CLINICAL GUIDELINES FOR CONDUCTING INTERPERSONAL TRANSACTION GROUPS

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In view of the increasing use of the interpersonal transaction (IT) group format in clinical and research settings, the present article provides an explicit set of procedures for conducting such groups. Specific recommendations address (a) selection of disclosure topics for the dyadic phase of the group, (b) use of bridging questions to integrate the content of these disclosures with the subsequent plenary phase of whole-group processing, and (c) modifications of the basic IT format to resolve developmental problems that may arise in the course of the group. When used flexibly, the IT structure offers distinctive advantages over conventional unstructured groups for a number of clinical populations.

Despite the avowedly clinical focus of George Kelly’s (1955) original writing, remarkably little of the subsequent work in personal construct theory has focused on its implications for psychotherapy. In fact, only 6% of the published contributions to the theory discuss therapeutic procedures, independent of clinical illustrations of repertory grid technique (R. A. Neimeyer, 1985). However, there are signs of a renaissance of interest in treatment procedures deriving from a personal construct framework, as the growing number of books concerned with clinical issues (Epting, 1984; Landfield & Epting, 1987; Landfield & Leitner, 1980) and actual case illustrations (R. A. Neimeyer & G. J. Neimeyer, 1987) demonstrate.

One innovative procedure that has drawn increasing attention among personal construct therapists is the Interpersonal Transaction (IT) group, which was introduced by Landfield and Rivers (1975) as “a method of studying or improving social relationships” (p. 365). According to Landfield (1977), the rationale for the group’s distinctive structure derives from Kelly’s sociality corollary, with its emphasis upon “construing the construction processes of the other” as a prerequisite for enacting meaningful social roles. Thus the IT group makes extensive use of rotating dyads, in which members of a larger group have a series of brief, individual encounters with one another.

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to discuss a topic assigned by the group leader, before reconvening as a group to further process the experience. By encouraging non-confrontive sharing in this dyadic context, Landfield hoped to circumvent the threat, anxiety, and hostility that often emerge in less regulated group therapy contexts (Yalom, 1975). The aims of the IT group also articulate well with those of constructivist therapies in general, since it emphasizes the elaboration of a broader range of social construing without first having to invalidate the client's existing constrictions (Mahoney, 1988; R. A. Neimeyer & Harter, 1987).

To date, the IT group format has been employed largely as a vehicle for studying the development and breakdown of personal relationships (Landfield, 1977; Landfield & Schmittied, 1983; G. J. Neimeyer & R. A. Neimeyer, 1981, 1986; R. A. Neimeyer, G. J. Neimeyer, & Landfield, 1983). However, its utility as a treatment format has also been explored for a number of clinical populations, including alcoholics (Landfield & Rivers, 1975; Rivers & Landfield, 1985), eating-disorders clients (Button, 1987), and survivors of childhood sexual abuse (R. A. Neimeyer, Harter, Alexander, & Moore, 1987). The purpose of the present paper is to contribute to the wider utilization of the IT group in clinical research and practice by offering specific guidelines for its use. By providing a procedurally oriented discussion of the IT format, I hope to supplement the existing literature on its rationale and research applications.

BASIC IT GROUP STRUCTURE

To understand the use of the IT group, it is helpful to bear in mind that it describes only the format of the group, not its content. That is, the IT concept simply specifies that a portion of the group be structured along certain lines; it leaves to the discretion of the therapist the nature of the topics or problems to be dealt with using the format. The following are the basic features of the IT format:

1. The optimal number of members in a single IT group is 10, including therapist(s).
2. The group should be held in a room that is sufficiently large to permit the rearrangement of chairs into pairs during the dyadic phase and into a large circle during the plenary phase.
3. Group members spend a portion of the session (typically at the beginning of meeting) in “rotating dyads,” that is, talking with one another in assigned pairs about a prescribed topic.
4. These interactions are quite brief, typically lasting only up to 8 minutes each, after which time is called by the group leader.
5. Members rotate from one dyad to the next until they have had a chance to discuss the topic with each of the other members. Leaders may participate in the rotations when there are an uneven number of members present for any one meeting. Usually, however, it is best to have no more than 10 persons (5 dyads) taking part in the rotations in any given session.
6. Leaders establish an explicit set of guidelines for the emotional tone of these interactions. Thus, they emphasize non-confrontive sharing of experiences, perceptions, and points of view, but not to the point of excessive discomfort. Members are encouraged to listen carefully to one another and to tailor their interactions to each of their dialogue partners to the extent they desire.
7. Following this dyadic phase, the group reconvenes as a whole to discuss and process the disclosures made during the dyadic period. Depending on the purpose of the group, this subsequent plenary phase may be as brief as 15 minutes (in experimental contexts designed to closely regulate interaction) or as long as 1 hour (in most group therapy settings).
8. Frequently, though not necessarily, the group ends on a social note by sharing coffee, and so on, as a means of promoting more casual interaction. This component of the group structure may be especially appropriate in groups designed to promote the cultivation of social skills.

ADVANTAGES OF THE IT GROUP

Psychotherapy groups vary widely in the degree to which their formats or agendas are fixed in advance by the group leaders. On the one extreme, the process-oriented group offers little preestablished structure, so that the direction of the group is determined by the needs, interactions, and conflicts of the members (e.g., Yalom, 1975). At their best such groups seem to permit the expression of the most regressive and personal experiences of clients, and at their worst, permit the development of hostility, dependence, or withdrawal on the part of some members. On the other extreme, psychoeducational groups (e.g., Lewinsohn, Antonuccio, Steinmetz, & Teri, 1984) are highly regimented, following a syllabus drafted by the leaders or instructors. These groups have the advantage of efficiently covering a
good deal of material in a brief period of time, and they assign the participant to the less stigmatizing role of “student” as opposed to “patient.” A drawback to this format is that it can be rather impersonal, sometimes blocking the expression of individual concerns that do not fit easily within the group format. Thus each group format has its inherent strengths and limitations, and neither is appropriate for all applications.

In comparison with the process-oriented and psychoeducational group formats, the IT format is intermediate in its level of structure. It establishes guidelines for the tone and general topic of disclosure among members, but without sacrificing the vitality of face-to-face interactions. It attempts to establish a session theme in the dyadic interaction phase, but allows ample time for the resulting disclosures to be processed by the group as a whole. Specific advantages of the IT format include the following:

1. It promotes more rapid self-disclosure, by encouraging mutuality of sharing among members concerning a progressively more personal set of topics.
2. It encourages the development of empathy, by providing a context for individuals to listen sensitively to one another and recognize their similarities as well as differences.
3. It facilitates higher levels of group cohesion, since members first encounter one another in a less threatening one-on-one context and have an opportunity to become acquainted with all members of the group from the very first session.
4. Because the dyadic rotations involve all members equally, they tend to “even out” group participation, ensuring that even the more reserved members contribute to the group and prevent the domination of the group process by more distressed, outgoing, or “therapeutic” members.
5. It provides material for later whole-group processing, so that even this plenary phase is less conflictual than more unstructured groups.
6. It maximizes the impact of time-limited therapy by focusing interactions on therapeutically relevant topics and concerns.
7. The modularity of the IT group sessions makes it adaptable both to “open” groups, in which members can enter and leave the group at irregular intervals, and to “closed” groups, whose membership is stable from the first session to the last.

Of course, certain advantages of the IT structure will apply only in the case of the closed group, such as the gradual progression in intimacy of self-disclosure topics assigned in the dyadic phase.

8. It permits members to experience themselves in a supportive listening, “healthy” role, as well as in a “distressed” client role during each of the dyadic interactions.

In summary, the structure of the IT group promotes the sort of systematic information exchange that permits group members to evolve and test higher-order psychological constructions of one another (G. J. Neimeyer & Merluzzi, 1982). The mutuality of this exchange helps assure high levels of accurate empathy (or sociality) in the group, making an awareness of differences as well as similarities among group members less threatening.

**SELECTION OF DYADIC DISCLOSURE TOPICS**

Much of the utility of the IT format will depend upon the careful selection of topics for the dyadic disclosure phase. In general, it is best to select topics that are sufficiently general that all group members can identify with them, but are sufficiently pertinent to the major problems of the group members that progress on relevant clinical issues is maintained. Typically, less demanding topics are assigned in earlier sessions, and progressively more personal or sensitive ones are assigned as the group develops. For example, a social skills group might start with such topics as “things I enjoy and things I don’t enjoy” and progress to more personal topics such as “ways people understand me and misunderstand me.” In contrast, a psychotherapy group comprised of adult women who are victims of childhood incest might begin with a topic like “my hopes and fears about the group experience,” move on to “how I felt as a child and how I feel now,” and eventually discuss such topics as “positive and negative feelings I have about my father.” Usually, these topics are framed in a “bipolar” fashion, to permit members to verbalize contrasting (positive or negative) reactions to the assigned topics. This permits a wider range of disclosure and makes for more provocative dyadic and whole-group discussions.

For research purposes, it is possible to develop a standardized progression of dyadic disclosure topics in advance of the first meeting, provided these are sensitively selected with an eye to their relevance to the group members. This is obviously most feasible when members have been selected for a high degree of commonality in their presenting problems, as when the focus of the group is on
depression, relationship difficulties, sexual dysfunction, and so forth. However, in more heterogeneous clinical contexts, and when less experimental control over the group is required, it is preferable to allow the topics for subsequent sessions to evolve out of the group's interaction. Even within this highly adaptable format, however, clients will differ in the specificity and content of their responses to the assigned disclosure topics. For this reason, it is essential to process idiosyncratic reactions thoroughly during the plenary phase, as described below. A selection of dyadic disclosure topics that we have found useful in explicit psychotherapy groups (R. A. Neimeyer, Harter, Alexander, & Moore, 1987) is provided in Table 1.

**TRANSITION TO WHOLE-GROUP DISCUSSION**

The whole-group discussion that follows the dyadic phase is an integral part of the IT format. Bear in mind that the brief dyadic interactions serve largely as a means of introducing topics, not providing thorough coverage of them. That is, they "break the ice" and provide "grist for the mill" of group discussion. To maximize the advantages of this biphasic group structure, it is important that the dyadic and plenary phases of the session be thematically integrated as much as possible. This is most effectively accomplished through the judicious use of bridging questions by leaders at the point of transition to the

<table>
<thead>
<tr>
<th>Topic</th>
<th>Suggested focus for dyadic discussion</th>
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<tbody>
<tr>
<td>Icebreaker</td>
<td>Hopes and fears about the group experience.</td>
</tr>
<tr>
<td>Closeness</td>
<td>Advantages and disadvantages of getting close to people.</td>
</tr>
<tr>
<td>Assertion</td>
<td>Pros and cons of standing up for your rights.</td>
</tr>
<tr>
<td>Trust</td>
<td>Problems with trusting too much and trusting too little.</td>
</tr>
<tr>
<td>Sex</td>
<td>Positive and negative things about sexual relationships.</td>
</tr>
<tr>
<td>Pain</td>
<td>Constructive and destructive ways of dealing with painful experiences.</td>
</tr>
<tr>
<td>Childhood</td>
<td>How I felt as a child and how I feel now.</td>
</tr>
<tr>
<td>Identity</td>
<td>Ways I am changing and ways I am staying the same.</td>
</tr>
<tr>
<td>Approval</td>
<td>Positive and negative ways of seeking approval.</td>
</tr>
<tr>
<td>Power</td>
<td>Times I feel powerful and times I feel powerless.</td>
</tr>
<tr>
<td>Control</td>
<td>Ways I control others and ways others control me.</td>
</tr>
<tr>
<td>Conflict</td>
<td>Adaptive and maladaptive ways of handling conflict with other people.</td>
</tr>
<tr>
<td>Progress</td>
<td>Progress I've made in the group and things I'd like to work on in the future.</td>
</tr>
</tbody>
</table>

plenary phase. Useful questions for prompting this whole group discussion follow:

1. What sorts of things did you find out about other group members during your conversations?
2. Whose experience did you most identify with?
3. In what ways did you and other group members differ?
4. Did you hear anything that surprised you?
5. Did you find that what you had to say changed or developed in any way over the course of the conversations?
6. How did the conversations influence the way you think about the topic?
7. Is there anything you would like to explore further?
8. What questions do you have at this point for other group members?
9. How did the things you discussed relate to the problem (e.g., depression, incest) that brought you in?

Use of the above questions helps ensure that individual experiences and perspectives introduced tentatively into dyadic discussion can be integrated into the group as a whole. Of course, the plenary phase of the group may evolve in somewhat unexpected directions and should not be held rigidly to being a commentary or analysis of the previous dyadic interactions. Instead, bridging questions should accomplish what their name suggests—they should provide a smooth transition from the personal disclosures of the dyadic phase to the elaboration of implicit themes, issues, and individual resolutions in the subsequent whole-group discussion. Failure to bridge these two phases sufficiently, however, will tend to produce a compartmentalized session whose apparent artificiality will be increasingly resisted by the group members.

**USE OF THE IT FORMAT TO RESOLVE GROUP PROBLEMS**

As any experienced group therapist recognizes, every group is in some measure unique, and each will encounter distinctive challenges over the course of its development. While the IT format tends to circumvent some of the problems encountered frequently in unstructured groups, it is no panacea for the difficulties that inevitably arise in the course of intensive self-exploration and group problem solving. However, creative modification of the IT format can itself be a powerful tool toward overcoming these problems once they are
identified. Table 2 presents a sample of five difficulties that can arise in the course of therapy groups, along with modifications of group structure, dyadic disclosure topics, and bridging questions that can be used to manage each. For example, even with the encouragement that the IT format provides for mutual self-disclosure, some members may nonetheless withdraw into a nonreciprocal role, in which they “conduct therapy” with other group members rather than share more openly their own difficulties. Should this become a problem, the leader may modify the structure of the dyadic rotations slightly, by interrupting each dyad at the halfway point and requesting that members of each pair switch the roles of speaker and listener. Alternatively, the therapist may choose to modify the assigned disclosure topic for the session, suggesting that members discuss “things I share easily and things that are harder to share.” Finally, the bridging questions used to introduce the plenary discussion may themselves be modified, by asking “Did you find yourself sharing more as the dialogues continued? What kind of conversational atmosphere made it harder to open up? Easier to open up?” For especially recalcitrant problems, coordinated modifications in the group structure, dyadic disclosure topics, and bridging questions can be employed in a single session. Thus it is possible to construct a group climate that invites resolution of a specific problem rather than seek to eliminate it through direct confrontation or interpretation. This reflects the conviction that personal change is more effectively facilitated than coerced, in both individual and group therapy contexts (R. A. Neimeyer & Harter, 1987).

A FINAL WORD

In closing, it is worth emphasizing that the key to intelligent use of the IT structure is flexibility. Some contexts, of course, may require adherence to a more fixed structure (e.g., use of a research protocol) but in most clinical applications the IT structure may be varied considerably depending on the apparent needs of the group and percep-
tions of the therapists. For example, it is possible to adjust the duration of the dyadic discussions across the course of the group, perhaps devoting a somewhat greater proportion of the group time to them in early sessions and less time in later meetings. Similarly, the number of rotations on each topic may be truncated, perhaps by suggesting that each group member participate in only two dyads—one with a partner whose point of view they know well and a second with a partner whose perspective on a given topic is more of a mystery. Structural modifications of this type, however, tend to minimize the chief advantage of the IT technique—the promotion of consistent, mutually disclosing relationships among the group members. For this reason, major departures from the “standard” format should only be attempted, if at all, after a strong sense of cohesion has been established in the group in early sessions. If used well by a skilled therapist, the IT structure can facilitate the achievement of carefully chosen therapeutic aims and minimize the probability of group “casualties.”

<table>
<thead>
<tr>
<th>Problem</th>
<th>Structure</th>
<th>Dyad topic</th>
<th>Bridging Questions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Needy group members</td>
<td>Both therapists participate in rotating dyads as means of giving more individual attention to members.</td>
<td>Ways I can give help to others and seek help from them.</td>
<td>Whose needs were most like your own? Whose needs surprised you?</td>
</tr>
<tr>
<td>Not sharing in dyads</td>
<td>Interrupt each dyadic interaction at halfway point and explicitly switch roles of speaker and listener.</td>
<td>Things I share easily and things that are harder to share.</td>
<td>Did you find yourself sharing more as the dyads continued? What kind of atmosphere made it harder to open up? Did the dyads help you see more of your hidden weaknesses? Your own hidden strengths? How would the group have been different if everyone were here? What would you have said to the members not present?</td>
</tr>
<tr>
<td>Group dealing with one severely disturbed member</td>
<td>Arrange ancillary individual contact with therapist.</td>
<td>Times I feel “together” and times I feel like I’m “falling apart.”</td>
<td></td>
</tr>
<tr>
<td>Multiple absences</td>
<td>Monitor degree of criticism of others in dyads, and reassert “rule” of nonconfrontive sharing, if needed.</td>
<td>Positive and negative reactions to the group so far.</td>
<td></td>
</tr>
<tr>
<td>Anticipated problems with termination</td>
<td>Plan “graduation” for last session to facilitate leave-taking.</td>
<td>What would I most like to say to each group member? Whose message was easiest to accept? Whose was most challenging?</td>
<td></td>
</tr>
</tbody>
</table>
REFERENCES


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