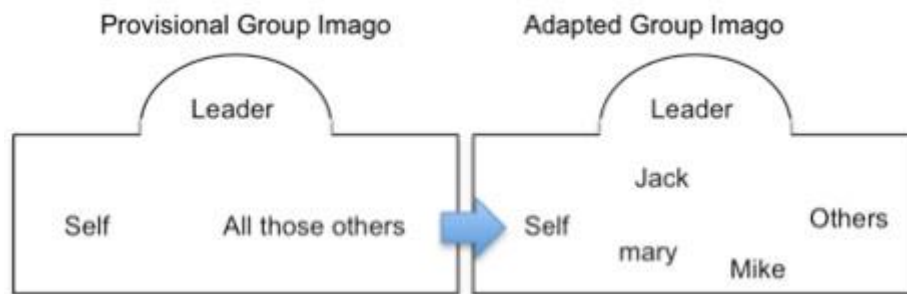
The therapist then turns his / her attention to the group, using his skills in listening, observation, equanimity, and initiative. Berne emphasises an awareness and observation of the physical nature, that we would now call the embodied nature of the client’s experience. This approach is at the core of all TA practice. These 6 questions are now routinely part of my introduction to the 101 courses I run as well as always being an essential consideration with all new clients.

Six Diagrams – Group Dynamics

- 1) **The Seating diagram** – A record of the seating arrangements of the group: Showing over time if there are fixed patterns such as the men sitting together.
- 2) **The Group Authority Diagram** – showing the organisational system of which the group is a part of. Asking, what are each levels interest in and expectations of the group – both overt and ulterior levels.

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- 3) **The group Structure Diagram** – showing the major internal boundary with the therapist in the centre of an inner circle. He draws minor boundaries between each client and client subgroups. He emphasised the external boundary of the group as a large circle containing all the group members, which can be a variation of the seating diagram and yet it also hints at the special nature of the group and demonstrates that the group is itself more than each individual member of the group.
- 4) **The Dynamics diagram** – in this the various dynamics as reflected in transactions / games etc are shown imposed on the structure diagram. Transactions across either the major internal or external boundary are of special importance and need to be addressed directly.
- 5) **The Group Imago** – In my view one of Berne's major contributions to group psychotherapy practice. In this image which is usually drawn as a submarine with the group therapist in the turret but can be easily represented as a variation of the group structure diagram. Each member of the group creates an internal image of the group, this image is determined by the client's historic expectations, projections, and introjective transferences with all other members of the group. Berne is providing a simple way of recording the various transferential images each client in the group matrix is carrying of both the group leader and all the group members.

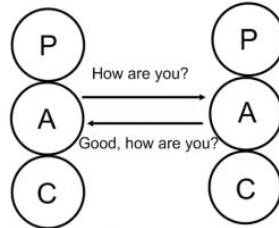


For example, client A has an image of the therapist as an idealised parent figure who can heal him, client B is seen as a competitor for the father's attention as for some unconscious reason he has reminded client A of his older bullying brother. The other clients in the group take various roles in his image of his "family" in the group. Some clients may not fit this picture and may well be excluded from the imago, while others who are known to the client from earlier therapy groups are seen differentiated as themselves.

The group task is to facilitate differentiation.

- Provisional differentiated imago – is the imago experienced before meeting the group.
- Undifferentiated: The individual group is not yet able to distinguish other members of the group as individuals.
- Partially differentiated: Some of the group members are recognised as themselves while others remain as transferential objects.
- Differentiated: The group is now a collection of individuals working together in the group.

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6) Transactional Analysis proper: Transactions between members of the group are recorded.

While seemingly so simple “TA proper” is a profound approach and it is the simplicity which makes TA such a powerful tool for understanding the transference dynamics in the group. Berne states that the most common form of transference is Child to Parent. All Parent / Child transactions are transference as are games / rackets / script processes.

Berne's Hidden Gems, I experienced several wow moments as I read through the book, reminding me of how our current practice is based on Berne's original brilliant ideas, while at other times I was reminded just how much has changed!

- 1) Treatment of Paranoia: (page 90) while discussing different presentations of clients he states that with a client who is paranoid the goal is not to cure the client but to render the archaic thinking behind the delusions as Adult dystonic.
- 2) The contract (p91) with the client will need to be adjusted from time to time.
- 3) Berne suggests his client lie on the couch when she had run out of things to say. Later he describes how on suggesting that a client lie on the couch the client refused. Right through Berne's practice as a Transactional Analyst he continued to use the analytical couch even if he showed flexibility about when to use it. This echoes what we know of other famous pioneers such as Laura and Fritz Perls who also continued to use the couch in their practice. While in my own practice I have only rarely use this approach.
- 4) The transactional analyst makes a point of keeping the client informed as he works with him. Page 241.
- 5) TA is not and does not pretend to be a restatement of Freud's concepts of Id, Ego and super ego... the concepts are different and distinct.
- 6) The poker face (blank screen) of the therapist is rejected as not a requirement, and indeed Berne goes on to encourage the therapist to use humour and he tells some amusing stories.
- 7) Ego state structure is explained:
 - a. Child ego states are relics of an earlier time.
 - b. Parent ego states are borrowed from parental figures.
 - c. Parent and Child ego states are fixated and at the time of fixation both contain a second order structure of PAC.
- 8) Adult is the autonomous processing of information. (Even though Berne is not explicit his idea of “processing information” implies both emotions and thinking.)
- 9) Berne discusses time structure and explains the importance of recognition and stimulus hungers which drive the process in groups.

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10) Berne describes the object of group treatment as being to “fight the past in the present, in order to ensure the future.” This idea is reflected in the current EATA definition of TA psychotherapy: “Healing the hurts of the past to live freely in the present”

Berne's therapeutic operations and some new additions to theory:

Berne described 8 therapeutic interventions, these have proven themselves over time to be a simple and yet profound list of interventions. Helena Hargedon and Charlotte Sills in their essential book; Relational TA (2002) describe these interventions as empathic transactions and emphasise the need for relational and emotional attunement within the therapeutic endeavour. They have added a 9th intervention, “holding therapeutically”.

Re-Parenting as a 10th empathic / therapeutic intervention. I have added re-parenting to the list as the need to create a new healthy, functional Parent introject is essential for transformative and enduring therapeutic change. My experience as a psychotherapist in various settings for almost 40 years has demonstrated to me that this is as equally important as the Child or strengthening the Adult ego state boundary.

There are 3 types of work within TA which leads to the creation of a new functional and healthy Parent:

- 1) With some clients it is appropriate to contract for the therapist or group to overtly offer a new parenting experience.
- 2) Modelling and through the ongoing relational and transferential work with the therapist and group. The therapist and group members become resources for the unconscious internalising / introjective transferential experience and so a new Parent figure is generated.
- 3) There are also TA therapists such as McNeal, Mellor and Erskine who have emphasised the need to work directly with the Parent ego state. This can be done by creatively using various Parent interview techniques.

The Goals of TA psychotherapy can therefore be described as:

- 1) Decontamination of Adult and a strengthening of the Adult Ego state boundary.
- 2) Deconfusion of the Child ego state.
- 3) The creation of a healthy and functional Parent.

Transference and Impasse: It is also incongruent for me to present this list of interventions without noting the lack of specific mention of transference processes by Berne. Psychotherapy would not be possible without the effective understanding and use of transference. In the ongoing therapeutic relationship healing is a result of understanding of transference and resolution of the transference through a transformational metabolization of the transference dynamic. The concept of impasse theory is central to my understanding of transference phenomena. The intrapsychic impasse is externalised relationally in the transferential dramas enacted with the group and therapist. It is the potential for this relational externalisation of the intrapsychic impasse which makes group work so profound. Therefore, all 10 empathic interventions are used in the service of enhancing / facilitating this therapeutic endeavour.

- 1) **Interrogation (Empathic Enquiry):**
 - a. Tell me about the situation...
 - b. What happened when...?

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- c. How do you feel / think / act / experience...?
 - d. What is your experience in relationship to self, others and life...?
 - e. Reflective listening.
- 2) **Specification:** Clarification of the client's story; includes reflection of their story and their position, using a 2nd/ 3rd/ 4th question to follow up their statements as a way inviting the client to explore in depth their experience. This both deepens the conversation and ensures both parties understand.
 - 3) **Confrontation:** Pointing out inconsistencies; "That does not fit with how you told the story before" or confronting passive behaviours. The therapist and client may need to accept that the client is experiencing conflicting understandings of the same process.
 - 4) **Explanation:** Describing the group or client process; for example, using theory as an invitation to Adult thinking and processing.
 - 5) **Illustration:** storytelling, and use of metaphors, Berne insists that illustrations must be humorous! He does provide the caveat that the therapist must remember the theatrical rule that the comedian should not stay on stage too long!
 - 6) **Confirmation:** Stroking and reinforcing the client's new self-awareness and decisions.
 - 7) **Holding:** the psychological holding of the client in their process, essential for the client to feel safe in their therapeutic endeavour and to proceed with deconfusion work.
 - 8) **Interpretations:** The goal is for the interpretation by the therapist or group to be transformational; leading to deconfusion of the Child ego state. Providing / creating a voice for the Child to express the unspeakable. In my experience the interpretation may also be aimed at deconfusion of the Parent ego state.
 - 9) **Re-Parenting:** The goal is to create a new functional Parent introject as a resource for the client. This is done through use of the ongoing relational approach to psychotherapy and use of the transferential relationship. Also, specific interventions where the client or group may offer reparenting as well as specific techniques such as the Parent interview.
 - 10) **Crystallisation:** A bringing together of the decontaminated Adult, deconfused Child and healthy functional Parent. There is a co-created statement from Adult of the therapist to the Adult of the client that clearly describes the client's options following the therapeutic interventions. The client responds with a congruent confirmation of their new experience.

Berne stated that the goal of the first 6 interventions is to strengthen the Adult ego state boundary, inviting the client to cathect Adult. Only then can the client progress to Child deconfusion work, which takes place according to Berne in the ongoing analytical work. The nature of listing interventions implies a linear progression from 1 > 6 however it is my experience that in the complexity of the empathic therapeutic relationship there is a moving between the different interventions and not necessarily in the order listed here. In relation to deconfusion of the Child ego state much of the preparation for this profound transformational work involves the Child ego state being present, listening, watching, learning and being

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recognised through the whole of the therapeutic encounter, including the early stages of exploration which are primarily aimed at strengthening of the Adult ego boundary.

The same is true for the new transformational functional Parent; throughout the whole experience of the therapeutic endeavour the client is unconsciously internalising the therapist and parent figures in the group. This is true even if these dynamics are not overtly referred to by the therapist or group.

It is also true and essential to the positive outcome that the Adult is also present, and the Adult ego state boundary is strengthened through the whole process.



Different styles of Group work: Throughout the book Berne quotes amongst others the ideas and work of Moreno, Perls, Freud, Bion and Foulkes who were pioneers of group psychotherapy / group analysis. On page 166 he describes a syllabus for training TA group psychotherapists which includes studying these writers and the field of Group Analysis.

However, after describing an aspect of another approach Berne invariably is critical. Among many examples on page 107, after quoting Bion, Ezriel, Foulkes, all of whom are highly regarded pioneers, he says that in his observation groups run along their lines have little effect. At the same time, Berne seems unable to separate himself from his own analytical background. For example, on page 103: he says that psychoanalysis deals with the unconscious motivations, while TA deals with overt transactions, this is directly contradicted by the TA theory which he describes in this book!

In the same section he says that any conception of the group as being more than the sum of its members is disregarded completely, however I have never heard other TA practitioners disregarding this central aspect of group psychotherapy, training or supervision. It is true that some TA practitioners and writers, notably Bob and Mary Goulding emphasised individual work within a group, however I don't think they disregarded the importance of the group as a whole in their work.

Berne was following in the path of many previous illustrious pioneers in psychotherapy; Jung, Reich, Laura and Fritz Perls, all started life in psychoanalysis and all of whom were eventually rejected by psychoanalysts and moved on to create their own schools of psychotherapy.



Petruska Clarkson; (1992) Transactional Analysis an integrated approach:

This is a highly recommended, easy to read and well written book, in which one chapter is devoted to TA psychotherapy in groups.

Clarkson describes the two dominant streams in TA group practice:

- 1) With the focus on the group as a whole – The “group matrix” as described by Foulkes.

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- 2) With the focus on individuals in the group – made famous by Fritz Perls with his “hot seat” approach.

Clarkson makes the claim which in my experience is true, that transactional analysts use a combination of both approaches. She states that just as in individual psychotherapy the individual externalises their intrapsychic object relations onto their therapist relationship so in the group setting the client externalises their internal world onto the matrix of the group.

Contracting sets the scene for the group, the business / treatment or outcome contract / process and session contracts. Early in the life of the group it will have to decide if it is to be task orientated or process orientated.

The first transactions: As Berne pointed out the first transactions contain the process; script patterns which are likely to be carried through the life of the group, the therapist's task is to hold these, to confront and to facilitate change in these patterns.

Stages of Group Development: Clarkson combines the ideas of Berne 1966, Tuckman 1965 and Lacouisiere 1980 to describe how groups go through various stages in their development and describes the group leadership task for each stage.

Stage 1) – Tuckman used the term forming as the group first gets together. Transactions are usually at a safe social level, while people wait to find out what they and others are going to do in this group. Berne described “needs / drives” which people follow at this point – the need for stimulation, recognition and time structuring. The 4th need Berne described is the requirement for the familiar social patterns leading to games and script re-enactments.

The group imago at the forming stage is only provisional – each member does not know how the others will fit their expectations and fantasies based on experience enables each participant to create their provisional imago.

The leadership task is to define the group internal and external boundaries, and to clarify the group contracts and rules. The leader facilitates the group becoming a container for all the groups psychological processes to be explored. Clarkson notes how the group leader will be loved and must allow this – knowing that eventually the client will also leave.

Stage 2) Storming phase according to Tuckman. During this time the group struggles to establish relationship boundaries and therapeutic patterns. Conflicts are common during this phase.

The group imago is an adapted imago, as the client starts to develop transferential expectations of the others based on his previous experiences.

The leader's primary task is to survive and to ensure the group and its task also survive, maintaining the boundaries and demonstrating how to be in the group despite the conflicts and tensions, the leader must not be apologetic nor punitive during this phase.

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Stage 3) Norming in Tuckman's terminology. The group is now well established and a cohesiveness in the group starts to be created. A sense of we are in this together, "we-ness" is beginning to take shape and a shared experience of this is how we do things here.

The Group imago is now an "operative imago" – some people are more differentiated than others and the focus is on the relationships with the leader. Transferences tend to focus on how each member sees him / herself in relation to the therapist.

The leader encourages healthy development of group norms, for example encouraging emotional literacy and awareness of the others uniqueness in the groups and group process.



Stage 4) Described as Performing by Tuckman.

The group imago is differentiated – and is described as secondarily adjusted group imago. Each client sees the others for who they are.

The group members focus on "we-ness" and interactions between them. Foulkes describes how a functioning group does the therapy themselves. TA practitioners remain active in the group process encouraging autonomy, intimacy and spontaneity.



Stage 5) In 1980 Lacoursiere added a final stage of mourning to the groups process, as the group terminates, or individuals leave. The most significant leadership task is to keep the group facing their process and to encourage ownership of the leaving and the grief/ mourning process which must be worked through.

The group or individuals in the group: Clarkson briefly described the continuum between working with individuals within the group and working with the whole group matrix. Clarkson recognises at different times the therapists focus will move from the group to individual and back to the whole group. In my experience the effectiveness in the group depends on the TA therapist's skill and freedom to move fluidly in the complexity of the group, accounting for individuals and the group matrix.

I believe it is false to say that one or the other approach is better, in reality there is always both aspects to account for. While the client is always speaking for themselves in the group, the question of how they are also speaking for the group "as a whole" is an ongoing therapeutic question for the group and the therapist. The therapist has the therapeutic task to make a judgement as to where to focus their attention.

Recognising that all groups exist in a co-created space, the whole group reflects not only the individuals within it but also the matrix co-created by the interpersonal acting out of each individual intra-psycho / unconscious process.

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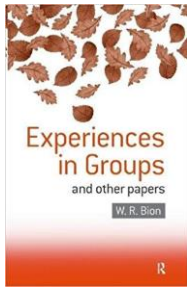
TAJ articles on groups:

- 1) **Stages of group-dynamic – Role of leader “Group Imago and the stages of Group development.** TAJ Jan 1991 Petruska Clarkson. This excellent TAJ article is essentially the same as the chapter in her book which was published in the same year. This article emphasizes similarities between Berne's concept of group imago adjustment and the stages of group development as conceptualized by Tuckman (1965) and Lacoursiere (1980), highlighting the most relevant tasks of group leaders at different phases of a group's maturation. Feedback from practitioners and trainees is used to identify useful group leader behaviours at different stages. The article focuses on how developmental phenomena related to the “group as a whole” can be understood and used as an adjunct to individual psychotherapy in the group, not as a substitute for it.
- 2) **The Development of a Process Group.** Adrienne Lee. TAJ April 2014. In this lovely article Lee describes how she works using the group process. An interestingly new idea she shares is to understand the different types of interpersonal boundaries in the group – diffuse / rigid / permeable.
- 3) **Relational Group Process: Developments in a TA Model of Group Psychotherapy;** Richard Erskine – TAJ October 2013. This is a terrific and wide-ranging article, interestingly drawing on the person-centred work of Carl Rogers as well as Erskine's own integrative approach to TA with his emphasis on avoiding shaming transactions in the group to ensure safety. Erskine emphasises that the emotionally attuned group will be listening to each other, and it is in this context that healing can take place.
- 4) **Relational Group Process:** A discussion of Richard Erskine's article from the perspective of Eric Berne's Theories of Group Treatment. By Bill Cornell TAJ Feb 2014. An interesting critique which is based on Berne's writing on groups, Cornell challenges key elements of Erskine's article.
- 5) **The Group Quest, Searching for the Group Inside of Me.** TAJ Feb 2014. Diana Deaconu is responding to Erskine's 2013 article. A great title leading into a lovely article in which Diana shares her experience of running groups in Romania and reflecting on the historical context. She emphasises that a person speaking in the group is speaking on behalf of the whole group and disagrees with Erskine's relational approach to working in groups.
- 6) **Eric Berne's Theory of Organisations... TAJ October 1975 by Elliot Fox:**
The second major work published on the subject of transactional analysis was Eric Berne's Structure and Dynamics of Organizations and Groups. It appeared in 1963, and except for passing references here and there it has been generally ignored ever since, both by Berne himself and by most other contributors to the growing body of TA literature. This neglect, it seems, has been due partly to a pre-eminent concern with clinical applications and partly due to the fact that the book is not easy to read. The difficulty arises from the organization and, in some cases, from a lack in development of the ideas. During the course of the work, the author covers roughly the same ground several times, each time with a somewhat different emphasis, additional terminology and further nuance of meaning. Also, he makes a number of

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interesting and apparently significant observations that are not developed fully enough to make it clear exactly what application he has in mind. The result is a fascinating collage of ideas that seem to be related, though it is not always clear just how, and a number of pregnant thoughts that mainly provide

questions for further thought. Nevertheless, from his special vantage point, Berne offers a way of looking at organization that has considerable potential, and we may well wish that he had developed his ideas on this subject further.



Bion: Experiences in Groups: (1961)

Bion, a psychoanalyst in the Kleinian approach has had a major impact on the practice and experience of many group therapists. Bion worked at the Tavistock clinic in London which he says surprised him as he was interested in group process, not in psychotherapy.



Bion was described in Group Analytic Psychotherapy (Behr and Hearst 2005) as being supremely detached, having a mystical view of the world, with no interest in psychotherapy.

Basic Assumptions: Bion was very interested in the hidden configurations of the unconscious process of groups which he called basic assumptions.

Basic assumptions describe how members of a group are seeking different types of group leader in order to sooth their anxieties. Basic assumptions interfere with the task of the group and must be addressed by the leader if the group is going to achieve its task. He insists that the only interventions made by a group leader are to challenge the groups basic assumption.

He observed the group “as a whole” rather than any individual within the group.

3 Basic Assumptions:

1. **Flight and fight responses;** in which the leader will either lead the group into battle or else lead the group to safety.
2. **Pairing:** seeking a leader who will rescue the group from despair. The pairing might well take a sexual nature / form in which the hope is that a new Messiah will be born out if the pairing.
3. **Dependency** – seeking a nurturing motherly leadership.

Bion's ideas were taken up by Ezriel who was more interested in psychotherapy and consequently introduced object relations theory into his group work at the Tavistock clinic. He believed that individuals in the group were “part objects of the group”. According to Ezriel the group membership is in a continuous struggle to find the place of least anxiety. In relation to the leader the group is constantly in a conflict; both desiring closeness and fearing the consequences of closeness.

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Bion and Ezriel maintained rigorously that the therapist must remain a psychoanalytical and transferential blank screen, making only rare here and now interpretations regarding the struggle in the group in relation to the basic assumptions or the role of the leader. In their terrific book *Group Analytic Psychotherapy*, Behr and Hearst (2005) state that due to the disregard for the individual this form of group is only to be used for training purposes. I completely agree and add and then only experimentally and sparingly!

A personal reflection on Bion's approach to running groups. While re-reading Bion's "Experiences in Psychotherapy" (1961) I remembered my own painful personal experiences, over the years as a member of various groups run in such a manner. An especially difficult experience was in the mid 80's when for about two years I was a member of a psychoanalytic group run along such lines. My main memory is that I usually had little or no idea of what was going on or why. The group received no guidance or explanation prior, during or following the group.

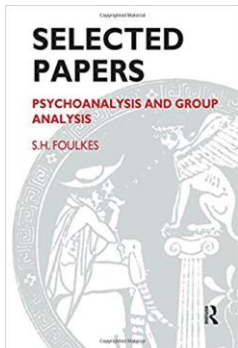
If I asked a question in the group on no-one answered directly, the group leader would be silent for very long periods, apparently focussed on space or a spot on the floor. Occasionally the analyst would say mysterious things such as "projection is powerful", or "projection is always interesting." When the time was up, he would stand and leave without any comment. I and my fellow group members sometimes would sit as if shocked, sometimes we would laugh nervously together, and I believe we were always mystified. Sometimes we overtly took turns to see if we could get the leader to answer a question. No doubt these reflect the basic assumptions and group theory of Bion, however I never discovered the meaning in the life of the group. It did not take me long to learn that the way to survive the group was to keep quiet, which on reflection almost 40 years later was not very helpful to say the least!

I have often questioned why I stayed in the group, and the simple social level motivation for staying in the group was that I had applied for training to run such groups, believing that the psychoanalytical, magic secrets would be revealed so that I would understand and all would be well in my world. However, before I started the psychoanalytic group training course another world opened before me. Following a colleague's recommendation, I attended an Introduction to TA and to my delight and surprise the trainer answered questions directly and openly.

The TA trainer provided strokes, stimulation and structured the group in a way I understood and what is more I understood the theoretical ideas being shared and could make personal meanings relatively easily. Soon after the introduction I attended a workshop with Marilyn Zalcman who was presenting her own TA model, The Racket System. During this two-day workshop I discovered far more about my relationships and my inner world than I had in 2 years as a member of the psycho-analytical group and so my love of TA theory and practice was born. Psychoanalysis was left behind, although never to be forgotten.

No doubt Bion would say that I was looking for a mythical heroic leader who could lead me into battle against my internal demons, while leading me on to safer ground. My answer would be a delighted yes, I have little doubt about it. Fortunately, in the many professionals I encountered within the TA community and later in Gestalt and Jungian analysis I found several fearless leaders, as well as nurturing mothers and fathers and brilliant colleagues. Sadly, I have never found a new Messiah despite my best efforts as all the contenders seem to end up being sadly human.

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Selected Papers: Psychoanalysis and Group Analysis (1990)

S.H. Foulkes.



Foulkes can be seen as the pioneering father of psychotherapeutic groups.

At times these papers are not an easy read especially in the first part which is a collection of his psychoanalytic papers. At other times I experienced Foulkes as a warm and compassionate man. He appeared to be completely enthused by his pioneering ideas developing what he termed Group Analysis.

The selected papers start with a lovely memoir by Elizabeth his 3rd wife. He was born into a successful German Jewish family. Having escaped the rise of the Nazis he changed his name from Fuchs to Foulkes in 1938 after becoming a British citizen. His brother was a star footballer, amazingly scoring 10 goals for Germany against Russia in one match in the 1912 in the Olympics. Foulkes himself played football for Karlsruhe, however his main sporting passion was tennis at which he must also have been an excellent player, representing the City of Frankfurt. As far as I am aware he never referenced his sporting achievements or experiences in his thinking about Group Analysis, however it seems to me an obvious association. He would have to be aware how a successful football team is far more than the sum of the individual players, the team is dependent on each player for success. This seems to be an obvious parallel with his emphasis on the importance of the group “as a whole” rather than on the individuals with it.

Foulkes was psychiatrist and psychoanalyst who was greatly influenced by the Frankfurt School which was developing ideas based on gestalt psychology. He was looking at the group as a gestalt, a system which is greater than the sum of its parts. Laura and Fritz Perls and other well-known analysts were part of the same Frankfurt school. Sadly, Foulkes comments that Fritz did not understand psychoanalysis, whereas in reality Fritz and Laura went on to run a psychoanalytical training programme in South Africa before moving to America where they both continued their psychoanalytical practice. They continued to use the analytical couch throughout their practice, in much the same way as Berne.

Foulkes: is reported to have a marvellous sense of curiosity, a constant lively spirit of enquiry, he believed the group always knew more. Foulkes describes how the group becomes a reactive and interactive organism

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with a constantly changing constellation of figure – ground configuration, terms very familiar to those in the Gestalt psychotherapy world.

The matrix: Foulkes used the term “group matrix” to describe the intrapsychic processes operating in the mental matrix of the group. The network of interacting circumstances and persons which is the real operational field for effective and radical psychotherapy. The goal of therapy is to work with the “group as a whole” and the group when functioning well becomes the therapist for itself. He called the leader of the group the conductor.

Foulkes said: “In group therapy as much as in any other psychotherapy, the fundamental agents are catharsis, transference and becoming conscious of the repressed by interpretation and analysis, the factors of identification, counter-identification, and projection seem of particular importance”. While emphasising the group as a whole he also emphasised that the individual through active participation in the group process always remains the centre of focus.

While the group is the field of operation it is the optimal degree of liberation and integration for the individual which is the ultimate aim of therapy. The last line of his first book states: “A good group breeds and develops, creates and cherishes that most precious product: The human individual.”

On page 129 Foulkes describes the important formation of the groups and the key moment when group members start identifying themselves by “we” rather than I / you / he. Foulkes stresses that at the same time individuals do not become submerged in the group, on the contrary, they show their personal characteristics distinctly within the dynamics of the group. He describes at length 3 influences in his work in groups:

- 1) **The gestalt:** each part can only be understood in the context of the whole.
 - a. Too often we are prejudiced by bringing preconceived theory which limits our observations.
 - b. We must be in spontaneous contact with life situations.
 - c. The observer is an integral part of the whole situation.
- 2) **Psychoanalysis:** For Foulkes his orientation was as a psychoanalyst, which influenced all his work, the use of free association, transference, analysis of defence mechanisms.
 - a. The aim is to approach the emotional conflicts to achieve insights.
 - b. All to be analysed, in the group.
 - c. Group treatment is far superior to individual treatment.
- 3) **Society:** The appreciation of the basic importance of the social nature of human behaviour and conflict. (Page 155-6)
 - a. Belonging... is a basic constructive experience of life.
 - b. Health is inconceivable without this.

Dogmatism – Foulkes apologises for being dogmatic, then dogmatically states that group members should have no contact outside of the group and should not know each other. He later also states there should be no eating, drinking, smoking, and no physical contact as well as many other restrictions which come from his background in psychoanalysis. My own view is there needs to be some flexibility, for example drinking water

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/ tea etc does not prevent psychotherapy and that touch is an essential part of being a healthy human and therefore has its rightful place in the therapeutic work.

Group members naturally sometimes become friends or lovers, and some may well know each other prior to joining the group. The requirement that I make is if group members do meet outside of the group there should be no secrets and that all events and experiences are a form of communication and therefore are available for group discussion and analysis.

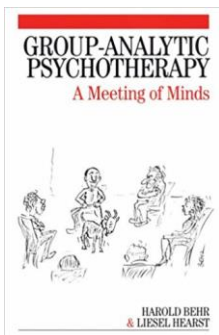
Pre-conditioning: (page 152) Foulkes states that a sure observation is that the individual is preconditioned to the core by his community, even before he is born. His personality and characteristics are imprinted vitally by the group in which he is raised... it is developed in the interaction between himself, objects, and persons.

Interpretations: (page 188) Foulkes describes interpretations as being the meaning which the therapist sees in the patient / group's presentation. Interpretations are a perceptive and creative act, such as a conductor interpreting the music of a composer.

Philosophy of Psychotherapy: (Page 271) This is a beautiful presentation of his core philosophy.

- Psychotherapy is always about the whole person.
- Transference is the motor force in psychotherapy, which has an almost magical quality, as if it was more intense than any other form of relationship.
- The capacity for empathy is an essential requirement along with the ability to be detached. Such an attitude will enable the therapist to see tragedy, comedy and the absurdity of human existence.
- A sense of humour enables us to function in our work and to be more effective for our patients.
- A true therapist has I believe a creative function, like an artist, like a scientist, like an educator.
- If he can avoid wanting them to be in his own image, he can help others to creatively become themselves, to lead a fuller life, to make use of their happiness and to avoid adding too much further suffering to their lives. There is a great satisfaction in this creative part of our function.

Group Analytical Psychotherapy – A Meeting of Minds: Harold Behr and Liesel Hearst (2005)



This is a truly brilliant book which I enjoyed reading immensely and would strongly recommend for anyone who is planning or running a psychotherapy group. It is a must-read handbook for running groups

I especially liked the warm, relational and nondogmatic style of presenting the material. Some of the best parts were the discussions between the authors. The star place has to go to whoever created the cartoons.

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Sadly, I could find no acknowledgement for whoever created them, they are fun and convey the story brilliantly.

The authors engage immediately, sharing their ideas and inviting the readers to compare their ideas with their own. Behr tells of his own origins in South Africa and how his childhood experiences have influenced his beliefs that groups can be both exciting and dangerous. His second lesson on groups came on a locked psychiatric ward and how he observed the gap between the professional's world and patient's worlds. He noticed that there has to be an adjustment of the professional lens before meaningful communication could be established. He says, "Psychotherapy stood out for me like an oasis in this desert of alienation".

Psychotherapy is an art and a science; the art is expressed through the intuition, personality and imaginativeness of the therapist. Science through the active participation in the ideas and work of others. My own reflection is that I think of psychotherapy as an art which is engaged creatively in healing relationships and systems while using specific techniques. What I love about their definition of science is that I can now think of myself as a scientist as I seek to understand what others are saying about group work. As I seek to integrate it into my theoretical understanding and practice. I write these words as I share my understandings with you the reader which means I am an artist and a scientist!

Group Analytical Psychotherapy is following and developing the work of Foulkes. They offer an overview of the development of group analysis and its origins, comparing it to a number of approaches. Starting with Foulkes they mention many pioneers, including Moreno and Bion including a quote from Freud indicating that he did not believe psychoanalysis could be done in groups. Obviously as a Transactional Analyst I have a different frame of reference; however, it seems to me that far more unites us in a common psychotherapeutic endeavour than separates us.

On page 88 several questions are suggested as being effective and facilitative, many of which are familiar to me in my practice, for example.

- How has this group been for you?
- How do you feel now compared to the beginning of the session?

They state how the group leader in the early stages of the group has the ability to influence the group culture towards a reflective and analytic (therapeutic) process. They discuss many significant and practical aspects of psychotherapy groups, issues such as culture, and leadership are dealt with effectively. They state for example that the group as a system is a microcosm of society.

The juxtaposition of the collective normality in the group and individual disturbance sets the stage for the process of therapy. Groups are holistic forming a whole gestalt, it is psycho-analytic in nature. The patient benefits from an atmosphere in which reality and immediacy heighten transference experiences. These experiences are held by the group eventually to be modified, revised, and used as a reality adapted new experiences of the self in relation to others.

The group can provide what Winnicott described as the environment essentials of healthy development. I understand this as the group "holding" the individual as a "good enough mother". Psychotherapy groups must meet in ways which provide for patient's safety over a long period of time, frequently enough for

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meaningful change, the emergence and repair of longstanding relationships. The unfolding and expression of the innermost world of emotions and beliefs often when they least feel like sharing them.

Neurosis was described by Foulkes as a state of mind when an individual gets to be at odds with their group and becomes isolated from the group and the self. This cannot be then communicated with the group and is expressed only symptomatically which then needs to be translated in the work in the group to find expression. The therapist's task is to facilitate this expression, sometimes as the analyst sometimes as a group member. In summary they state that the body, mind and society come together in the group. People are social and disturbance whenever possible needs to be treated in a social context.

Introductions to those joining a group; Like Berne they suggest preparing the client to join the group is essential. I particularly like that they suggest that minimalistic instructions on how to be in the group belong in the past "to another era". "We offer ourselves as a secure anchor in the turbulence of entry into an unknown situation" (page 93). In my view this is a great example of the holding nature of the therapist and group who transferentially and possibly in reality become new holding nurturing parents for the client.

Blank Screen? On pages 103 – 104 the authors describe the intention behind the therapist being a blank screen in psychoanalytic work, however, they are clear that this is both impossible and anti-therapeutic in groups. The analyst functions as a model for the open expression of interest, both in verbal and non-verbal communication. They describe seeking a balance between personal involvement and professional reserve. They provide an example of needing to provide an explanation if the analyst is missing from a group for some reason. While reflecting that the goal is to do whatever is in the therapeutic best interest of the group it is a reassuring thought that whatever clinical judgement is made it will be always be subject to transference distortion!

- The conductor plants the seed of enquiry and models' ways of being to the group.

Metaphor and Humour: In a remarkable echo of Berne on page 119. Behr and Hearst quote Aristotle: "Metaphor is a mixture of the lucid and the strange" Metaphors have a unifying role in group analysis and humour is a powerful instrument of change, creating a sense of surprise, shock, outrage and can often be a release of group tension. The analytic (therapeutic) function is best served when the underlying meaning of the metaphors, dreams and humour are explored. In relation to humour they suggest exploring any sadness, anger, sadism, discrimination, or devaluation in the humour.



"We are communicating better
but we are still not out of the woods."

Trees and woods; Do we focus on the woods or the trees? There is a lovely discussion regarding the perils of not seeing the group because the therapist is focussed on the individual, and the reverse of not noticing the individual if the therapist is too focussed on the group. It is a matter of judgment as to where to focus attention.

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Erotic attraction in the group; It is normal and common for people to be attracted to others in groups, the emotional intensity, attention and intimacy can lead to developing a sexual attraction. The authors on page 163 discuss this situation. Firstly, they say the essential requirement is for the developing erotic relationship to be analysed in the group, and for the transference elements to be removed. Then if the couple insist on staying together then one or both must leave the group.

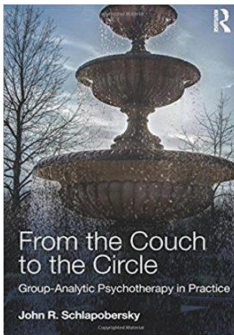
This is precisely how I was trained in the 1980's. However, my experiences as a participant and group leader where sexual relationships have formed is that there needs to be flexibility of interpretation and acceptance of the wishes of the individuals concerned as well as the group as a whole. Therefore, this is one of the occasions where my frame of reference is clearly different from the authors.



Sexual orientation and the erotic in transference – further reflections: While none of the authors quoted in this article discuss aspects of the erotic in depth it should be recognised that the erotic is often messy and powerful. Erotic feelings may well lead to attraction and excitement however, erotic feelings may also lead to fear, shame, disgust or revulsion. One very important lesson that I learned through my own failure was that the erotic comes in many forms.

Shortly after I qualified, I completely missed the erotic nature of a man's transference on to me and another man in the group. I missed him because his sexual orientation was different to mine. This was a painful time for the client, for the group and for me. It may be a little comfort to him that the lessons I learned have significantly instructed my psychotherapy practice, supervision and training. Just because the therapist identifies on one way, or another does not define the erotic nature of the transference that will emerge in the work. I emphasise the truth that the client's sexual orientation may be hidden, especially in societies which reject homosexuality, however over time it will be revealed and challenged transferenceally in the group. This is something I now emphasise with all my trainees and supervisees.

Endings: There is an excellent discussion on when is therapy finished and termination which is always an emotionally charged process. The therapist must be vigilant in dealing with the avoidance, no expression of feelings all of which must be worked through prior to termination.



From the couch to the Circle – Group Analytic Psychotherapy in Practice

John R Schlapobersky

This is another excellent and in-depth exploration of psychotherapy groups using the Group Analytic approach developed by Foulkes.

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My enthusiasm is less for this book because for my tastes it is too academic for its own good, however I am sure it will make many very happy, however for me the power of the art and the message was at times lost in the long lists of references. With that criticism out of the way if you dance past the multitude of references as I did there is a profoundly helpful handbook for running a psychotherapy group.

One of the highlights is that there are many vignettes providing illustrations for the authors theoretical understanding and interpretations. The relatively small world of psychotherapy is revealed once more as Schlapobersky honours 3 mentors – one of whom is Erik Erikson who Transactional Analysts remember as one of Berne's analysts.



Beautiful reflections on groups: He describes how being a group analyst is a privilege every day and can be humbling, inspiring, challenging and frustrating however it is always compelling and interesting.

- Group therapy is resting on a central paradox: Exposure to one's own problems as they are experienced in the lives of others facing you can bring about change in an unforeseen way with far reaching consequences.
- Groups foster intimate conversation providing both insight and oversight and when led by a reliable therapist can relieve pain, undo isolation, resolve distress, provide healing, and make for deep seated changes in the inner life and personal relationships.
- Groups set in motion a process of giving and reciprocity which by the act of giving is the process through which one is helped.
- Humour brings the serious into relief, the primary task of the conductor is to equip people to play safely with human experience across the widest range of emotions which may have no words to express.
- Groups provide this gift through relational, reflective, reparative experiences of the other people experience. Groups are comprised not only of those who consciously need each other but also of those who fear injury at others proximity, who can find safe forms of intimacy often for the first time.
- Psychotherapy offers the client a relationship to develop a reflective understanding of themselves and others through which reparation can promote healing, growth and change.
- Schlapobersky identifies himself with the emphasis on interventions focussed on the group – which seems like a difference in emphasis from the "Meeting of the minds" book.
- Unthought known: Our goal is to enable the clients to come out of the shadows and to find a voice for themselves. These shadows are projected onto others stimulating identifications and counter identifications, creating what Bollas describes as "the world of the unthought known."

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Schlapobersky references at length Yalom's "Group Psychotherapy" book, emphasising not only the 11 therapeutic / curative factors but also the questions and research that Yalom used to discover the 11 factors.

- 1) Does group therapy help the client?
- 2) How does the group therapy group help the client?

He starts with the historical overview and notes two lessons learned from Foulkes:

- 1) That the therapist is bifocal, observing the group and individual, however his interpretations are invariably directed to the group.
- 2) The way in which the patient presents himself is a symptom of the disturbance that involves the whole network in the group.

Foulkes described 3 forms of speech patterns in groups: These are mapped against the relational progression of 1 person – 2 person – 3 person psychologies which are located in the relational field of the group.

1. Monologue,
2. Dialogue which is the seeking for the other and intimacy
3. Discourse, a chorus of a group finding meaning together.

Principles of Group psychotherapy - On page 39 there is a table of 12 basic principles of group psychotherapy, summarising the whole process... it is a wonderful table and if fully understood and applied would make anyone a great analyst / therapist. Some highlights:

- What the group does for the individual is bound up in what the individual does for the group.
- Being in the group is a journey
- An arena for bearing witness
- The group becomes an auxiliary ego for the individual which fosters ego development through play.

Group leader: Page 50 – various modes of intervention by the therapist are tabulated and the group conductor (leader) is considered in his/her roles:

- a) As a person in the group
- b) As the groups convenor
- c) As the groups therapist

Interventions by the group conductor / therapist:

- 1) Maintenance of structure = Administration and boundary management – providing safety, for example, informing the client there are only 3 things the client must attend to, attending each group reliably, paying their fees and participating in the group.
- 2) Open facilitation = aimed at bringing the group forward.
- 3) Guided Facilitation = promoting comments in the group revealing the therapist's hypothesis
- 4) Interpretation = Verbal interventions giving meaning / words to feelings, and meanings which are latent in contributions from individuals or from the group as a whole.

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- 5) No immediate response = the therapist remains silent observing and participant. Chapter 5 contains a section on silence and its various meaning and uses.
- 6) Action = any physical action by the therapist – included in this is touching the client. (interesting that as a psychoanalyst Schlapobersky does not prohibit touch)
- 7) Modelling = Intentional way of being which is showing the how to be in this group with the implicit expectation that the group adopt the same attitudes.
- 8) Self -disclosure = expressions of the therapists internal / external world.

In group analysis there 3 primary concepts for consideration:

1. **Structure** – the stable pattern of relationships and roles in the group. If the group is disturbed these are of particular interest.
2. **Process** – The dynamic elements of the situation, the interactions, it is through attention to the process that analysis is at its most significant.
3. **Content** - There are 4 domains of meaning in groups to explore and understand:
 - a) Current – social level
 - b) Transference – the group represents the family
 - c) Projective – the primitive inner object is projected onto others.
 - d) Primordial, hidden most secretive unconscious aspects /archaic – often available through dreams, metaphors and associations.

Three Elements to therapeutic experience:

- 1) Relational moments involving change arise when the attachment or conflict becomes a positive bond or a source of trouble becoming an illumination.
- 2) Reflective; this dimension depends on relational bonds enabling enquiry and the making of meaning.
- 3) Reparative; also depends on relational bonds and involves the capacity for concern and the wish to make reparation to make good past mistakes. This can also take the form of generosity towards to the other.

Transference & Definitions

- 1) **Transference** – A feature in all our relationships in which behaviour, relational patterns, emotions and fantasies, arising from childhood experiences are lived out in later relationships.
- 2) **Counter transference** – refers to all the transference as attributes of the therapist which are available to understand the client, couple or group.
- 3) **Projection** – The attribution of emotion to another when the source lies in the self.
- 4) **Identification** – The placing of the self into another.
- 5) **Projective Identification** - a four stage process – first projection, second an acceptance response by the other in such a way as they become owned by the other as part of themselves. Thirdly, the person then identifies with the emotion from the other as part of their experience. Finally, a shared belief that the projected attributes originate from the wrong person.
- 6) **Introjective Identification** – A two-part process of firstly attributing / incorporation to the self an aspect of another and secondly an identification of the self as having all those incorporated attributions.

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Psychodrama: J.L. Moreno – by A Paul Hare and June Rabson Hare.

Published by sage as part of the “Key figures in counselling series”

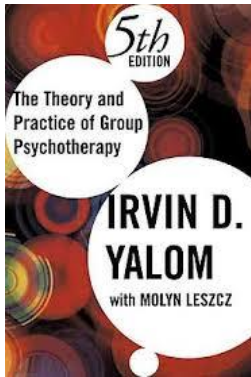
The father of therapeutic and active interventions in group work. Moreno's work has contributed greatly to psychotherapy generally and specifically to TA therapy in practice, as Eric Berne noted in 1970.

Berne and Perls shared with other active psychotherapists what he described as “The Moreno problem”. The fact that nearly all known active techniques in psychotherapy had already been tried out by Moreno in psychodrama. Therefore, it is difficult to come up with an original idea. For those familiar with TA's approach to psychotherapeutic work many of the following ideas will be recognised as having been incorporated into our practice.



The essence of psychodrama:

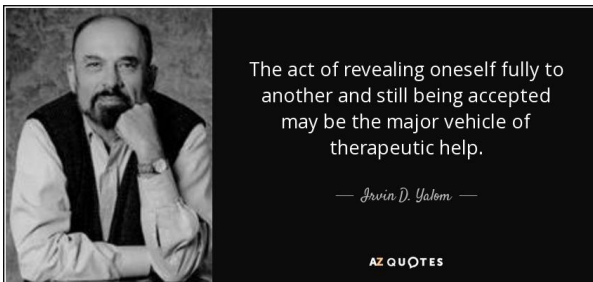
1. Experience the situation as vividly as possible.
2. Express unspoken thoughts / feelings
3. Group members become therapeutic agents for their colleagues in the group.
4. Clients are encouraged to be creative in their lives.



The theory and Practice of Group Work.... Yalom, 1975 –

This is the book which has had the greatest influence on my own practice in group psychotherapy. Yalom starts with the naïve question:

How does group therapy help clients?



Change is an extremely complex process which takes place through an intricate interplay of various guided human experiences which Yalom calls curative factors. These curative factors (In later editions, this is changed to therapeutic factors.) are interdependent and neither occur separately nor function separately.

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The list of curative factors is a result of reported experiences of therapists, clients and research. Yalom notes that despite the experience of success different therapists describe change being as a result of different approaches which can be irrelevant to change. When clients are asked about their experience, they are also very subjective. However, despite the difficulties Yalom describes the following 11 curative factors:

1. **Instillation of Hope:** Hope is essential in all therapeutic work, hope keeps the client in the therapeutic process, and provides "faith" in the therapeutic process. The higher the pre-therapy expectations then the greater the success of the therapeutic encounter.

The success of other clients in the group also is a source of hope and encouragement for all members of the group.

It is also essential for the therapist to have and to express confidence and hope in and belief in the therapeutic approach being used. Yalom states his belief that he is able to help every client who commits to being in the group and to remain in the group for 6 months. He seeks to share that belief with the client at the first interview.

2. **Universality:** Many clients believe they are alone in their misery, with no-one else experiencing similar problems, in one sense of course this is true, each client is alone and unique in their experience of their own life. However, being confronted by others with similar issues is very significant aspect of the therapeutic process, leading to an experience of not being alone, we are all in the same boat.

When clients share their most secret beliefs the most common are:

- a) Deep sense of basic inadequacy if others knew what I was really like...
- b) Alienation from others
- c) Lack of love or care for others
- d) Sexual secrets including infidelities and fear of homosexuality.

3. **Imparting information:** Including, but not only information about the model of psychotherapy and mental health that the therapist shares with clients. Also, practical information shared by clients.
4. **Altruism:** Yalom shares the traditional Jewish story of the difference between heaven and hell – In heaven people are sitting at a large round table each have a spoon too long to feed themselves and so they feed each other. Hell has the same table, food and spoons, but no-one feeds anyone else.

In therapy groups it is recognised that the more a client gives to the group the greater they benefit from the group. Clients receive through giving, not just when it is reciprocated, but also when their giving is intrinsically altruistic.

Frequently in groups it is far easier for the client to hear feedback from other members of the group than from the therapist.

Self-actualisation, the meaning of life, can never be achieved through self-obsession, quoting Frankl, Yalom states that self – actualisation is a derivative phenomena which appears peripherally when we transcend ourselves, and absorb ourselves in someone or something outside of ourselves.

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5) Corrective recapitulation of the early family experience: Without exception members of the therapy group report unsatisfactory experiences in their early family group experiences, all of which can be worked out in the group in an infinite number of ways. This being one of the great advantages of groups over individual therapy. There is a far greater opportunity for a recapitulation of the early family scene. It is important to emphasise that the recapitulation is facilitated in a way which is also corrective and healing. Recapitulation of the early family scene is considered highly relevant by therapists, however, is not seen as so significant by clients.

6) Development of socialising techniques: The development and learning of socialising techniques takes place in all therapeutic groups, and the group is likely to be the first and possibly the only place the client has the possibility of forming intimate relationships with accurate interpersonal feedback within the group.

7) Imitative behaviours: "pipe smoking therapists begat pipe smoking clients!" Clients imitate – model their behaviour on the therapist and others admired within the group.

8) Interpersonal learning: Interpersonal learning is a complex many factored process:

- a) Insight
- b) Working through transference
- c) The corrective emotional experience

The importance of interpersonal relationships: People are relational and function within a complex social matrix of relationships. People need people for survival, and the pursuit of satisfaction. Therapy is interpersonal and in group therapy clients usually around 3 – 6 months change their goals from symptom relief to an expanding interpersonal relationship goal.

The corrective emotional experience: A term used by Alexander in 1946 to describe the mechanism of psychoanalytic cure. Emotions faced in the safety of therapeutic work; intellectual insight alone is insufficient.

- a) The client expresses strong emotion
- b) The experience of expression is new
- c) The feared outcome / catastrophe does not occur
- d) The group is supportive
- e) Reality testing follows, and the experience is thought through with others.
- f) Leads to an increase in depth of relationship (intimacy) and a new sense of self.

Therapy is essentially both an emotional and corrective experience with the emphasis on the here and now experience.

The group as a social microcosm: The group in time becomes a social microcosm for each member and then they no longer need to report their problems in the outside world they will live them out in the full view of the group with the group.

Transference: A particular form of interpersonal distortion, all of the potential distortions with group members and the therapist must be worked through. For many clients the therapist is the living personification of all parent and authority figures.

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Insight: When a client discovers something new about themselves. Although Yalom does not mention this the group also provides a remarkable opportunity for insight – when the client discovers new things of the other.

- a) How they are seen by others
- b) What they are doing to and with others
- c) Why they do what they do
- d) How they got to be the person they are

9) Group Cohesiveness: Yalom describes the parallel between group cohesion and relationship in individual therapy which is central and essential to healing in psychotherapy. Quoting Truax, Carkhuff, and Fiedler, Yalom emphasises that the successful therapist establishes a relationship with his client which offers high levels of accurate empathy, non-possessive warmth, and genuineness. The essential nature of this relationship is independent of any theoretical school the therapist is a member of.

Therapists of differing schools are similar in their emphasis on relationship, which Yalom describes in the context of groups as cohesiveness. (P72) Yalom describes how two TA therapists resembled each other no more closely than they resembled the other 16 therapists studied. Yalom discusses at length how therapists often describe their success as a result of techniques such as interpretations whereas the client usually emphasised the importance of the relationship.

“We-ness” - The greater the sense of “We-ness” the higher members value the group and defend the group against external and internal threat.

“It is the relationship which Heals” – this is not to say that love or loving acceptance is enough, the relationship creates the space and conditions for the healing, curative factors to be experienced. Whatever the client brings to the group in terms of their personal history, all can be accepted in and by the group as long as he / she and the groups accept the norms of the group cohesiveness. Cohesiveness encourages the tolerance and stability, which encourages the constructive expression of hostility in the group.

Quoting Carl Rogers: When the therapist – client relationship is in place; the clients self-actualisation drive is operational. The client:

- a) Increasingly expresses feelings
- b) Tests reality, and discriminatory in feelings and perceptions of his / her environment.
- c) Becomes aware of the incongruence between reality and his / her concept of self.
- d) Becomes aware of previously denied / suppressed / distorted feelings.
- e) He integrates these previously denied feelings and so his concept of self becomes more congruent with reality.
- f) The client increasingly can accept the therapists positive regard and so begins to experience self-positive regard.
- g) The client increasingly experiences himself as the focus of an evaluation of the worth and value of objects and experience.
- h) The client reacts less in regard to other evaluation of him and more in terms of effectiveness in enhancing self-development.

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10) Catharsis: Another aspect of interpersonal learning – “no-one suggests that catharsis in an empty cupboard is healing”. Catharsis, the free expression of emotion is central to group process while liberating there must also be a working through of the emotional expression.

11) Existential factors: For clients this factor was rated as highly significant in their experience of groups. The existential approach to therapy emphasises, choice, freedom, responsibility, meaning in life, contingency.

- a) Life is at times unfair and unjust.
- b) Ultimately there is no escape from death, pain and suffering.
- c) No matter how close / intimate I am with others, ultimately, I live life alone.
- d) Facing life and death honestly.
- e) I am ultimately responsible for my life and the decisions I make.

In the therapeutic process information for the client decreases anxiety, clients are reassured that their chaotic inner world, their suffering, and relationships are all understandable, and therefore can be managed.

Stages of group treatment and curative factors: In the early stages the formation of the group and survival of the group is important, so the factors which create safety are important, the universality, instillation of hope and guidance are important.

Therapists' primary tasks: The therapist has 3 primary tasks for leading the group:

- 1) **Creation and maintenance of the group.** Bringing in new members and dealing with issues such as repeated lateness, absences, and scapegoating which threaten the survival. Even possibly removing a client from a group if they are acting destructively.
- 2) **Culture building:** the creation of group norms and rules all of which encourage the building of safety and the flourishing of factors which are central to the curative function of the group. The focus on the group being the agent of change, the relational matrix in the group is the healing function of the group, the leader's task is to cultivate the relationships.

Participants are encouraged to be actively involved in the group with an attitude of acceptance high levels of self-disclosure, and an eagerness to grow and change. The culture is formed in the early stages of the life of the group and once established it is very difficult to change the culture. Yalom describes how the therapist responses to the first dreams shared in the group will define the nature and type of dreams that are then brought to the group.

- 3) **Focus and activation of the here and now process:** Two aspects are interwoven, firstly the group members focus their attention on their feelings towards other members of the group, the therapist and the group. The immediate events in the group therefore take precedence over historic descriptions of outside experiences or group experiences. In this way the group as a microcosm is developed and the groups vitality is developed with all members always being actively involved in the group. This focus on the here and now is constantly available for illumination, the group must recognise, examine and understand its own here and now process. This creates a self-reflecting loop for the group, which is activated in the here and now and reflecting on the here and now process.

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Throughout psychotherapy clients are expected to think and shift internal arrangements, to examine the consequences of their behaviour. It is often hard and unpleasant, frightening, disturbing work. The therapist must facilitate and support, the client with information, explanations, the key task is for the client to assimilate this new information and experience with the support of the therapist and group.

The client must accept:

- a) Only I can change my world I have created for myself. This reflects that each client is responsible for their own lives. Everyone joining a group is metaphorically born anew in the group and each group member is born equal. Each person creates their own space in the group and is responsible for their own creation and the consequence of their creation.
- b) There is no danger in change. The therapist often asks the client "how come" you continue to defeat yourself?
- c) To achieve / attain what I really want I must change. An exploration of the competing internal desires of the client is important, what secondary gains are there from not changing, with the client asking what do I really want?
- d) I can change, and I am potent. A reflection of the fear of the client's own power, and fear of their own power and responsibility.

Yalom on Bion's approach: Yalom joins with the general criticism of Bion's And Ezriel's approach and describes how the group members were left confused by their experience in these type of groups – something I can personally testify to. Clients reported their therapists were unhelpful, distant, uncaring, and enigmatic! Yalom also is critical of the rigidity of Ezriel's approach.

Yalom on Transference:

- 1) Transference is omnipresent in groups and radically influences the group discourse and how all clients perceive the therapist.
- 2) Without understanding the nature of the transference, the therapist will not be to understand the group process.
- 3) If the therapist ignores the transference he will misunderstand and confuse his clients, on the other hand if he only sees the transference aspects of relationships, he does violence to the client's autonomy.
- 4) For some clients the nature of their work is focussed on the transference dynamic, for others it is in other areas of group process.
- 5) Not all attitudes to the therapist are transference based, they may also be reality based or based on the group dynamic and not individual psychodynamics.
- 6) The therapist needs flexibility in his responses to the various dynamics. It is not in the evocation of the transference but in its resolution that healing can occur.

Therapist transparency and dual relationship: Yalom is positive about the therapist being transparent, and on page 208 Yalom explores these issues, describing the "re-entry" into therapist role from trainer can result in abrupt, transient shifts in role, yet his clients are not confused by the process and don't become demanding for him to be outside of his therapist role in the group.

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Regarding self-disclosure Yalom reflects that all is part of the here and now experience of being in the group and notes that some therapists choose to self-disclose as one way of modelling openness, working through personal issues and engagement in the group process.

This in fact reflects my own style of work. I would argue that there is really no such thing as a therapist who does not disclose aspects of him / herself through none verbal reactions and indeed the very choice to withhold personal information is contrary to the group sense of universality and "we-ness" and in doing this the client says much about him / herself. So, the art of being a successful group therapist is to be flexible and to balance the need to be open and transparent with the need for the focus to be on the individual client and group's relational matrix.

On the formation and structuring of groups: In common with the other authors mentioned in this review Yalom describes the selection of clients including clients who are not appropriate for group membership. He discusses at length the idea of open / closed groups and the stages of group development.

Safety: Although this does not appear on the list of curative factors it seems to me that without creating a sense of safety in the group there is no chance of the curative factors being given the opportunity to work their healing powers in the life of the group.

A diversion into my experience and therapy groups: Punctuality and mobile phones: While clearly Yalom was writing in an earlier era when mobile devices were not even imagined, he addresses punctuality and group attendance directly, I am sure if he were writing today, he would add mobile phones to his list of disruptions to the group's cohesion.

Yalom describes the frustrations of the therapist and the impossibility of all the group arranging their lives around the groups need for punctuality and attendance. He describes how the therapist can collapse and accept the long list of excuses brought by the clients... however he responds with a simple phrase... "Resist that conclusion!"

Lateness and irregular attendance, the use of mobile devices, are resistance to therapy and must be confronted along with other resistances. It is worth asking if the resistance is a group resistance or a personal resistance, either needs attending to. I believe this is not only a personal or familial issue which is being enacted in the group, there is also likely to have a cultural context to the issues of lateness and attendance.

Yalom describes various strategies for dealing with the problems associated with lateness and attendance, all of which I follow in my practice however, only with limited success in the Romanian context as discussed below. With great timing as I am writing this, I am distracted by an advert on the music radio station I am listening to in the background, a voice is grabbing my attention and so I stop to listen. The advert is a safety warning from the government: "If you use your phone while driving, you are distracted and are 4 times more likely to have an accident!"

If you cannot drive and use the mobile phone safely then you cannot be active participant in a therapy group and have a mobile phone switched on. On occasions I have asked for a person's response to a personal disclosure by a group member only to realise that the person is not listening and is reading or answering a text message. When confronted clients / trainees frequently do not understand why this is so harmful.

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- 1) If group members are using their mobile phone, or even passively having them turned on silent by their side then all of the healing factors of the group are at risk: "We-ness", group cohesion, interpersonal learning, and group safety are all sacrificed for the phone and the external world's intrusion into the sacred group space.
- 2) The client is making a statement that their own outside relationships and interests are more important than the relationships, life and experience of the group and clearly, they cannot be focussed on their own process in the group.
- 3) The client has broken their relationship with the group and is not available to the group.

In Romania, (Where I have run my psychotherapy, training and supervision practice for the last 10 years) there has been a history of abusive control by the communist state which enforced a visibly false and unbelievable togetherness on the country over more than one generation. This was following appalling suffering and loss during the two world wars, and for many extreme deprivation. During the rule of communism most families complied overtly and survived as best they could, some families resisted quietly, and for a few families they resisted overtly, often with family heroes who were imprisoned or in hiding and deprived of work. While others actively participated and benefited because of the corrupt system.

In the training and psychotherapy groups participants naturally come from each type of family. The most commonly reported experience is that authorities were to be obeyed, but never believed nor respected. Following the collapse of communism in December 1989 there was a period of protest, violence, death and collapse. For many there followed a chaotic, anti-social and narcissistic individualism which is still often reflected widely in society. Whatever their particular families experience all clients bring consciously and unconsciously their own trans-generational stories and trauma to the various groups. I believe therefore that as a consequence of the historical nature of communist control many Romanian clients have had little experience and then only a distorted understanding of group safety, interpersonal learning, belonging and cohesiveness. Significantly when the training groups discuss "group we-ness" it is often seen as an unbelievable and an alien concept. It seems to me that the inappropriate invasive use of mobile phones, frequent lateness or leaving early are now unconsciously used as both an empowering of the individual against authority and conformity imposed by others and a defence against the loss of the narcissistic sense of self and the groups "we-ness".

Attachment disorders: During the period of communism there was also a general breakdown of healthy attachments in families as a result of many children "forcibly" being removed from parents who had no choice but to return to work when the child was 6 months old. The common experience was for the child to live with grandparents, aunties, or family friends who were often many miles away from the parents. Then at the age of 6 it was time to start school and so the child was "forcibly" removed from the grandparents and sent back home to parent's city where the child would commence school. Many children then had to carry the key to their flat around their neck so as not to lose it as when they returned home from school because for many it was hours before the parents returned from work. Naturally there are many variations on this generalised theme, however this process was so common for it to be seen as normal.

For many this has caused a rupture in the attachment process, with no healthy attachment or secure functional parents. I have many clients where there was little sense of safety and no safe parent figure. There are many stories of extreme neglect, hunger, alcohol abuse, psychological and violent abuse suffered by these children. Those who lived through those times are now seeking therapy and healthy ways of

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parenting their own children. All of these issues, their personal experiences, familial, transgenerational experience and unconscious protocol, have a profound impact on the formation and life of any group in Romania and must be addressed in the life of the group. It is the group leaders' task to facilitate the creation of a safe holding group where these issues can be explored together.

Yalom goes on to discuss the advanced group and termination of the group, problem clients, techniques of the therapist and training the therapist. Yalom pays attention to how the group evolves. Interestingly he notes that conflicts will continue to arise in groups, and it is their resolution which is healing.

I enjoyed his discussion of problem clients, for example the monopolist and encouraging the group to give him feedback which reminds me of one of the great strengths of the group. The group itself when functioning well will provide clear feedback to all members of the group which sounds very much like Foulkes ideas on groups.

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Review of group psychotherapy and personal reflections.

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