

Permissions – An Essay

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In 1947 Berne (1971) wrote about different kinds of group treatment and included permissive treatment, in which “the individual learns to give free expression to his thoughts and feelings, so that he no longer fears them so much or fights them so hard, and in addition he relieves himself of the burden of pent-up tensions. It is known, however, that while relieving one’s feelings is temporarily relaxing, it does not cure the underlying mental conflicts.” (p. 290”)

The best known reference to permissions is probably Crossman (1966) in the article for which she received the Eric Berne Memorial Scientific Award (EBMSA) in 1976. In this she described it as a particular transaction “that occurs between therapist and patient at a particular point in therapy, whereby the therapist effects a change in the direction of the patient’s behavior or attitude which before that time would have seemed either impossible or untenable.” (p. 152) Crossman explained that patients need permission to cancel injunctions, and that the therapist therefore needs first to understand the client’s script. She also commented that “when a therapist gives permission he is implying protection; that is, that it will be all right to disobey mother, or father, that the Child will not be deserted, die, or be punished for disobedience.” (p. 153)

During her EBMSA acceptance speech, Crossman (1977) credited her husband for the insight that permission “won’t work without protection” (p. 104); then in 1979 (Crossman 2002) she returned the EBMSA on the grounds that her work was not scientific but had been pure speculation and was therefore potentially dangerous. Cornell, as Editor of *The Script* at the time, pointed out to Crossman that her ideas had been used by many people since her original article and that it was not possible to withdraw the original publication.

At a conference in 1968, Steiner (1968a) described how his wife (Ursula Steiner) was running ‘permission classes’ with a view to testing the techniques. Later the same year, Steiner (1968b) added the well-known third P for potency, since when it has tended in much TA literature to be referred to as the 3 P’s (with all three incorrectly attributed to Crossman). Steiner also used the term ‘permission transaction’ as “one in which the therapist takes a Parental, directive role which he justifies by the previously agreed terms of the contract” (p. 63). He pointed out that protection is a temporary necessity, and that potency is not the same as omnipotence.

By around 1971 Berne (1972 published posthumously) included several pages about permissions. He began by pointing out that “Every parent fills his children’s heads with such restraints. But he also gives them permissions. Prohibitions hamper the adaptation to circumstances (nonadaptive), while permissions give a free choice. Permissions do not cause the child trouble, since there is no compulsion attached. True permissions are merely permits, like a fishing license. A boy with a fishing license is not compelled to fish. He can use it or not as he wishes, and he goes fishing when he feels like it and when circumstances allow.” (p. 123)

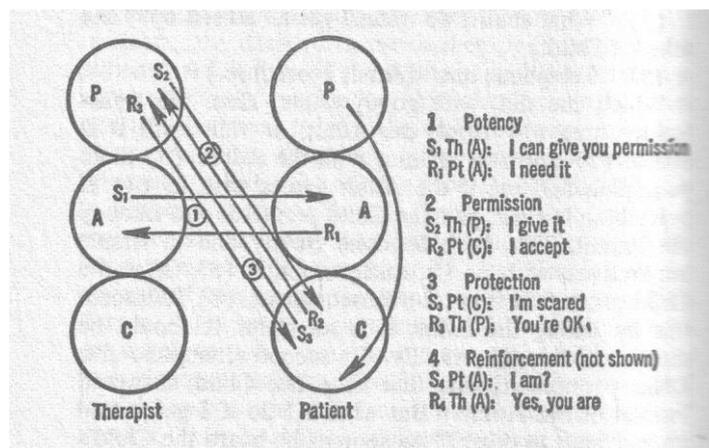
Berne continued that: “Permissions are the chief therapeutic instrument of the script analyst because they offer the only chance for an outsider to free the patient from the curses laid on him by his parents. The therapist gives permission to the patient’s Child by saying either “It’s all right to do it,” or “You don’t have to do it.” Both say to the Parent “Let him alone.” Thus there are positive and negative permissions. In a positive permission, or licence . . . [it] cuts off the injunction. In a negative permission, or external release . . . [it] cuts off the provocation. Some permissions can be regarded either way. This is particularly true of antiscripts. Thus

when the Prince kissed Sleeping Beauty in the Wood, he was offering her both a licence to wake up and a release from the witch’s curse.” (p. 124)

Berne went on to mention that one of the most important permissions is a licence to start thinking, sometimes needing to undo the work of previous therapists who have taught them that thinking is a sin called ‘intellectualising’. Berne added that the most important permissions are to love and to change and to do things well. He also mentioned in parentheses that we need further study of eye movements in young children, speculating – at the same time that neuro-linguistic programming would have been developing – that sideways glances might mean the child is checking whether he has ‘permission’ rather than ‘liberty’.

Later in the same book, Berne addressed the dynamics of permission. He began by referring to permission classes, which he described as groups in which hugging or dancing activities were involved, so that clients could be sent to these for the bodily contact that the individual therapist did not intend to provide. He went on to explain that some people have Parents in their heads that are like inspectors; if the Child is going to do something that was forbidden, the Parent will take over the energy and use it - and this energy will be increased, the more the Child wants to act. Even if there is some outside encouragement, that may only enervise the Parent even more. Therapeutic interventions must take into account that the Adult needs to get permission from the outside to mobilise its own energy so that it is in a position to intercede between Parent and Child. However, the therapist must be available to protect the Child against the Parent’s retribution. Here, Berne referred to potency, permission, and protection (referencing Crossman 1966). He went on to give a summary: “(1) Permission means a licence to give up behaviour which the Adult wants to give up, or a release from negative behaviour. (2) Potency means power to confront. “If” and “but” do not signify potency to a Child. . . . (3) Protection means that during this phase the patient can call on the therapist to exercise his potency again in time of need. This protective power resides as much in the timbre of his voice as in what he says.” (p. 375)

Berne provided a diagram of The Permission Transaction, showing the steps; “The first vector, AA, represents booking the Adult. The second vector, PC, is the permission itself. The third vector, [also] PC, represents the therapist giving protection to the patient’s Child against an aroused parent.” (p. 376)



Permission Transaction (Berne 1972 p. 376)

Also writing around the time of Berne’s death, and published before Berne’s book above, Steiner (1971) wrote that “A basic therapeutic operation in script analysis is Permission . . . A therapeutic transaction which enables the patient to revoke his decision to follow the parental injunctions. The therapist [needs] a clear understanding of the patient’s parental injunctions, their source, and content. He should be able to distinguish the counterscript from a genuine

change in the patient's script. Further, he should have a clear understanding of the aspects of the patient's decision affecting his everyday life, namely, his mythical hero, somatic component, and sweatshirt." (p. 51)

Steiner went on to comment that treatment of alcoholics often requires permission to think, to talk about parents and about themselves. He wrote of a cherished old pattern of behaviour being challenged, and how the process shifts from challenge to climax or anti-climax, depending on whether the patient accepts or deflects the permission. He emphasised that the permission is to stop drinking, because the drinking is a requirement of the script. It is "a transaction in which the therapist attempts to align the patient with his original script-free, Natural Child ego state. In the case of the alcoholic, this ego state is one in which self-preservation takes precedence over parental injunctions. The Permission transaction is a combination of a Parent-to-Child command . . . "Stop drinking" – and a rational, logical explanation, Adult-to-Adult, in which the rational or logical reason for the command is explained ("You will not regain your job unless you stop drinking," etc.)." (p. 175). Steiner illustrated such transactions with the diagram similar to that shown above from Berne (1972) except that he showed first the Permission [P-C, A-A] and then separately the Protection [P-C].

He went on to explain that sometimes the patient will believe that he must drink to keep his job, because that seems to be the social thing to do, so it will be necessary to deal with the contamination. He also wrote about offering Antabuse as a permission, and how a patient may refuse to take that. He went on to point out that there will be more to do after the achievement of sobriety because the patient will generally still have other injunctions. He also emphasised that the Parent giving permission must be P2 (the grown-up Parent) and not P1 (the Parent in the Child) because the latter would be playing the part of impotent Rescuer or Persecutor in the game of Alcoholic.

Like Berne (1972), Steiner wrote about permission classes, commenting that patients are referred with specific prescriptions such as permission to dance, or detach others, or to be sexy, etc.

Finally, in a Summary chapter, Steiner wrote that a [permission] "transaction occurs in treatment when the patient has reached an impasse beyond which he cannot or will not move. The situation is seen as one in which a patient and therapist who have previously agreed to work on a certain condition of the patient, confront each other. The situation in which the therapist confronts the patient in this manner is called Permission because it involves giving the patient permission to do something he wishes to do, but which is in direct opposition to his parent's wishes. It can be seen, then, that the Permission transaction is one in which the therapist takes a parental, directive role, justified by the previously agreed-to terms of the treatment contract." (p. 191)

Some time after Berne's death in 1970, Steiner and Kerr (1976) produced a book of selections from Berne's writings, although unfortunately they did not always reference the original sources of the material. In the Glossary they included the following: "Permission (1) a parental license for autonomous behaviour. (2) An intervention which gives the individual a license to disobey a parental injunction if he is ready, willing, and able, or releases him from parental provocations." (p. 399) The second definition appears somewhat contradictory in that it will only be a permission if the person already has permission.

Allen & Allen (1972), in writing about scripts, noted that children appeared to actively seek alternative programming from people other than their parents. They referenced Dusay & Steiner (1971) on the importance of permission, protection and potency when a person needs to redecide early decisions. They provided a list of the permissions they hypothesised as necessary for each child and each patient, in a hierarchical series where each permission is

necessary but is also dependent upon the solidity of the preceding levels. The eight permissions on the list were: permission to exist; permission to experience sensations, think thoughts, feel feelings that are one's own; permission to be an appropriate age and sex, with potential for growth and development; permission to be emotionally close to others; permission to be aware of one's own existential position; permission to change this existential position; permission to validate one's own sexuality and that of others, and to succeed in sex and work; permission to find life meaningful.

Allen & Allen regarded these as in line with Erickson's (1950) assumptions about the development of human personality: they stressed that providing permissions at too high a level might be dangerous. They explained that ultimately the patient needs to give the permissions to themselves, and in doing so the patient needs to change their combination of four specific catastrophic expectations: If you change, you will be destroyed or at least punished (lose love, approval, strokes); If you change, someone (mother) will be destroyed; If you change, the world (family) will be destroyed (or at least ravaged); If you change you won't stay that way (family homeostatic mechanisms will restore the status quo). In order to face these catastrophic expectations, the patient needs potency and protection from the therapist.

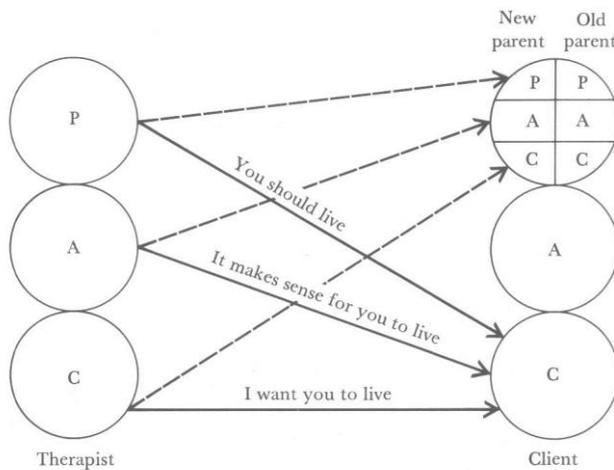
Holloway (1974) challenged the "general tone of these writers [Crossman 1966, Steiner 1971, Berne quoted in Steiner 1971] that cure is attained by means of the 3 P's", pointing out that 'cure' is not defined and suggesting that "in some instances permission may serve to restrict the client or patient" (p. 15). Holloway proposed that the permission transaction would be an appropriate technique for social control contracts, where the end point is that "the patient makes a more effective social adaptation to his world." (p. 16). However, for the autonomy contract associated with rededication work (Goulding & Goulding 1982) the permission transaction may lead to genuine autonomous functioning rather than counterscript. In other words, Holloway proposed that cure by permission transaction alone may be transference cure, with the client "carrying the therapist in his pocket" (p. 16-17).

In Barnes (editor 1977) there are several mentions of permission. In Barnes' own introduction to the book, when writing about what he called the Classical School, he wrote of the emphasis placed upon the use of the 3 P's and stated that: "Permission is seen as a specific transaction whereby the therapist gives the patient a command (a Parent-to-Child transaction) currently backed up by information (an Adult-to-Adult transaction) to free the patient from an early injunction from the patient's parents that is now lodged in the Electrode . . . that is more powerful than the parental voices in the patient's head. The therapist who gives permission without offering sufficient protection acts irresponsibly . . . The therapist has to be more potent than the parental voices coming from the patient's Child (P₁)" (p. 17) When Barnes wrote of the Rededication School, he described how the Gouldings "ask the patient to give himself or herself the necessary permission and protection to experience his or her autonomous potency" (p. 23)

Windes (1977), describing treatment groups within correctional facilities, wrote of separating programme members from the rest of the prison so that a counterculture could be established in which role modelling of winning behaviour had a side effect of giving others permission to think about changing.

Woollams (1977), in writing about reparenting, proposed that "Permission to change is given when the therapist lets the client know that it is OK to break out of her script and to behave and feel in the new desired way." (p. 353) He continued that "Giving a permission is, in many respects, like giving a small dose of parenting. No matter which of the three ego states the therapist sends the permission from, it will be received, if effective, as though from a parent and so will be recorded in the client's Parent while being reacted to in her Child. The Child may make a new script decision if the permission is successful. [Here Woollams provided the figure

shown below] There are two good times to give a permission message. The first is when the client wants one. Often a simple permission may help move someone past an impasse easily and other types of intervention will be unnecessary. If the client is not in her Adapted Child but is in her Free Child, the transaction can be very effective. The second time that permission makes sense is when the client has very little or no positive Controlling or positive Nurturing Parent available to permit some new behaviour. . . . A permission from a new Parent source who is respected and seen as important by the client may make the difference by providing an option to the client's Child. The same comments apply to reparenting. . . . A permission transaction may only take a few seconds; similarly a reparenting contract may last for only a few minutes. Or it can be as long as a session and occur every time the client is in session; it can be made for up to 24 hours a day for a specified period of time while the client is living separately, or it can be a lifetime contract with the client living separate from or with the therapist-parent." (p. 364-5)

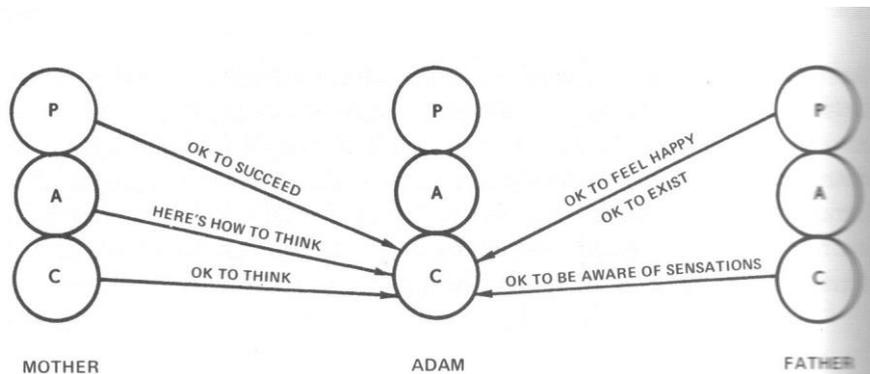


Example of Permission: Woollams (1977) (p. 365)

Woollams went on to comment that "All methods of therapy offer permission (or suggestion to change). Some do this covertly, others quite overtly. By agreeing to a contract and then by receptively listening to various previously unmentionable secrets and fears, permission is given to change. Stroking, or responding positively to every change for the better, is a very important permission for maintaining that change and for fostering further changes. The therapist who is open about what she is thinking and feeling gives permission to be unguarded by modeling. The group therapist, who brings together a variety of people, offers many different examples of options of behaviour, which is permission-giving. Those therapies that suggest specific new behaviors give considerable permission." (p. 377) Woollams then emphasised the need for strong protection, and for potency that means all three of the therapist's ego states believe in what is occurring; potency is particularly important in gestalt, bioenergetics, encounter, transactional analysis and reparenting.

Note: similar material to above appears in Woollams & Brown (1978) and Woollams & Brown (1979). In the 1978 book they provided a diagram of the Permission Matrix shown below, and suggested a Decision Scale that could be used by clients to score where they are on a continuum between permission and injunction (alternatively referred to as positive-negative or allowor-driver pairs). The Decision Scale also allows clients to indicate different scale points depending on who 'contributed' e.g. father, mother, named sibling(s), and composite. They use Allen & Allen's (1972) list of permissions to show examples of Decision Scales is for each permission.

Woollams & Brown (1978) comment on the example they provide of a Permission Matrix that: “Each of the permissions mentioned is a starting point for change. For example, the permission to exist from father’s Parent can be used to clarify for Adam that part of father knew that Adam was OK and did want him to live. When father’s Child said Don’t Exist, it was because father was upset and not because Adam was defective. When Adam becomes aware of this it may be easier for Adam to make a firm commitment to live and to feel more ready to deal with mother’s much stronger negative influence.” (p. 179)



Permission Matrix: Woollams & Brown 1978 (p. 179)

They go on to use a one-sided version of the permission matrix to show examples of how a therapist can give permissions from all three ego states: such as Parent to Child – It’s safe to be close; Adult to Child – It makes sense to be close; and Child to Child – I like you! They write that it is often helpful to have opinions and express them, that an enthusiastic Child is often very believable, and that to give a direct permission such as “It is all right for you to express your feelings!” will sometimes have a faster impact than any other intervention.

Gladfelter (1977) suggested permission work with video, writing that this is more fun because it is replayable and can be restated in ways the patient chooses. Gladfelter wrote of using the recording to zoom in on face or body to check for incongruences that indicate the permission has not been accepted. He also suggested that the client might record giving himself his own permissions, and commented that giving the permission may impede the autonomous choices of the patient.

McNeel (1977), in describing the work of the Gouldings, commented that they created an environment of permission by the way they vigorously demonstrated excitement about life.

O’Hearne (1977) described how by using non-verbal methods in group psychotherapy, he gave groups permission to be aware of what their senses told them and to use their senses differently; this led on to him considering when it is appropriate or not to touch patients. He then provided an example of a permission that involved inviting a potential Kick Me player to sit on the floor beside his chair, whereupon he put his hand on her shoulder and she began to cry, which prompted a non-Kick response from the group. O’Hearne also wrote that he tells patients that they may become sad or scared as they give up wishes or dreams or decide to violate injunctions; he gives them his telephone number whilst requesting that they have their emergencies before 10 PM (and wrote that only one patient ever called after that time).

In the final chapter that provides an overview of ‘what transactional analysts want their clients to know’, Woollams, Brown and Huige (1977) write that every child receives some positive messages and that unconditional positive strokes function as permissions. They continue “Each growing child needs a series of permissions to fully develop her or his capacities. The earlier the need for a permission, the more important it is. For every permission not given there is a corresponding injunction.” (p. 515) They went on to describe Allen & Allen’s (1972) progression of the necessary permissions, and commented that effective interventions are

given when “the therapist has Parent values that promote the client’s well-being, Adult information regarding what the client needs, and a freed-up Child that allows him full use of his strength, creativity, and intuitive powers [so that] he is capable of delivering permissions potently while offering protection.” (p. 523). They also provided the diagram used elsewhere in the same book by Woollams [above], but showing only the solid lines in a first order ego state diagram.

James (1977) wrote that permission may be given verbally or nonverbally “so that people can experience positive feelings, thoughts, and behaviour about themselves and others instead of living by negative childhood scripting.” (p. 40) She also commented that although TA was originally a non-touching form of treatment, more therapists were using well-timed touch and even holding to reinforce permission. She explained how crossing a transaction could provide permission and protection, quoting Berne as having said [without a reference] that if the Child is in control, give the Adult something to do. James went on to describe how the pictures in her therapy room had been chosen to give permissions, such as to enjoy the earth, to be joyful and self-revealing, and to enjoy sexuality and sexual expression.

There are references in this book to permissions to love, to relax (such as through physical pressure on both sides of the jaws in bioenergetic treatment), to talk and to be potent (referring to sexual impotency scripting). The need to maintain a balance between permission and protection is emphasised “in view of the fact that there often are enthusiastic moments in psychotherapy which result from the patient’s getting permission to express feelings that have long been frustrated – following which a patient behaves in a manner which is somewhat inappropriate, or develops feelings with which he or she is not yet ready to cope.” (p. 136). There are also examples of permissions in professional practice relating to sex therapy, childbirth, therapeutic education, drug treatment, and in pastoral counselling, as well as for dealing with ‘social Rapo’ and male banal scripts.

In a chapter by Berne (1977) he commented that “nearly all patients can call up just as much ego strength as therapists can if they are “given permission” to do so, and the staff-patient staff conference is one way of giving that permission. Experience also shows that it is in general more difficult to give the staff permission to talk freely in the presence of the patients than to give even very disturbed patients permission to listen quietly and attentively to what the staff has to say.” (p. 164) This comment followed Berne’s example of telling a patient that the staff meeting had started, whereupon the patient stopped exhibiting hysteria and began to listen attentively.

Jacobs (1977), whilst describing links between psychodrama in TA, pointed out that warm-up is a psychodrama method that we need to consider for psychotherapy sessions. He suggested that “the first one or two people working unknowingly warm up the group and what happens after they work is more the “real thing.”” (p. 242) He pointed out that we need to provide permission to warm up rather than expecting people to start their work immediately.

Long & Long (1977) contrast client-centred therapy and TA, commenting that client-centred therapists attempt to establish a permissive atmosphere and relationship whereas the transactional analyst attempts to give permission to have an otherwise dormant ego state cathected.

Boyce (1978) wrote of permissions as paving the way for redecision, and therefore needing to be given systematically. Commenting that permissions can come from any ego state, he proposed twelve and also suggested giving all of them at some point as sometimes a permission might not be given in the precise way to meet a specific need. He explained that half the permissions are Do’s, related to activity, and half are Be’s, related to states of being. His list comprised: It’s okay to be – to exist; It’s okay to do – be active in a general way; It’s okay to be human – which allows for failures; It’s okay to love oneself; It’s okay to grow; It’s

okay to think; It's okay to decide; It's okay to love others; It's okay to change; It's okay to differ with others; It's okay to be concerned – with the world, universe, existence of all; It's okay to appreciate a Universal Energy that's greater than ourselves – to encourage emerging feelings about religion.

Dashiell (1978, in describing a 'parent resolution process', proposed that Steiner's (1971) permission transaction from the therapist's Parent and Adult to the client's Child and Adult is not enough: because the script transaction came from the parent's Child, the permission must also come from the therapist's Child, and the therapist must be perceived as potent enough to offer protection against the old parental injunctions. Dashiell summarised this as "Potent protection is therefore permission." (p. 293)

Stern (1978) draws attention to the way that script injunctions are delivered at both social and psychological (ulterior) levels. He points out that hypnotherapists purposely use unconscious messages and thus deliver permissions at conscious and unconscious levels, utilising Bulls Eye messages (Karpman 1971).

Brigance Ford (1987) referenced James (1977) as proposing that therapists often serve as models, and described how role modelling can provide implicit permissions. This process allows the client to choose whether to take in the permission. To avoid the therapist-in-the-pocket syndrome such permissions should relate to modelling autonomy rather than specific behaviours (although the example given is of a permission of not being too old to study). Brigance Ford also points out that therapists may feel burdened by the need to role model and stay out of their own scripts.

Allen & Allen (1987) expanded on the last of the permissions they had listed in a previous paper (Allen & Allen 1972), commenting that "Constructivism suggests that the last permission should be "to make meaning" because we can construe several alternative realities from the same facts." (p. 74). They regarded such permission as needing different forms at various stages of life, and that we help the patient construct a new reality, and facilitate client changes, through action (prescribing new behaviours) or manipulation of meaning (redefining problems, prompting different interpretations, Parent interviews, redecision, or through metaphor or symbolism). Allen & Allen go on to relate the permission to make meaning to various examples of the abuses worldwide of autocratic power.

Allen et al (1996) were part of a panel discussion at an international TA conference in 1995, during which they reprised two decades of TA literature on permissions, including and updating Allen & Allen (1972, 1987, 1988). Allen & Allen, in their section of the panel, pointed out that permissions form a matrix, such that the importance of specifics will vary from time to time, and that a particular order may be needed: . . . permission to be . . . before permission to make meaning." (p. 196).

Secondly, they suggested that the client gives themselves permissions based on non-verbal content, whilst verbal transactions are usually aimed at preventing the client from self-destructive action. The latter are temporary and need to be replaced in time with a permission the client gives themselves.

They went on to point out that permission formats may vary depending on the particular TA approach, such as whether the therapist concentrates on making meaning (logotherapy) or experiencing experiences (Gestalt). To these we might add behavioural and relational. At the same time, they caution that named permissions (as found in lists) can have different interpretations, making them potentially ambiguous but also allowing clients much leeway to extract the meaning they need.

Allen et al (2004) reference the earlier Allen et al (1996) for the subdivision of the permission to think into subpermissions that include (although this information did not actually appear in

the 1996 paper): “to think one’s own thoughts (as opposed to what others wish one to think), to think clearly, and to solve problems effectively.” (p. 3) They go on to link permission to think to psychological mindedness, which they describe as “the capacity to self-reflect, to conceptualise oneself and others as motivated by internal states, and to consider people’s responses and behaviors as serving some understandable psychological functioning.” (p. 3) However, although the title of the paper refers to ‘Permission to Think’, there is little direct reference in it to permissions. The authors comment that people who lack psychological mindedness need help to “give themselves the permissions they need to be aware of their own experiences, to differentiate them, and then to express them” (p. 6), whilst others may need this related only to certain feelings, events or relationships, and yet others may be able to discuss their dynamics but lack the permissions they need to change.

Allen et al finish with a useful summary: “The permission to think really encompasses a number of subdivisions, including permission to think one’s own thoughts, permission to think clearly, permission not to discount (including not to discount one’s hunches prematurely), permission to solve problems effectively (to ‘make it ‘), and permission to think about and understand psychological issues across a wide variety of thematic-affective domains. The latter capacity – psychological mindedness – is not an all-or-nothing phenomenon but a developmental line requiring a variety of relational responses by parenting persons and others: attachment; permission for the child to make an impact; and encouragement of and experiences in back-and-forth gestural communications, and using words across a wide range of affective domains, and in making logical connections between islands of language.” (p. 7-8)

Brook (1996) wrote that permission is “a combination of components that serve to initiate and promote agency (a sense of being in charge) in the client.” (p. 160). She proposed that the three components are:

1. Initiation by the therapist of the possibility of a new thought, feeling or behaviour, so that the client can develop a revised scheme for current and future application.
2. An interchange during which the client experiences affective, behavioural, cognitive and physiological impacts through the empathic responsiveness of the therapist; Brook emphasised that this interaction process needs to be supported by previous interactions that have allowed the client to create a new RIG – representation of interactions that have been generalised (Stern 1985).
3. Consolidation via therapist intensity of affect, attention, curiosity and cognitive engagement, so that a nurturing and protective process of integration can occur in which the client can drop their defences and assimilate a new working model without fear of intrapsychic punishment (Erskine & Trautmann 1993).

Brook gave examples of permissions categorized by functional domains (p. 164):

- Affective – e.g. enjoy your protest, let the pain come, say “I hurt”
- Behavioural – e.g. let’s pretend, let it all come out, tell it so everyone will hear
- Cognitive – e.g. let yourself know what you want, tell me your ideas about what I just said, let your mind know the truth and tell me about it.
- Physiological – e.g. just let that shake, you can move when you are scared, let your muscles know the truth

She also suggested that permissions need to be matched to the developmental age of the client (Allen & Allen 1972, Levin 1974), to address the age at which the “injurious message” (p. 165) occurred. We may also need to generalise to cover several ages in which case a non-verbal attunement may be appropriate.

Parkin (2002) reviewed TA literature relating to treatment of sexual difficulties, and considered in particular the concept of permission in the context of Annon's (1976) PLISSIT Model (Permission + Limited Information + Specific Suggestions + Intensive Therapy). Referring to Beattie & Erskine (1976), Parkin mentioned explicit permission to group members to bring up sexual issues in the group, the power of permissions to decontaminate and correct misinformation, and the use of verbal and role-modelled permissions to focus on sex-role scripting, sensuality, specific sex-act permissions and sex preferences. She also commented on social constructionist sex therapy that gives permissions through clients acquiring new meaning, and the need to be familiar with post-modern writers who challenge the notion of dysfunction and remind us to look at permission within a cultural context.

Hawkes (2007) described the permission wheel, crediting it to Gysa Jaoui (1988) who died before she could publish it. This diagram consists of 10 concentric circles, each representing 10%, and each divided into four segments with subdivisions that refer to elements related to: Me and myself, Me and my feelings, Me and the world, and Me and others. Hawkes advised that, in line with Jaoui's spirit of permission, users can tailor the segments and subdivisions to their own preferences. The idea is that the person imagines standing in the centre and looking out at how much they are blocked by injunctions, decisions and/or counterinjunctions, with specific percentages for each that can be illustrated by the appropriate number of shaded circles in each subdivision. Hawkes stressed that the aim is not to reach 100% on all areas: "We are all different and will keep the lower areas that reflect our personality, and that is fine." (p. 215). She also suggested that most of the [permission giving] work is done through the therapeutic relationship and hence a more implicit, ulterior transaction may be more effective whereas verbalising may instead reinforce the blocking of a feeling.

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