Instructor’s Manual

IRVIN YALOM:
LIVE CASE CONSULTATION

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Tips for Making the Best Use of the DVD

1. USE THE TRANSCRIPT

Make notes in the video Transcript for future reference; the next time you show the video you will have them available. Highlight or notate key moments in the video to better facilitate discussion during the video and post-viewing.

2. GROUP DISCUSSION QUESTIONS

Pause the video at different points throughout the interview to elicit viewers’ observations and reactions to the concepts presented. The Discussion Questions provide ideas about key points that can stimulate rich discussions and learning.

3. LET IT FLOW

Allow the consultation to play out so viewers can appreciate the flow of the conversation. It is best to watch the full video since issues untouched in earlier parts of the consultation may be covered later. Encourage the viewers to voice their opinions; no therapist is perfect! What do viewers think of Yalom’s approach to therapy and consultation? It is crucial for students and therapists to develop the ability to effectively critique others’ work as well as their own.

The Various Roles in the Video: While viewing this consultation video it will be valuable to keep in mind the different participants and their respective roles: Yalom, the presenting therapists, the clients presented, and the viewers watching the video. Consultant: How well does Yalom connect with the presenting therapist, facilitate therapist growth and offer helpful feedback for the therapy itself? Presenting Therapist: Did the therapist give Yalom something to work with and is the therapist open to feedback? Viewers: Therapists watching the video can reflect on how they work in their roles as they seek or provide supervision/consultation with other therapists.

Supervision vs. Consultation: Clinical supervision generally refers to supervision of therapists in training, including practicum and internship experiences, whereas clinical consultation refers to ongoing case
consultation and mentoring that most therapists receive throughout their careers even after graduation and licensure. Of course, there is much overlap between supervision and consultation.

4. SUGGEST READINGS TO ENRICH VIDEO MATERIAL
Assign readings from Suggestions for Further Readings and Websites prior to viewing. You can also time the video to coincide with other course or training materials on related topics.

5. ASSIGN A REACTION PAPER
See suggestions in Reaction Paper section.

6. ROLE-PLAY IDEAS
After watching the video, organize participants into groups of three. Assign each group to role-play a consultation session. Each role-play shall consist of one consultant, one therapist and one observer. The consultant should attempt to focus on some of the issues raised by Yalom—e.g. existential concerns of the client, as well as the nature of the therapist-client relationship. After the role-plays, have the groups come together to discuss their experiences. First have the therapists share their experiences, then the consultants, and then ask for the comments from the observers. Open up a general discussion on what was learned about both the practical and the emotional aspects of this style of case consultation.

Another alternative is to do all of this in front of the group with just a therapist and the consultant; the entire group can observe before discussing the interaction. After a while, the facilitator or another participant may jump in to one of the roles if a player gets stuck or becomes overwhelmed. Follow up with a discussion that explores what works and does not work when therapists consult with one another on their cases.

7. PRACTICE PRESENTING CASES
This DVD is a great way to learn about presenting cases, a task essential to the ongoing development of every therapist. Use the video to introduce how to present a case in case conference or supervision. Give participants the outline of a case presentation and ask them to write up their own case for the next meeting. In the following meeting, have one or two
participants present their case to the group. The facilitator and group can give feedback, both during and after the presentation, to help the presenter learn how to be brief and concise in the presentation, while providing enough information to convey the essentials of the case.

8. PERSPECTIVE ON VIDEOS AND THE PERSONALITY OF THE THERAPIST

Every psychotherapy is unique, influenced as much by the personality and style of the therapist as by the use of specific techniques and theories. The same applies to each consultation relationship. Thus, while we can certainly pick up ideas from video on therapy and consultation, participants must make the best use of relevant theory, technique and research that fits their own personal style and the needs of their clients.
Group Discussion Questions

Professors, training directors or facilitators may use a few or all of these discussion questions keyed to certain elements of the video or those issues most relevant to the viewers.

INTRODUCTION

1. **Seeking Meaning:** Yalom states that we “are meaning-seeking creatures thrown into a universe that has no meaning.” How does this relate to therapy for you?

CASE 1: SUE, PRESENTED BY THERAPIST BLAINE

2. **Using Anxiety:** How might the therapist use Sue’s anxiety and her feeling of being on the verge of a breakthrough in the therapy? What kind of countertransference reactions come up for you with Sue?

3. **Therapy for the Therapist:** What do you think of Yalom’s suggestion about the value of therapists being in therapy? How do you think the experience of being in therapy impacts your work as a therapist?

4. **Return of the Past:** If you were Sue’s therapist, how might you engage with her on the issue of her becoming the custodian of her previous husband? What do you think of Yalom challenging Blaine on his acceptance of the client’s explanation of this?

5. **Consult with Blaine:** How well do you think the consultation with Blaine went in terms of rapport, suggestions, or usefulness? What else might you have explored if you were consulting with Blaine?

CASE 2: PAUL, PRESENTED BY THERAPIST LAURIE

6. **Dreams:** What do you think of Yalom’s suggestion about using dreams in therapy? When using dreams in therapy, how do you explore the material?

7. **Regret:** How might the question “What can we do to live a life that we are not accumulating regrets for?” open up and enrich the therapy? How do you feel about Yalom introducing this idea? Does it seem useful?
8. **Consult with Laurie:** How well do you think the consultation with Laurie went in terms of rapport, suggestions, or usefulness? What else might you have explored if you were consulting with Laurie?

**CASE 3: GEOFFREY, PRESENTED BY THERAPIST GARY**

9. **Groups:** What issues and concerns may come up in working with a client in individual and group therapy with the same therapist simultaneously?

10. **Anger:** If you were Geoffrey’s group therapist, what countertransference reactions might you have when conflict and anger come up in this therapy group?

11. **Consult with Gary:** How well do you think the consultation with Gary went in terms of rapport, suggestions, or usefulness? What else might you have explored if you were consulting with Gary?

**CONCLUSION**

12. **Past, Present and Future:** How do you, as the therapist, balance explorations of the past, present and future in therapy?

13. **Here-and-Now:** What reactions do you have to Yalom’s push to work in the here-and-now with clients? What parts of looking at the here-and-now of the therapeutic relationship are difficult for you? What kinds of resistance can you identify in yourself as you reflect on this aspect of the work? Can you think of a recent example where you’ve explicitly focused on the therapeutic relationship in a session? How did it work out?

14. **Transferring Experiences:** Do you agree with Yalom’s statement that therapists help clients “transfer the experiences in the here-and-now relationship onto other aspects of their life?” Why or why not?

15. **Consultation:** What are your reactions to Yalom’s comments and questions to the therapists? If you had been the consultant, what would you have done differently in this session? What do you value and find useful in getting supervision or consultation?
Assignment: Complete this reaction paper and return it by the date noted by the facilitator.

Suggestions for Viewers: Take notes on these questions while viewing the video and complete the reaction paper afterwards, or use the questions as a way to approach discussion. Respond to each question below.

Length and Style: 2-4 pages double-spaced. Be brief and concise. Do NOT provide a full synopsis of the video. This is meant to be a brief reaction paper that you write soon after watching the video--we want your ideas and reactions.

What to Write: Respond to the following questions in your reaction paper:

1. **Key points:** What important points did you learn about psychotherapy? What stands out in how Yalom approaches his work?

2. **What I am resistant to.** What issues/principles/strategies did you find yourself resisting, or what approaches made you feel uncomfortable? Did any techniques or interactions discussed push your buttons? What interventions would you be least likely to apply in your work? Explore these questions.

3. **What I found most helpful.** What was most beneficial to you as a therapist about these consultations? What tools or perspectives did you find helpful and might you use in your own work?

4. **How I would do it differently.** Where did you find yourself feeling that you would work differently than Yalom?

5. **Other Questions/Reactions:** What questions or reactions did you have as you viewed the consultations? Other comments, thoughts or feelings?
Suggestions for Further Readings, Websites and Videos

BOOKS


WEB RESOURCES

www.psychotherapy.net
Excerpts from two of Irvin Yalom’s recent books: *The Schopenhauer Cure* and *The Gift of Therapy*; and Barbara Jamison’s article “Letting the Patient Matter: Some Thoughts on Irvin Yalom’s View of the Therapeutic Relationship.” See Psych Links for more websites on Existential therapy.


www.yalom.com
Irvin Yalom’s website

www.salon.com/weekly/yalom960805.html
The Salon interview with Irvin Yalom

www.existential-therapy.com
General resource on existential psychotherapy.

RELATED VIDEOS AVAILABLE
AT WWW.PSYCHOTHERAPY.NET

*Arnold Lazarus: Live Case Consultation*
*James Bugental: Live Case Consultation*
*The Gift of Therapy: A Conversation with Irvin Yalom, MD*
*Understanding Group Psychotherapy*

  *Volume One: Outpatients*
  *Volume Two: Inpatients*
  *Volume Three: An Interview*

– Irvin Yalom, MD
Yalom Commentary: Hi. I’m Irvin Yalom, and what you’re about to see are a series of discussions about cases that are presented to me. This is done in the format of a consultation group. However, the members of this group—the therapists in this group and the patients—are completely new to me. I hadn’t heard of them or met them until just a few minutes before this taping. What I’m trying to do is to use the material that is presented to me as a springboard to discuss various aspects of psychotherapy that I’m most interested in and know the most about, and also that I think perhaps you’re less likely to hear about these aspects of therapy from other psychotherapy teachers. Do keep in mind that I think it’s very important for us to be pluralistic in our therapy approach to patients; that is, that we draw what we feel is useful, what fits our style, our voice, and also what fits the material the client is bringing us, so that we draw from all these sources. I know I’ve always done that. In fact, I’ve even, when I’ve felt some disquiet myself and gone into therapy, tried to choose different forms of therapy so as to learn more about them. So, with that brief introduction, let’s turn to the presentations.

CASE 1: SUE

Yalom: All right, Blaine. Let’s talk about your client.

Blaine: Sure. My client is Sue. She’s 50 years old and she’s been divorced for more than 10 years; has a daughter that recently, in the last year or two, has moved out. And she came to me initially—

Yalom: Moved out to go to college, or—

Blaine: Yeah, she’s been in college, and she’s graduated from college in the last year.

Yalom: Okay.

Blaine: But her initial reason for coming is because she was feeling old feelings of hopelessness about her future, anxiety about her past, and just
feeling kind of like she’s not quite sure where her life’s going at this point, and she doesn’t know why, because she’s accomplished a lot of things she set out to do. And she’s wondering why should I be depressed at this point in my life?

As we started working together, some precipitating factors came out. In the last year, she’s lost three people that she’s very close with: two of her co-workers and one very close relative. As I mentioned, her daughter graduated from college, so kind of a moving through another season in her daughter’s life and seeing that happen. She also turned 50, which for her was significant. And she’s also been, unfortunately, pulled back into a sort of forced relationship with her ex-husband with whom, during the marriage, there was a lot of verbal and emotional abuse, and he recently, in the last year, had a stroke and was put into a nursing home, and she’s been appointed the custodian of his affairs, so she’s had to deal with him. And since he’s been in the nursing home, he’s been acting out a lot, giving the nurses there a lot of trouble, and she’s been pulled into that. So this has brought back a lot of her old issues of the things he used to tell her, which was that she’s not good enough, she’ll never amount to anything.

The other thing that’s interesting is that she had a panic attack in the last two weeks where she woke up in the middle of the night sweating, kind of in this sort of haze, and feeling all the old tapes come back of, My life is… I’m not going to be able to make it in life. I don’t have a future. So she presents herself as someone who really wants to figure things out. She kind of comes in and she is happy to report her progress this week on some of the homework I’ve given her, and uh—

Yalom: What kind of homework? Incidentally, how long have you seen her?

Blaine: I’ve had six sessions with her.

Yalom: Oh, six sessions. So a very new client, then.

Blaine: Yeah, a recent—

Yalom: Okay. And the contract is sort of an ongoing contract? Or is it time-limited?

Blaine: It’s not time-limited. It’s open-ended at this point.
Yalom: Okay, okay.

Blaine: But the type of homework? I had her do some lists of what… Since she’s been struggling with questions of self-worth, I had her do a list of what she’s passionate about, and then I had her list what she feels she’s competent at, and I’ve had her try to look at those lists and figure out where does her heart pull her? You know, where is her longing now? Because she’s asking, what does God want me to do with the rest of my life, a lot. She brings that up in session. So I’m trying to get her to connect to her deeper feelings about her life right now. And there’s a lot of sadness from her past that she can’t let go of right now.

Yalom: Okay. And tell me a little bit more about why you’re presenting her today. What are the issues that you want to look at?

Blaine: I think what I would like help with is a couple of areas: One is she has some incongruency between her body language and the issue she’s talking about.

Yalom: For example?

Blaine: She might be talking about the loss of her close friends or even the abuse she suffered under her husband and she’ll be smiling during it. So I’m feeling like she’s not able to really express her deeper feelings in the session yet, and so I’d like to get to a deeper level in terms of the expression of feelings. And she also… It’s interesting, because I’ll ask her a question that’s very pointed, like, “How do you love yourself?” Or, “Do you love yourself at all?” And she’ll kind of give a little laugh and say, “Oh, I wish you wouldn’t have asked that, but I guess it’s a good thing for you to ask. Okay, let me see…” And so she likes me to kind of prod her, but she doesn’t go to the feeling level very easily on it. She’ll stay in a fairly rational, cognitive state about it. So I’d like to figure out a way to get to the deeper feelings associated with some of these issues.

Yalom: Well, let me just free-associate just a little bit about Sue. I’m really struck with that very last thing you said, Blaine, that you ask her something and then she laughs and says, “Oh, I wish you wouldn’t have asked me that.” I’d just like to sort of meditate on that a little bit. What does that mean? I mean, ordinarily if you ask a patient a question that evokes things, in one sense they’re grateful for you. You’re doing your
work. But she said, “I wish you wouldn’t have asked me that.” What do you make of that? What does it feel like to you when she says that?

Blaine: That she feels like she’s being put on the spot a little bit, and she’s having to look at feelings that she… I feel like there’s this untapped area of feeling and she’s hesitant to go there. And if I ask a question that sort of opens up the lid there, she starts feeling that and she resists it.

Yalom: And if you were to say to her, you know, again, if you were focused very much on the here-and-now interaction, you were to say to her, “You know, Sue, I’m really struck when I ask you that question and you say, “I wish you wouldn’t have asked that.” I’m thinking what that means to you. It makes me think that this is really hard for you. That it’s a painful thing; there are things that it’s very difficult for you to talk about. Is that what you mean by it?” What would she say?

Blaine: She would say, “Yeah, I don’t like looking at this. I thought I’d put these feelings to bed years ago, and it’s hard for me to bring them up again, because for years I suffered with really low self-image, starting with my childhood and then through my marriage, and for me to take an honest look at some of this, it’s hard. It brings up old feelings.”

Yalom: Yeah. Well, you know, that’s really an interesting thing. You know, one of the… You know, I wrote a novel on Nietzsche, and I’m very… I like Nietzsche’s work very much. And there are many things in Nietzsche, many of his statements, that I find very useful in therapy. One of the most useful things he said, he said something to the effect that often, in the middle of the night old enemies that we defeated long ago come back to haunt us again. You see, it’s a useful statement, because that’s what you’re saying. These are old enemies that she’s defeated a long time ago, but they’re coming back to haunt her now.

Blaine: Exactly.

Yalom: Yeah. And so, what can we guess, you know, about why they’ve come back to haunt her now? Because it looks as though you’re… What you’ve presented kind of gives a clearer picture of the fact that she’s in a certain kind of life crisis. You know, there are lots of names for it. You know, empty nest sounds perfect for her, in a way. It’s one of the major things that, you know, she’s in a… Something’s happening to her like
midlife crisis is another. She’s at the right age. The house is empty. She’s alone in the world. So she’s in something that sometimes, in looking, an existential philosopher might say this is a kind of a boundary experience. And what we mean by boundary experience is some urgent experience that really throws her into another state of being.

**Blaine:** Hmm. When you say boundary, what is—

**Yalom:** Well, boundary means, well, Heidegger, an existential philosopher, often taught that we exist in a couple of different modes of being. The general way we exist is the state of everydayness. We’re caught up with all the diversions and all the things we do. But then sometimes we’ll move into what he called an ontological state, by which he means that we’re not so aware or preoccupied with the way that things are in the world, like we are in everydayness, but we’re preoccupied that things are. We’re preoccupied about shared existence. Why, why, why do these things exist? How do I exist? So we’re preoccupied with our existence. The point is that, in this other mode, this ontological mode—ontological means simply the study of being—when we’re in this ontological mode, it’s a much better time to really do some changing if we can people… So we often try to take advantage of these experiences—moving past the boundary of everydayness into this other—take advantage of these because it might make a patient more available to do some changing.

**Blaine:** She actually presents herself like she’s on the threshold of some huge breakthrough where somehow the skies are going to open up and she’s going to know exactly what she should do with her life right now. That’s kind of what she’s living for, and sometimes in session she’ll even say, “So, are we almost there yet? Are we getting closer?” So she has a little anxiety about, you know, when am I going to really know the answers to these big questions about my life?

**Yalom:** Sure, that’s right. And of course what the anxiety is about in the long run is that she’s midlife crisis, and people sometimes define their midlife crisis, you know, you suddenly get up to the crest of the hill, and you get a vision of what lies ahead, and at that point, you know, it’s a downward slope. Schopenhauer, you know, said children are so happy and buoyant because they’re climbing this hill, and they don’t realize the death at the other side of the hill. They haven’t gotten up to the top yet. Well,
she’s at the top now and is looking at the slope downwards, and ahead of her lies death, and I think that’s creating a lot of her anxiety. So we think of this as a real existential crisis that she’s in. And, you know, I think you need to enter into that and help her talk about these, and I know these are painful. But expressing and thinking about these painful feelings is going to be useful for you in the long run, because if we stuff them down, we keep pushing them down, they’ll be knocking. You know, they’ll come up here, they’ll come up in this panic attack, they’ll come up in your dreams and other ways. Has she had any other dreams since then that’s she’s talked about?

**Blaine:** She hasn’t brought up anything yet, so I need to explore that with her.

**Yalom:** Yeah, because you’ll probably get to some of this material in that way. So she’s 50, her house is empty, her daughter has graduated. Do you know what kind of relationship there is with her daughter? Are they—

**Blaine:** Very close. Yeah, she draws a lot of comfort from that.

**Yalom:** But then there’s this other really curious thing. She was with a husband, and you said the husband was abusive to her at the time?

**Blaine:** Yeah, she describes herself as having been a codependent. She basically was being blamed by him for not being good enough at anything. Which was a message she got from her parents growing up, is that, you know, you’ll never amount to anything. And so, she basically got into this sort of sick cycle with him where she believed it. She believed that she was always going to be less than, and so once the marriage ended, she set out on a course to prove that she could make it. And so her profession is in education. She’s in the school system and she’s become quite competent and accomplished in that, so she’s been able to prove to herself that she can do something and make something of her life. She has a really strong desire to contribute to the lives of children right now.

**Yalom:** Right, right. So she’s leaving parts of herself behind in all of the children that she has contact with then, too.

**Blaine:** Exactly, and—

**Yalom:** How did she get out of the marriage?
Blaine: You know, I don’t know the details because it happened like more than 10 years ago.

Yalom: And you had only seen her a few times. But she’s been out of this for 10 years with a man who was abusive to her, and she feels she’s well out of the marriage? I mean, she initiated the divorce?

Blaine: Correct, yeah. She feels she brought… She did go through therapy after that and she felt she brought closure to that part of her life. I think—

Yalom: And now, and now he has a stroke, and is she still being, you know, codependent in that she’s agreed to take over, to be the executor? Why has she done that?

Blaine: I don’t know if she had a choice. I think there was no one else in his life who was willing to take that role.

Yalom: Well, there’s his daughter, for one.

Blaine: That’s true. I’m not quite sure why she was appointed the custodian, but she—

Yalom: I don’t think she can be appointed, because I think she’s got to agree to that.

Blaine: Okay.

Yalom: Somehow she’s taken this upon herself and—

Blaine: That’s a good point.

Yalom: And I think she must feel… I mean, the nursing home is calling her because of his uncontrolled behavior? But she divorced this guy 10 years ago because he was making her life miserable. Why has she kind of put herself into this again? She’s got to be really conflicted about that.

Blaine: Yeah, yeah. That’s a good point.

Yalom: I understand she must feel sorry for him or feels like it’s her duty or obligation. But I’m not so sure that it is. They’re separated, they’re independent people now.

Blaine: She had to go to… It’s in another state, actually, where the nursing home is and where his home was. And she had to go and clean out his house and then figure out what to do with all his stuff. And so I think that whole thing was also painful because it brought up a lot of memories of
what type of marriage they had. And so there’s been a lot of re-stimulation about that. And, of course, he wasn’t very happy to see her. He does recognize her, but there’s very little communication between them at this point. But the nursing home is threatening, now, saying, if he continues his behavior, we may not be able to keep him here, and she’d have to transfer him to another place.

Yalom: It’s her problem again.

Blaine: Right, it’s become her problem.

Yalom: Yeah, yeah. I wonder if you can kind of help her problem-solve that and take a look at what it is that keeps her into this. And what the role of her daughter is in this, too. I mean, she’s graduated college. She’s an adult at this point. What sense of obligation does her daughter feel toward her father?

Blaine: That’s a good point to explore.

Yalom: Any other thoughts any of you have about this very interesting situation?

Astraea: I was wondering what it’s like for you to sit with her, and what kinds of emotions get evoked for you, since you’re listening to all of this?

Blaine: I always enjoy the sessions because she is willing to explore these questions as far as… And I think I relate somewhat to her age and going through a kind of transition in my… I’ve gone through a transition in my life in the last five, ten years, and so I can kind of relate to some of her questions of longing for deeper meaning at this point in her life. And she’s very quick to pick up things when I say it. She responds right away. So we tend to get into a dynamic where we’re in sync with each other very easily, which I enjoy that. So I guess I just would like to get to the feeling level a little bit more. That’s just my only concern. But I enjoy… The level of communication we have, I think, is really strong right now.

Yalom: Do you know how she feels toward you? Do you and she talk about the feelings that are transpiring between the two of you?

Blaine: I haven’t really asked her point blank. That’s something I should…?

Yalom: Yeah, I think that would be an important thing to do. You know,
I hardly ever let an hour go by with a patient in an individual session without some sort of comment or question about how things are going between the two of us: How is she feeling about the discussion today? Whether you sense that she felt very close or engaged today. Whether you sensed that you were distant from her. How has it been for her today? “You mentioned last week,” you might say, you know, “that you wished I hadn’t asked you this and it’s hard to go… So how is that feeling today? I have a feeling there’s a lot inside of you that wants to come out but it’s very hard for you to share some of these things with me. Do you have some concerns about how I would feel if you were to say these things?” Or, “I wonder what thoughts you’ve had about me since the last session.” That seems like a bold question to ask, but I do that all the time. “Have I entered your thoughts at all since the last session? Have you had any imaginary conversations?” I assure you, she probably has. As you become more and more important to her, she’ll be thinking of you during the day.

Blaine: It doesn’t… When I do that, it doesn’t personalize it too much, because I’ve always felt the focus needs to be on her experience of life and not so much her experience of me.

Yalom: Yeah. No, I like to make the focus on the relationship: What’s happening between the two of you, what kind of encounter there is between the two of you. So I’d do a lot of work on how she feels toward me, and will question. I often even ask people… I know young therapists, when they’re just starting, dread patients asking many questions about themselves, but as you get more experienced in the field, I often will ask patients what questions you have for me. Or, it sounds like there’s a question in there for me. And I’ll urge her to ask me questions and I’ll try to answer honestly in any way I can. I know that’s worrisome to a lot of therapists who feel cautious about self-disclosure, but I’m quite open to people asking me questions.

I was also thinking about, in the things that you talked about, I didn’t mention the fact that you said that she had had three deaths that she’s also had, so that even adds to the whole question of death anxiety facing her. So I think she needs to talk about that. You mentioned the word “meaning,” you know, several times during this session, and she’s got issues about what life’s meaning is, so I think that’s something to be explored, as well.
You know, when I... Years and years ago, 20, over 20 years ago, I wrote a book on existential psychotherapy with the arresting title Existential Psychotherapy, you know, but I spent ten years or so reading and writing for that book, and what I... You know, what the book is about, really, what an existential approach is about is that it’s positing that our bad feelings, our dysphoria, our despair or anxiety, emanates not only, you know, not only from our own life history and all the traumas that we may have had in the past, and not only from the figures that we’ve introjected, many of these figures being unloving or uncaring or neurotic on their own parts. And it emanates, you know, also not only from our current life crises, but it emanates also, also, you know, from our confrontation with the existential facts of life, you know with our confrontation with the human condition.

And the way that I then extended that, I thought of certain basic issues, core issues—I call them ultimate concerns in this book—and I thought of four that have particular salience for our field of therapy, and these were the idea of death, that we all want to persist in our own being and yet we all are aware of our inevitable death; and freedom, meaning the extent to which we create ourselves and even create the shape of external reality, ever since the Kantian Revolution, where we were aware that our neural constructs really construct the shape of reality. And another one would be isolation: the idea—not loneliness—but the idea that we’re born, we’re hurled into the world alone and we have to leave it alone, too, and that can’t be bridged. And then the fourth one is the idea of meaning. And you know, we are unfortunate enough to be meaning-seeking creatures. We seem to need meaning, but we’re thrown into a universe that doesn’t have any meaning—I don’t believe it does—and that we have to struggle to create a sense of meaning.

So, I think you have to take a chance and just try to have a discourse with her about meaning. Often we don’t enter into that. It’s too big a question. But for, you know, for her, it seems as I grasp a sense of potential meaning in her life, it has to do with the way that she extends herself into her teaching, extends herself into young people, wants to leave something of herself behind. She must think... Often people are so surprised sometimes to see that something she said, or something one has said, is quoted later on by someone else. They’ve had an impact on something. You know, she
is very important to a vast number of students—much more important than they are to her. You know, the teacher has many students, the students only have one teacher. So I’m sure that’s a big reservoir of her life meaning, as well as her daughter. And maybe she needs to help be reminded of that and reinforce it, and what’s interfering with that, I think, is the whole question of being hurled back 10, 15 years into this marriage again and cursing it all the time. She must be furious about what she’s forced to do with her husband and for her husband now, and maybe you could get into that. And empathize with her, and say, “I’m just thinking... I was thinking during the week about you.” People love to hear that you’ve thought about them during the week, and the truth is that you do think about the patient. There’s no sense of hiding that. And if you ever do think about her during the week—and you will be thinking about her this week, of course—you know, it’s a dreadful situation, that here she is with a husband that she really didn’t care for, who was abusive, and here she is forced to be a servant to him again.

Blaine: Now that’s, that’s really... A couple of things as you were talking kind of came to me. One is, she’s been so focused on others her whole adult life, I had her do this little exercise and create the perfect day in her life. If you had all the resources in the world, and she talked about being on the beach and getting up at a certain time, and talked about a whole thing. But it was hard for her. She told me in the next session, she said, “You know, I was thinking about how hard it was for me to think about a perfect day, because I rarely think about what do I need to be happy?” She’s been focused on what other people need from her, and that’s where she’s derived a lot of her happiness.

Yalom: Right, right. So she’s been almost too selfless. It’s almost that this is the kind of person you almost want to help become more selfish. That it’s worth thinking of herself, and that she only thinks of satisfying other needs. You have to wonder, where does she get her nurturance from? Where does she get something for her? And then that obviously then will lead into you and her. “How does it feel to ask for something from me? How do you feel I’m doing about giving you something? What kind of experience is that for you, because I hear how much you give to people: to your daughter, to your students, now to your ex-husband. So what does it feel like to ask for something from me?” And that’s a good way to go into
the here-and-now.

You know, Blaine, I’ve heard you mention on a few occasions—you’ve seen her only six times—but I hear you mention giving some exercises, you know, for example, creating the perfect day. It’s a great exercise, or also the homework. But maybe I should just caution you that it may be that her difficulty in talking and bringing up things is plunging you into feeling you’ve got to supply a little bit more structure for yourself. And in the long run, that might slow up therapy, because she’s going to keep on expecting these things from you.

**Blaine:** I see.

**Yalom:** And you’ve got to maybe be a little patient with the vacuum in therapy and just wait things out for her. “And what are you feeling, and what’s it like for you to sit in silence now? What do you think I’m thinking right now?” Things like that, that help her sit with the silence and not feel we have to, you know, as we all learn in graduate school, these exercises. And of course cognitive behavior therapy, you know, gives us a whole array of these things. But I’m not sure that’s the best thing for, kind of, ongoing therapy where you’re going to be working in greater depth. So—

**Blaine:** Be less task-focused.

**Yalom:** Less task-focused, and giving her less exercises, because she may like them right now, but in the long-run, they’re going to run out of steam, I think, and you want her to focus a little bit more on just being able to reach inside on her own and share. And if she’s not sharing with you, there’s only one major reason why she’s not because it’s got something to do with her relationship with you, and what she thinks you might begin to feel about her. Okay, thanks very much for presenting her, Blaine.

**Blaine:** Thank you. I appreciate it.
CASE 2: PAUL

Yalom: Okay, Laurie, so let’s hear about your patient today.

Laurie: Okay.

Yalom: Your client today.

Laurie: Paul is a 34-year-old male who came to me last September, so about seven months ago.

Yalom: Seven months. You’ve been seeing him individually once a week?

Laurie: Once a week initially and then he thought that therapy was not really what he wanted and it was maybe a little bit too expensive. He was concerned about financial issues, so he dropped back to once every two weeks, but then about, right around Christmas, about two months ago, we had a real breakthrough in our work, so he started increasing sessions. In fact, he wanted to double up and see me twice a week. So right now we’re back at once a week.

Yalom: Once a week, okay.

Laurie: Yeah. And he came in initially at his wife’s request, looking for support around how to deal with his anxiety and some very specific tools around motivational issues. So he had a very concrete plan of action that he came in with.

Yalom: Yeah.

Laurie: It was his first time in therapy, and he has struggled in his life with bouts of depression and anxiety since his mid-twenties. And he had a professional failure around that time that really shaped that—

Yalom: He didn’t go into therapy for any of these bouts before.

Laurie: No.

Yalom: Okay.

Laurie: He’s the kind of person who likes to do things on his own and get through things on his own, so he was a little suspicious of therapy at first. His profession: He’s involved in the animation world, and he talks a lot about his creative pursuits and his creative blocks, and that’s where a lot of his anxiety comes from.
Yalom: He’s an artist?

Laurie: He is, yeah, although his ability to actually engage in the creative process has been very thwarted and very stunted. He has a lot of pressure on himself around proving something, proving something through his creative work, and he’s had some professional setbacks in his early twenties, which I think precipitated some of his depressive episodes. And in fact, a lot of his peers went on in the industry to make a lot of money and have a lot of notoriety in the animation world, and he chose at that time not to pursue that path and instead go more in the freelance direction, because he wanted to have control over the creative process. In fact, he even tried to start his own company. But he hasn’t been successful in that world, as successful as he’d like to. So he has a lot of shame around feeling like he’s a failure.

Yalom: Yeah, yeah.

Laurie: His early life he spent, his childhood—he’s an only child—he did a lot of drawing. He really got reinforced and validated and supported around that, so his sense of self and self-identity was very intimately tied into his creative life. And since he’s had some professional setbacks around his creative expression, his whole sense of self and self-identity has really crumbled around that. He often thinks he has something to prove, and yet because he’s so afraid of failing because of this early episode of failure in his career, it’s hard for him to get mobilized to start to do anything. And when I say anything, it’s anything from starting a screenplay that he really wants to do—I mean, this is his passion—he has a lot of feeling about it when he talks about it. He can’t start that, but he also finds it very difficult to start doing any projects around the house, even. So there’s a real barrier to actually initiating anything.

Yalom: So, like, tell me a little bit more about the process of therapy with him. You mentioned something about a breakthrough sometime ago? What’s happening in your therapy now? What happened then? What’s it like to be with him?

Laurie: Well, initially I found myself, my own wanting to prove the value of therapy to him, because he had kind of a reservation about coming in. So I noticed myself kind of getting caught in that same, well, let’s have a plan and let’s focus on something. The breakthrough—and
then so my own anxiety around him saying, “Well, I’m not sure if this is really helpful,” and then cutting back to every second week. And then we really addressed, in a very visceral way, his experience of needing to prove something constantly and always failing, and just the sense he got as a child of how much his sense of self was about producing something creative, and there was a grief that came when he felt into how much that’s run his life. And I think it shifted from the head, and both of us trying to have a plan about what we were going to do next, into really just a felt sense of, like I said, his grief around being run by that and constantly failing and falling short. And I think the poignancy of him actually feeling the rawness of that place both engendered trust in the process and in me. Then I noticed this part in him that triggered the same part of me of, “Okay, then what’s next? What do we do with this?” And he’ll often say that. And I want to have an answer.

**Yalom:** Yeah.

**Laurie:** And really, I’m not sure.

**Yalom:** So in a sense, his feelings and his behavior is really pulling some feelings from you. You know, you’re feeling as he does, you know, you’ve got to produce; you’ve got to have a plan. So the countertransference is coming up as, really, your kind of form of empathy. You understand what’s going on inside of him by looking, because I’m certain that this isn’t the kind of feeling you have with a lot of your other patients. I mean, it’s something very specific about him, is that right? That you feel like there’s more with him than with other patients?

**Laurie:** Yeah, definitely. And there’s that part in me that I have that part that it’s pulling on that wants to make sure that I’m giving him results, or that this is a value for him. So, yeah.

**Yalom:** Have you ever expressed that to him? The kind of things that he pulls from you, and the kinds of feelings you have about what it’s like to be with him?

**Laurie:** No.

**Yalom:** That might be something to... You know, I think, sooner or later I would probably do that. You know, what I’m experiencing in his presence and how close that seems to be to his experience, that it’s pulling this from
me. When in fact, you know, we don’t have a specific plan, you know? And you don’t have a specific course that you’re going to be taking unless you’re under the allusion that you are by having some kind of protocol and you’re going to do certain things each session, which is wonderful to allay the therapist’s anxiety but a very bad way to do therapy. So you don’t have a specific plan at all, but you feel that you must have one for him. In fact, you know, you and he are taking a journey of self-exploration, and you’re going to be his guide and help him in every way you can. But instead, it’s transformed into something else by what’s being pulled from you.

**Laurie:** That image of a journey is really helpful. He had a dream similar to—

**Yalom:** Oh, tell me about that. I was going to ask you about dreams.

**Laurie:** Yeah.

**Yalom:** What has… Does he give you dreams often in therapy?

**Laurie:** No, but right when he had that visceral breakthrough of just that core belief, he offered a dream.

**Yalom:** He offered. And before you tell me that, do you usually ask for dreams? Is it part of your usual way of working with him?

**Laurie:** Not usually, no. Sometimes I will ask him to pay attention to anything that might come up in a dream, and I say it as a parting comment at the end, but I don’t actually actively ask the next time, “Well, did you dream?” But—

**Yalom:** Yeah. It might be something… You know, I do this with every patient I work with. I just find dreams to be so valuable. And I tend to be a little bit of a nag about that. Or I’ll tell them why I want to work with dreams, because sometimes it will open up material that we might otherwise not get into. And a lot of patients will say they never dream. But if you nag enough, everyone will, sooner or later. And then you may give the standard instructions, you know, having a pad and paper by the bed. Telling them about, if it’s still hard for them to remember, tell them to try to, when you wake up in the morning, before you open your eyes, see if you can ask yourself about whether you’ve dreamed. Try to go over the dream in your mind before opening your eyes and writing it down immediately. Sometimes just even a few words on a pad of paper, if they
wake up in the middle of the night, just acts like a hook, just brings the whole dream back, you know. So what was the dream that he had during this crisis that you were in with?

**Laurie:** The dream was that he was in an Eastern European train station, and he identified it as Eastern European because it kind of had a feeling of kind of falling apart and kind of some decrepitness, something old about it. And he was in the train station, and there were a lot of trains going back and forth, and a lot of people milling around, and he was anxious. And he was trying to get back to where he came from. But he couldn’t really remember the name of the city that he had just come from, so he was looking up at the board that lists all the train stops, and he was trying to notice if he could find the name of the city that was closest to where he came from, like, get somewhat of an approximation. But he couldn’t even recall that. So it was just this experience of all these people, all these trains, and just this fear of not being able to get back to where he came from. And as he told the dream, there was a lot of emotion that came up.

**Yalom:** What sort of emotion? What came up?

**Laurie:** There was grief, a lot of grief that came up. And a feeling kind of of the anxiety of, “Okay, what do I do now?” A feeling of being trapped.

**Yalom:** Did he give you any—I know this was a while ago—but do you remember any associations? The Eastern European? Did it have any specific meaning for him?

**Laurie:** Well, he had just spent about a week intensively playing a video game—he’s very much in that world, professionally—which had an Eastern European—

**Yalom:** I see.

**Laurie:** —flair to it. Yet—

**Yalom:** So that’s part of the manifest content: what just led into that.

**Laurie:** Right, right.

**Yalom:** Okay.

**Laurie:** And he recognized as he was speaking it that there was a lot about going down into tunnels imagery in the dream. And as he was speaking, you could see that there were a lot of associations that were being made as
to how relevant the imagery was. And there was also a part of him that felt kind of good that this seemingly, maybe inane activity of playing a video game actually was useful for him.

Yalom: Right.

Laurie: There was like, he was like, there is an element of surprise, I guess, at the synergistic experience of his unconscious unfolding.

Yalom: He doesn’t have any Eastern European background or any other thing that feeds into that?

Laurie: He doesn’t. He has a Greek background. But one of the experiences I asked him about in his early childhood was when he was, I think it was like 11 to 13, or 10 to 12, around that age, as a young boy his family lived in Germany, I believe it was, at a base, a military base. His father was teaching there. And he used to see missiles go over the school. Like, there was a testing ground. And so he lived for two years with this experience of uncertainty, of just this being uprooted from his home and not really ever sure about his safety.

Yalom: Well, it’s a very interesting dream. Of course, one way to look at it, too, has got to do to, as often dreams about journeys are, is they’re tied into psychotherapy. We talked before about, you know, therapy being a journey, and often when I hear patients talk about journeys, you know, I think of in which way that relates to the work you’re doing with him. There’s also the idea of, in the dream, of going into tunnels, which has to do with going deeper, going underground, going into one’s unconscious. And how does he get back to where he came from? Did he have any idea?

Laurie: Yeah.

Yalom: Did he associate to that at all, as you remember? I wonder what that meant to him.

Laurie: Our exploration around that was, it’s almost… he’s realizing that his psychic structure is crumbling, and he associated that with the crumbling buildings around, and that, if he’s not run by this need to prove something, then… which was getting back to his original… then who is he? How does he get back to his original self, getting back home? So that’s the link that we’re exploring.
Yalom: So he really is only, sort of exists, finds his identity by doing, by performing something. The idea of just sheer being, he kind of justifies existence by a performance in some way, and he’s consciously anxious about that. I’m just thinking as you’re talking about someone that I saw in consultation just a couple of weeks ago. He came from another country and was just here briefly. And I saw him for a couple of hours. I won’t go into the whole story, but what was happening with him is that he had lost a very close friend. It had been about two years before then, but since then—this was a man in his fifties—and since then, he has been very frightened of doing so many things that he could do with ease before, that everything felt dangerous to him, even swimming or skiing. So there was a lot of sort of manifest death anxiety, which is not unusual when you lose someone. I mean, one of the aspects of grief that we don’t often explore is the fact that part of grief is that it’s a confrontation with your own death. And so with this particular person, we began talking about, there was so much death anxiety, so that he became frightened of everything.

So we talked about death anxiety for a while, and then I tried to explore with him about what there was about death that frightened him. That sounds like a stupid question, I know, but, you know, it really isn’t. You sort of take a look, well what about the experience of death is so frightening to you? He got pretty quickly into the idea that there was so much that he hadn’t done that he could have done. And this person happened to be an artist, as well. That’s one of the reasons that makes me think about that. And the fact that he was a very good artist, but he never gave himself time for the painting and the work now, so we took a look at why he wouldn’t give himself that time and what it interfered with, and a number of issues came up. One of them was that he and his wife were in some sort of very strange competition to see who could earn the most money, and he didn’t want her to win. So I would ask him—he was a therapist—“so what would you feel if you had a client who told you that you were living in that fashion?” And he said, “Well, I’d tell that person that that was a totally absurd life.” You know! And so we began to look at that, and those were issues for him to begin to work on with his wife a little bit.

This is one of the reasons why I never do feel there is such a thing as existential therapy, to train as an existential therapist, right from the
beginning of your training. I’ve always felt that you really need to be just a fully trained therapist in all the various parameters and all the schools, and to work in an existential mode, you need to then, you know, add to that an increased existential sensibility. And this patient I’m telling you about right now—I know I’m rambling but I’m getting back to this point—but this patient I’m telling you about now is a good example of that, because he’s coming in with death anxiety, kind of an existential issue. But one of the things he needs to look at is looking at couples therapy and looking at his relationship with his wife. Generally, I think there’s a rough correlation between anxiety about dying and this sense of unlived life inside of you. The greater the sense of unlived life inside of you, the greater the death anxiety. I think this goes back a long way historically. Certainly it’s to be found in Nietzsche, as well. So the lack of unfulfillment in him, I think, is devastatingly important for him.

One other thought that I got into with this patient I was just telling you about was the idea of, he felt, he felt that one of the reasons that he wasn’t giving himself time to really practice on his art was that he wants to keep alive the notion of unlimited potential. He could really be something if he only… But he hasn’t had the time to do that. I don’t know if that’s going to be important for Paul or not, but it might be. What I see in Paul, too, is a man who’s really crippled with regrets. He’s crippled with regrets for the things he hasn’t done, and as he looks back over his life, you know, he feels just overwhelmed with regrets of unfulfilled things, of unfulfilled potential. And I do like to turn a patient’s head from looking at the past to then turning around to looking at the future, too, with the question, really, that you phrase one way or the other: “Is there some way that you could live, say, the next couple of years so that two years from now you wouldn’t be looking back on these two years all full of even a greater accumulation of regrets?” In other words, what can we do to live a life that we’re not accumulating regrets for? How can that be? And that concept, one way or the other, I think, is an interesting concept in therapy. In a sense it’s another way of looking at Nietzsche’s idea of eternal return, which was the thought experiment that he used: the idea that, what if you were offered the opportunity to live your life in exactly the same way, over and over and over again, throughout all eternity, that everything that happened, every act that you made, you’d have to repeat. What would you
say to someone who offered this? Would you say, “You’re a demon, the worst thing I’ve ever heard”? Or, he says, “Or have you ever had,”—how’d he put it?—“a tremendous moment where you would have thought this man was a god offering you something that was divine?” In a sense that relates to him, you know? That he’s living his life in a way that is only accumulating greater and greater shame and regret. I wonder how you work with him in the here-and-now of the session, which way his issues sort of manifest themselves in the way that he works with you. What’s a typical interaction with him like between the two of you?

Laurie: Um. Hmm…

Yalom: How does the hour go?

Laurie: He has an ability to touch into his emotional, like a very visceral bodily emotional sense. He’ll dip in and then come out. And then, if I follow too much and don’t hold the depth part, we can get into trying to figure something out.

Yalom: Does he talk at all about how he feels about you, or how he feels about the session? I wonder if there’s some way to take a look at that. In other words, to let him experience the moment more. Because in a sense, what you want to help him do is learn how to live life in the immediate experience, rather than to live life with the idea of having to produce something. So I wonder if you couldn’t examine what it’s like for the two of you and how he feels about you. One thing that you’ve already mentioned is this idea of how you feel pressured by having to produce something for him. So what else happens? And also when you talk about that somehow he dips down and then he comes back, maybe it’s worth taking a look at, well, what happened between the two of you that enabled him to dip down? How he felt about expressing that in front of you. What are the times that he’s felt closest to you? What are the times he’s felt furthest away from you? I think I would… I know that’s not what he thinks he’s coming for, you know, but I think that you can’t simply keep working on the way he’s defined the problem. There may have a lot to do with the whole question of closeness and intimacy.

Laurie: In the initial stages, when I didn’t feel that he was really engaged, I would ask him what it’s like, and he would often say, “Oh, it’s fine.” Like, there’s almost a quickness to the response, and the few times that… I
haven’t asked the very specific questions about the relationship, about the
closeness, which I think would be really valuable. But there’s a way he can
get... pop out of any feedback in a way that, “Oh, it’s fine.” A very quick
answer.

Yalom: Right. So that would be something... Then, of course, if you’re
working with him in a real here-and-now mode, then you begin to
comment on that. You know, I’m hearing you say, “Oh, it’s fine,” and I
wonder what that means to you. I’ll tell you what it means to me, I might
say to him, “It somehow means that you’re pushing away from me a
little bit; that you don’t want me to get too close. Or that you’re trying to
reassure me about something. I wonder what it feels to you. Can you get
into that, ‘Oh, it’s fine,’ and tell me more about it?” I mean, that’s the kind
of approach I might take.

You know, I know our time is limited, and as a group, we don’t really have
time for a lot of interaction, but if any of you have any comments about
Paul that you might want to comment on, do let me know. Any of you have
any strong feelings about this patient, this client, now?

Blaine: As you were talking, I was just thinking of trying to find a way
to reconnect into his earlier vision of himself, because he had a dream
as a child of being this person that could draw, and he had probably a
very wild imagination about how his life was going to turn out, and he’s
experiencing disappointment or regret now, but somehow, you know,
I could have him recreate that passion that he had, reconnect with that
passion and see how that might be rekindled in this current situation.
Because there are always those lost dreams that we want to go back to.
So I guess I would maybe even work with him to do kind of a guided
mediation, even, on what’s it like to be a kid again, to have your whole life
in front of you.

Yalom: Yeah. And what kind of sympathy, or empathy, he has for that 12,
13, 14-year-old boy, and what’s that like for him to go back to that time.
Yeah, I think that would be, that would be an interesting move, too. Any
other thoughts, any—

Gary: My thought about the dream is that it did speak to his fear about
therapy. One thing I’ve noticed is that as soon as people start to change,
they become very afraid, because, well, “I know who I am. I know who I
used to be. But if I lose that identity, and I can’t get back to that, then who am I?” People come saying, “I want to change,” but changing also requires letting go of who we think we are, and that can be terrifying.

**Yalom:** Yeah, I think that’s a great thought. Does he have any children?

**Laurie:** No.

**Yalom:** Uh-huh. I was just thinking… Well, do you know why? Does he plan to?

**Laurie:** Just newly married.

**Yalom:** Oh, he’s newly married.

**Laurie:** Yeah, and one thing that is interesting, too, is that when he felt competent in his creative career in his teens and early twenties, he had a very difficult time with intimate relationships with women. And so now he sees himself as being successful, being married—successful in intimacy being married—but his career has gone down. So there’s something, too, about trusting self-worth—his likeability or lovability, too—that I’m curious about.

**Yalom:** Well, there’s also the question of extending the definition of creativity. You know, how creative is he in his relationship with his wife, and how creative is he in his work with you, as well, kind of extending that whole question. Okay, Laurie, thanks very much. It’s very interesting, but let’s go on to some of the other clients we have today.

**Laurie:** Okay, thanks.

**Yalom:** Thank you.
CASE 3: GEOFFREY

Yalom: So, Gary, tell me: Who do you want to talk about today? Give me kind of a brief summary and I’ll try to do whatever I can to contribute to that.

Gary: I want to talk about a client named Geoffrey. He’s now a 45-year-old man, married, a three-year-old child. He came to me about six years ago after an outburst of violent rage that scared him and his wife. I saw him in individual therapy for about two years, and then he quit that and transitioned to a men’s psychotherapy group that I lead.

Yalom: So once he started the psychotherapy group, you stopped individual therapy?

Gary: Right. But then he began individual therapy again a year ago, after he had another outburst of rage and was frightened by that. So he came into individual therapy. He’s actually now in couples therapy with another therapist, too, so he’s got a lot of therapy.

Yalom: Yeah.

Gary: He’s a very, usually gentle, quiet, accommodating fellow. When he gets in arguments with his wife, she tends to be the one who expresses anger at him, and he’s very conciliatory, though he lets this resentment build up by accommodating other people, and eventually the resentment gets to the point where it flames into a kind of rage.

Yalom: Um-hmm.

Gary: In the group he also tends to play a peacemaker role. He has occasionally gotten into conflicts with other members. A little about his background: He grew up in an upper-middle-class professional family, only son, has two sisters. He’s named after his father, went to the same university as his father, who was a successful businessman.

Yalom: Both parents living?

Gary: His father died about three years ago, and that’s been a focus of the therapy. In the group and in individual therapy, he’s been grieving the loss of his father—which he’s done. In our sessions, which are pretty warm and humorous, he sometimes laughs. But he’s also been able to grieve and cry and take comfort.
Yalom: The grief is still quite acute at this point?

Gary: Not so much acute, but it’ll come back, as grief tends to, periodically. His parents divorced when he was 12, thereabouts, and his mother became very depressed and started abusing drugs at the time, and he started, essentially, managing her life. He was actually balancing her checkbook at, like, age 14. And that’s kind of set a pattern for him. He is now in a profession—he’s a gynecologist—he chose a profession focusing mostly on women, and he, with his wife, tends to treat her as if he needs to manage her life, even though she’s a competent person, actually a few years older than him. And he gets very frustrated when she doesn’t let him manage her emotions. The goal right now that I’m working with him on is for him to really express his feelings more clearly, to state what he wants, what he needs, and to be able to do that in an effective way.

Yalom: Yeah, okay. Okay, a lot of possible ways to go here. You know, I’m very interested… Maybe we should take some time to just take a look at the fact that he’s in a group, as well as individually right now. So, let’s talk about that a little bit. What’s he doing in the group? How does he work in the group, do you think? It’s a men’s group, you say?

Gary: Yes, a men’s psychotherapy group.

Yalom: How many people are in it?

Gary: There are seven men in the group altogether.

Yalom: Yeah. And they are individual patients of yours, or—

Gary: He currently is the only one I’m seeing individually. I have seen others individually in the past, but right now just him.

Yalom: You have seen others individually in the past while they’ve been in the group?

Gary: Right.

Yalom: Okay. And roughly how long do people stay in the group?

Gary: It’s a long-term group. People have been there eight or nine, ten years. He’s been there six years. He’s one of the newer members.

Yalom: Okay, okay. So how does he operate in the group? I guess specifically what I’m asking is, if we look at the kinds of issues that he
is really manifesting outside the group—the conflict, for example; his relationships with women; his tendency to be conciliatory and then suddenly explode—I mean, how much of that is manifested in the here-and-now of the group? Or the here-and-now of your individual therapy?

**Gary:** Well, in the group he generally does play the role of peacemaker and mediator. Say, if there’s a disagreement between two men in the group, he’ll try to explain each point of view to the other guy. But he sometimes gets in conflicts. In fact, he’s in a conflict right now because he’s been missing a number of groups because of the request of his wife to come home and help with childcare. And some of the other men in the group are angry at him. In fact, one of them said, “Oh, you’re henpecked.”

**Yalom:** Yeah, yeah.

**Gary:** And he got a little bit defensive about that, but he didn’t get outright angry about it. But I could tell that it really bothered him, but he tends to—

**Yalom:** So he’s caught in a bit of a jam there. He’s having group pressured placed on him to attend the group. And after all, he made that contract, I guess, when he joined the group. And then he’s getting this pressure from his wife, as well. He’s really caught in a squeeze there.

**Gary:** Um-hmm.

**Yalom:** How much is he missing?

**Gary:** He’s probably missing once a month.

**Yalom:** Once a month. That’s a lot.

**Gary:** Um-hmm.

**Yalom:** That’s a lot. I know in my groups, if I find that a patient is going to be missing once a month for a long period of time, I will really think seriously of removing him from the group.

**Gary:** Right.

**Yalom:** Because it just breaks the continuity too much. And there’s the… For him, he often needs a summary, or if he doesn’t get a summary, he’s feeling a little bit out of it. So, what you’re saying is very interesting, though, because one of the basic concepts of group therapy is that
the group is a social microcosm, and what we look for is we make the assumption that sooner or later, you know, the patient is going to show, is going to demonstrate the kinds of interpersonal pathology that they have. So in the group, you know, it’s more of an ahistorical focus. I’m not interested in people in the group giving a lot of information about their pasts, about their growing up period, about the kinds of issues they’ve gotten into with other people, because in a sense it all unfolds in living color right in front of your eyes if we look at that. And that seems to be happening, that seems to be happening with him. And you know, so, there are a couple of things to remember about that: that not only is the group a social microcosm, in fact, we almost want it to happen. We want them to demonstrate what they can do. I mean, they’re not going to be responding in adaptive ways to other people. If we say to people, “Well, we want you to be open, communicate well with other people,” etc., we know they’re going to fail. They have to fail because we want them to, in a sense; in other words, so that we can begin to identify their pathology. So that’s one thing. We want to set up a situation where their pathology becomes manifest, and almost we want to activate that. We want that to happen. But then secondly, it’s terribly important that we stop action, in a sense, and we have a self-reflective loop on what’s just happened. Now, so you said, then, that he really does show you the kinds of conciliatory roles, he’s showing this member’s part, and this member’s. Now what does the group do when he does that? Do people point that out to him? Has he gotten any feedback from the group about the kind of way he’s operating with others around anger?

**Gary:** Yeah, he has.

**Yalom:** Can you tell me how that goes in the group?

**Gary:** Well, the group members know him well. They know his story well.

**Yalom:** Yeah, he’s been there for a long time.

**Gary:** And they know his childhood patterns and how he relates to his wife.

**Yalom:** Yeah. Sometimes, you know, what I’ll do is ask—if he’s in a pattern where he’s trying to explain this person, trying to explain this person—sometimes I’d much rather, instead of my pointing it out, ask
the members—say, the two members that were in conflict—how they feel about his intervention. Do they welcome it? Is it helpful? Is it overly obvious? Is he sinking back into the kind of role he has? Is it possible for him to stay with his own feelings about this conflict rather… What would happen if he does that? So how does he deal with people checking in on him and letting him know what they think he’s doing in the group?

**Gary:** Well he’s very open to it, and he will listen.

**Yalom:** Yeah.

**Gary:** Sometimes we’ll give him more intellectual explanation of what he’s doing. People have given him that feedback, that, “I really don’t need you to explain my position. I can do it myself,” and he’ll back off at that point. But he will still do it. They’ll also give him feedback, for example, he’ll tell a story about, “Well, I needed to do this particular thing to help out this person,” and people will say, “Why did you need to do that? This person can do it,” and then he’ll explain more why he had to do that. So he listens, and he’s slowly changing his behavior.

**Yalom:** Right. And people are catching him fairly quickly on that. And they’ll say, “Look, you’re doing it again right now, Geoffrey. Right at this moment I see you sinking back into that old role.” They’ll point that out to him. The other issue, really, that you’re mentioning is that sometimes he does get in open conflict with the members. Tell me about that. How does that work in the group?

**Gary:** Well, he had one really major conflict with another group member who is a very strong, assertive person. And they disagreed about… Geoffrey had suggested they watch some video as part of the group, and this other man really, really didn’t want to do it. He had a very strong position about it.

**Yalom:** Had the group ever watched the video?

**Gary:** No, they hadn’t. But this one man really didn’t want to, and he was very much opposed to the whole concept of it, of what this particular thing was about. And the thing I noticed about Geoffrey is that he kept insisting that the other man ought to listen to and understand his point of view better, and he kept going on, “Well, you’re being unreasonable. You’re not understanding my point of view.” And I had to keep pointing out to
him, “Well, that’s his point of view. He doesn’t have to understand yours. Yours is still valid even if he doesn’t acknowledge it.” But he kept pulling for the other person to acknowledge his point of view, like he couldn’t hold it as valid unless the other person—

**Yalom:** He didn’t feel the other person was listening or understanding what he wanted to do?

**Gary:** Right.

**Yalom:** How’d you feel about that interaction?

**Gary:** Well, I thought it was true. The other person wasn’t particularly listening. But that wasn’t really the point. He wasn’t trying to listen. He was trying to express his point of view. I know this is very similar to what Geoffrey does with his wife. He really tries to convince her of his point of view and he has to explain it to her, and she has to basically agree with him and acknowledge it for him to feel validated. It seems hard for him just to hold his point of view. “This is my point of view and you can have your point of view and disagree with me.”

**Yalom:** I get the idea that Geoffrey doesn’t feel he has much power or much influence, that he’s not heard. He’s really got to fight to be heard. That’s something he’s talked about with you?

**Gary:** Um-hmm.

**Yalom:** Yeah. You know, the whole issue of conflict in groups is an important one. I mean, sometimes it’s very hard for patients to deal with conflict or even to express it. There are a lot of patients that you don’t, you’re not expecting that there’s going to be a full-blown, major conflict, but you want them to start with smaller levels of it, so you ask people to talk about something before it becomes rage, irritation, or impatience. It could be that someone like Geoffrey might profit from frequent encouragements about when he’s just feeling a little impatient, when he’s… Because I think if you’ve got someone who has problems with outbursts of great rage, if he could let it out when it’s earlier, when… I always think of it as young anger, before it blossoms into full-blown anger. Groups are good at dealing with anger once they become a mature group, and yours is a very mature group. In the very early stage of a brand new group in the first few meetings of the group I don’t think the group deals very well
with anger, and if there’s a lot of anger expressed, people may leave at that part. But, you know, you as leader, you really need to help to titrate the anger to make sure that it goes on for a certain period of time. And the way you do that, of course, is you do a process check, by which I mean there’s a certain kind of conflict going on in the group and then you stop the group, and you say, “Can we stop right now? Let’s just take a look at what’s been happening over the last five minutes and how do people feel about it. And what’s the anger feel like to each of you?” And then people around the group will begin to talk about what this has meant to them: how frightened they are, how angry they are, how intimidated they are. Which is a terrific aspect of group therapy, because here’s an example where you have a single stimulus in the group, and the stimulus is there’s this outburst of anger between two people. Everybody has the common stimulus, and yet as you go around the group, you probably have many different views and experiences and reflections on the part of the members about this common stimulus; they’ll be very different. And of course there really is only one explanation for that, which is that you’re dealing with six or seven different internal worlds. So to do that is really just a rural road into the inner world of each of those patients. So I would work a lot with anger in that direction.

**Gary:** One more thing on anger—

**Yalom:** Sure.

**Gary:** —is that another way it’s come out in the group is that he tends to express anger indirectly, making sarcastic comments to other people. And the group has actually gotten very good at pointing that out. I might say, “Well, how did you take that comment that Geoffrey just made? Did that have a little bit of a zing to it?”

**Yalom:** Perfect, perfect. Yeah, right, it’s much better than for you to point that out, for one of the other members to comment about how it felt to them. And if he doesn’t, then you ask that member how that felt. Now, you’ve got a very experienced, mature group. In an early group, a group meeting several weeks or several months, they won’t do that, you know. You’ve got to train the group, in a sense, as the group gradually becomes mature. You know, and it’s wonderful for you to be having a group that’s meeting that long, and, of course, that’s exactly the problem of group
therapy today, because you’d think that groups would be extremely popular with managed care and with the economic crisis, but in fact, that’s not happening at all. And when groups are being used by HMOs—for example, Kaiser would be a good example, at least in my area in California—they’re using a ton of groups, but they’re not using them well. You know, everybody goes into a group. They’re not preparing people for the groups, they’re not selecting patients for the groups. And furthermore, the groups that are being led, the great majority of them are psycho-educational groups, where the patients are given information about panic states, or information about eating habits for anorexia. And that’s useful. However, what they’re missing is really the absolutely main power of the group, which is the examination of interaction between members, which I see your group is doing really well.

I think that’s absolutely the paydirt in therapy groups. After all, people, for example, like your patient, are in the group because of the fact that they’re having problems with relationships. They either can’t establish or maintain a really enduring and gratifying relationship. So they have interpersonal pathology, and the group is the absolute perfect arena for them to be in, because then their pathology with others begins to manifest itself, and then they can have that pointed out and hopefully correct it. The kind of conflict you’re talking about, I think, is not anything we have to worry about. In fact, I’d be very worried if there weren’t conflict in the group. It’s essential that there be conflict in the group, because that means people are being honest.

You know, I just recently wrote a novel—this is 2005, it just came out—and it’s a novel about group therapy. And one of the major issues in the novel—it takes place in a therapy group—is that there’s a tremendous conflict between two people that started long, 20 years before. They just by chance had an encounter 20 years before they entered the group. And it was an unforgivable transgression that one person felt that the other had committed on her. And so these two people were in the group, and one of the things that the leader could say to them, although, of course, they weren’t willing to accept it at the time, is that, you know, he’s got a feeling that it’s a good thing they’re there in the group. And the fact that two people who have had that kind of history and are in such conflict may end up the group feeling that that’s the most useful thing they got. Their
interaction was what really helped them. And I’ve seen that happen all the time; that people who are in a great deal of conflict end up, and that’s a blessing for them.

You know, one thing I was thinking of, Gary, is that you mentioned—of course, he’s in an all-male group—I’m wondering, what would it be like if he were in a mixed group? Because, again, looking at the here-and-now and how he expresses all these things and a lot of his conflicts have to do with the wife and being conciliatory toward women—just theoretically, of course—I’m not suggesting that he be in another group—but theoretically, how would you, what would you think about his being in a mixed group? Would there be advantages of that for him?

Gary: I think there would. I would expect to see the same kind of behavior where he would perhaps see some of the women in the group as needing his help.

Yalom: Yeah.

Gary: Because he has both a kind of kindness toward them, and at the same time a kind of condescending attitude about them needing his help.

Yalom: Yeah. Yeah. Let me ask you one other thing that often comes up: the whole question of your doing individual therapy while he’s in the group. And right now you mentioned, I think you said he’s the only person in the group who you’re seeing individually.

Gary: Correct, yes.

Yalom: How does that play out in the group? The other members, how do they feel about it? And what’s it like for you to see him individually and in the group together?

Gary: Well, I think since I have seen other people in the group individually before, it’s not that unusual.

Yalom: So the group, in a sense, doesn’t feel envious about the fact that he’s getting extra attention.

Gary: I don’t think so. I’ve brought that up with him before. I always bring it up when I am seeing someone individually. I ask him to bring it up and discuss it. But no one expressed any really strong feelings about it. One challenge is remembering when he told me something, whether he told it
to me in individual therapy or in group.

Yalom: That is very important. That occurs, that occurs for me, many times. I haven’t done many groups where I’ve seen some people in the group individually and some not. Usually, what I will do is to see everyone in the group individually, or no one in the group individually. But I’ve worked in a university clinic, and I’ve had the privilege of having a lot of patients at my disposal in a solo practice, you know. I know that’s not possible, and you have to do the best you can on that, but if I see people individually, then I sometimes get mixed up. Have they told this in the group or not? Do I have the right, in the group, to say something they’ve said individually to me? Do they feel, in a sense, that there’s been a transgression?

Usually, if people… if we get… I’ll get into a discussion with patients about that, and if they say, you know, I want to say something to you, but I don’t want you to say this in the group, I will never make that bargain. It’s a real devil’s agreement, because they may say something that is really… I once had a patient say this to me and it turns out he was having an affair with somebody else in the group, and he wanted me to swear my secrecy, and you get into a lot of trouble. So I say, “No, you just have to trust my judgment on that not to embarrass you in any way.” Or there may be times that I’ll look at the patient or ask him, “Would you be willing to go back into it?”

Also, then it comes up how you use the individual hour. You know, I find that when I’m seeing someone in the group individually, I will spend a lot of that individual session on the group; you know, deepening his interactions and his feelings toward each of the group members. I don’t know if that’s happening to you in terms of how you use the—

Gary: I have, but maybe could do that more. But I do make parallels between things he’s saying about his other relationships, like with his wife or with co-workers, and ways I’ve seen him interact with others in the group.

Yalom: Right. Right. Another way to use individual sessions when someone is in the group is to coach them. I don’t think that’s necessary for you because he’s a long-standing member, but people, certainly, who haven’t been in the group for a long period of time, you keep coaching them on how they could interact with people. I worked with an individual
patient recently who was in someone else’s men’s group and did a lot of coaching on working in the here-and-now, and why isn’t he talking to the other people? And he was in a group where there was very little focus on the here-and-now. It was quite amazing to me that this one member really transformed that group and made the whole group work a little bit better with a lot of external coaching. So tell me what’s happening and why you’re seeing him individually, continuing to see him individually, at this point?

**Gary:** Well he came back in after he had this outburst with his wife. It was an agreement they made that he would go back into individual therapy, as well. They’re also in couples counseling, as I said. Actually, I spoke with the couples counselor, who agreed with me that Geoffrey really needs to learn more how to state clearly what he wants, how he feels, what he needs. And that’s really the main focus of the work right now.

**Yalom:** Yeah. Right. Well, and it looks like there’s a little issue, or big issue, that kind of crystallized a lot of these things on his wife’s demanding that he miss some of the group and stay home and do some childcare. So that looks… I’m very glad to hear, too, that you’re in open communication with the couples therapist. It’s really important that there be open channels of communication, as you know, with all the therapists. You’re all allies in this.

**Gary:** Well, do you have any advice as to what I might do about the fact that he’s missing so many groups?

**Yalom:** Yeah, well, again, I feel that it’s more than a matter of that patient’s. It’s really the whole group takes priority for you and I think that probably jams up the group by his missing that much. So I think probably this is an issue that you’ve got to deal with him, or maybe through the couples therapy, that there’s got to be an insistence that if he’s going to stay in the group, he really needs to come more regularly. And for the couples therapist perhaps to begin to work out why is the wife, who really desperately needs him to change, what’s happening so that she’s sabotaging therapy for himself, or he’s allowing therapy to be changed.

**Gary:** Right. He actually volunteered to do this.

**Yalom:** He’s volunteered to do this.
Gary: She didn’t even insist.

Yalom: Oh yeah. So then I think you’ve really got to be confronting with him about that, and that probably may be a very good use of your individual hours with him. Okay, well that’s all that I can think of telling you right now, Gary.

Gary: Thank you very much.

Yalom: Thanks very much for presenting him.

CONCLUDING REMARKS

Yalom Commentary: Looking back on these cases and on my comments, I realize that I focused particularly on three issues: one has to do with working in the here-and-now; another has to do with working on existential topics; and a third one has to do with issues in group psychotherapy. Let me say just a few words about each of these in turn.

First, working in the here-and-now. You know, this is an extremely important topic, especially for new therapists, for neophyte therapists, because it’s very hard to learn how to do this. And yet it’s so important because, for me, it’s really where the real paydirt of psychotherapy lies. It’s not only because it’s important for us to have a very strong therapeutic alliance with our clients; it’s much more than that. It’s also because the here-and-now is a screen upon which many of the clients’ problems tend to be sharply focused. So if we study the here-and-now and understand what’s happening, we will learn much more about the client than simply learning it through historical review.

Another issue is that the therapy and the here-and-now is a dress rehearsal for life. If, for example, you develop an intimate relationship with a patient, help the patient develop an ability to be intimate with another; if the patient learns to confide in you or trust you, or even to love you, well this is extraordinarily important, and you spend a lot of time and attention to helping the patient transfer these into other aspects of his life with other people. I notice also there are issues in the here-and-now of therapists’ self-disclosure, and the therapist relating to the patient in more of an equal, more authentic way.

The key for therapists in learning how to work in the here-and-now, and how to use the here-and-now, and how to use one’s own self in therapy is to
know yourself as deeply as possible, and there’s no better way than to know yourself and learn about yourself than to be in personal therapy. I always feel that’s the most important part of our educational venture. Nor do I think it’s a single shot. I think it’s important for therapists to enter therapy at several stages of their career, perhaps even because the exigencies of life become changed and different in other life eras, or you may enter some personal crises of your own.

So let me talk a few minutes now about existential issues. There were several of those that were raised in the group. There was one of the clients who talked about grief, and there had been several losses in the life of that client. And I think that existential issues will emerge if you work deeply with people who are in grief, because grief is not only about loss, but grief, if you get beyond that, is also about loss of oneself. Because at some level, one says to oneself, “If so-and-so,” a close friend, a spouse, “If so-and-so can die, then so can I. So will I.” So that’s one important aspect of this. And then there are specific instances. For example, the loss of parents will bring you in touch with your own death. It’s almost like you’re placed in a different queue. You’re much closer. There’s no barrier between yourself and death, whereas the parents stand in some sort of a natural barrier.

In another one of the discussions, we talked about responsibility in terms of freedom: what one does with one’s life. And when we focus on responsibility in psychotherapy, if the patient turns their head toward the past, it may be that the patient may have a number of regrets for what they’ve done and what they’ve not done in their life. And in therapy I think it’s very important also to turn their heads in the other direction, turn it toward the future. Because, in fact, if they are responsible for what they do with their life and for their own life choices, then I try to help them deal with the issue of how can you live your life, the next year, the next two years, so that you live a life without accumulating new regrets? So that’s something I very often do in therapy.

With one of the clients, there was the issue of unlived life, the sense of how it feels to face death with a strong sense of unlived life inside of you; not really fulfilling yourself, not reaching your deepest potential. There are certain situations in life in which existential content becomes much more important and much more relevant. Perhaps the best known of these is the midlife crisis, and we saw that with one of the clients. Or the empty nest syndrome is
another variant of that. The whole issue of life meaning came up, also, here. Well, how... I’m reaching this stage of life; what meaning can there, in life, be? Or maybe my major meaning project in life, maybe my child, has left home. Now where do I find the meaning? So you’re helping the client invent, or discover, a new sense of meaning that will be sturdy enough that it will support a life.

I mentioned just one word here—we don’t have time to go into it in detail—but there’s such a major difference, we want to establish, between existential content and existential process, in a way. The content came out very overtly in several of these patients. We talked about death anxiety and we talked about thinking about your own death, and we talked about a sense of meaning and responsibility. But an existential approach has great implications for process, for how you relate to the patient. It has to do with the fact that, you know, you too are facing the human condition—that we’re all in this together. And I think when you really grasp that and live in that particular mode, then you’re much more apt to be more engaged with the patient, be more self-disclosing, keep less of yourself hidden from the patient.

So that’s what I want to say about existential issues, about the here-and-now. Just a few comments about the group: One of the clients presented a patient who was in combined therapy, and that is, the client was in both group therapy and in individual therapy. And so we talked about some of the issues that arose for him in the individual therapy, as well as for the group. There’s another type of therapy which we could call conjoint therapy, where the patient may be in therapy with someone else and yet be in a therapy group, say, with you. But it’s also very important that the therapist who’s the group therapist, and the therapist who’s the individual therapist, have free lines of communication, because you’re allies. You know, you’re all working together for the betterment of the patient.

The here-and-now is equally important—perhaps even more important in the therapy group than it is in individual therapy. I mean, the here-and-now is very much of the, as I said before, the paydirt of therapy in the group. The richness and the power of the group lies in helping patients to interact with a number of different people and get feedback about all of their interpersonal processes that have interfered with their ability to establish and maintain lasting interpersonal relationships.
I’ve also touched on the fact in the group, as well as individually, that psychotherapy is an alternating sequence of emotional evocation, of activation, of helping the patients to engage, guiding the patient. “Well, what do you feel about so-and-so? What’s happening in your relationship with so-and-so in the group, or your relationship with me?” So it’s an activating type of focus, but then also we do something else. We do the second stage, which is our self-reflecting loop upon what has just happened. Can we stop for a few minutes and kind of understand what has happened between the two of us? So you’re moving continuously between evoking affect and then helping to analyze the affect and to integrate it.

So I think these are the major points I’m focusing on. You know, I’m reaching a time of life that we could speak of as generativity. It’s very important for me, in this stage of life, to pass on what I can to future generations of therapy. I hope very much that the discussions in this tape will do that for you.
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