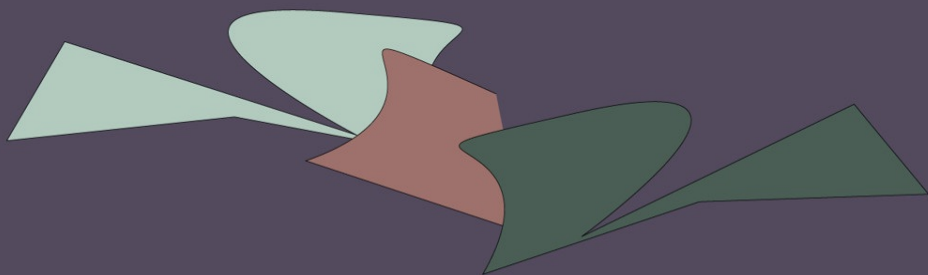


Psychotherapy Guidebook

TRANSACTIONAL ANALYSIS GROUP THERAPY



Melvin Boyce

Transactional Analysis Group Therapy

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From *The Psychotherapy Guidebook* edited by Richie Herink and Paul R. Herink

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Transactional Analysis Group Therapy

Melvin Boyce

DEFINITION

Most therapists using Transactional Analysis would agree with the words of Eric Berne, M.D., the founder of TA, who wrote in 1966:

“Group treatment is used ... to refer to the treatment of psychiatric patients [by] a trained psychotherapist or properly prepared trainee under supervision ... when the leader meets in a specified place for a specified period of time with a small number of (about 8) patients ... experimental groups, discussion groups, alternate meetings, multiple therapy, and group work are not TA group treatment.” Group treatment, in Berne’s mind, suggests a more active, directed, and conclusive process than does the term therapy.”

HISTORY

In 1945, while Consultant to the Surgeon General, Dr. Berne was asked to set up one of the earliest programs for group therapy on the West Coast, at Fort Ord, California, for soldiers, some with combat experience. Different from the group work and group therapy of the East Coast, as characterized by Slavson and others, Berne brought psychoanalytic processes to the group, and probably was doing one-on-one therapy in a group setting. By 1958, Berne had developed a distinctive kind of group treatment, complete with its own

language: Parent, Adult, Child, Decisions, Position, Transactions, Games, and Scripts were and are terms invested with special meanings to express concepts about personality and behavior. By the time of Berne's death in 1970, the system had become a movement, with thousands of therapists being trained. However, individualism was the hallmark, rather than closely following a standard, as is the case with Freudian, Gestalt, or Jungian therapy. Many compatible group therapy procedures have been adopted by TA therapists. In fact, only a few negative treatment modalities are excluded. Heavy medication, electroshock treatment, and long-term therapy have low priority, abusive and degrading methods are avoided.

TECHNIQUE

Most TA practitioners mix TA with more action-oriented techniques, so long as they coincide with TA principles. The client and therapist do and say whatever is beneficial; that is, whatever helps the client achieve the goal, or "fulfill his contract."

The therapist emphasizes the awareness of Parent-Adult-Child ego states, and urges the client to understand his own transactions with outside people through interaction with the therapist and group members. "Games" (transactions with hidden ulterior motives), "Scripts" (lifelong patterns), and early Childhood Decisions (conclusions arrived at under pressure) are

explored and the client is asked to reset his focus on positive outcomes. Many techniques are found useful, such as regression to relive childhood traumas and/or revisit the time and place of early “Decisions” by the young child about himself and about life. Other techniques used are confrontation, role-playing, psychodrama, social experiments, and consciously cathecting different ego states. The Self is identified and is seen as the characteristic expression of each Ego State.

The therapist is active, along with group members, and many summarize or clarify important points, make specific interventions, limit “story telling,” and confront passivity, contradictions, or negative behavior.

APPLICATIONS

With the development of the system, and the different perspectives of persons from a variety of backgrounds, TA has found ever-wider applications in mental health. Private therapists, workers in clinics and hospitals, and other institutions have quickly adapted TA to their settings. Quite often therapists will combine several approaches. New clients (patients) may be brought together in large groups to learn the principles of TA in a classroom, then are assigned to groups led by one therapist, or two. Individual therapy is sometimes made available as an adjunct, and most clients are expected to continue their work, or parenting, or education, as well. In residential

programs, the therapeutic community meeting may be conducted TA style by staff and/or with outside therapists, with the rehabilitation program conducted along TA guidelines. Government agencies have sought out TA practitioners and consultants to some degree. Business has accepted the pragmatic procedures, largely based on the aware, self-motivating, positive outcome features. Churches have adapted the therapeutic, educational, and inspirational aspects of TA, feeling compatible with such TA authors as Harris, James, Jongeward, and Barnes.

By 1977, TA practitioners were active throughout the United States and in forty five other countries, often melding TA with gestalt process, bioenergetics, reality therapy, and rational-emotive procedures, as well as developing further theoretical concepts.