Instructor’s Manual

UNDERSTANDING GROUP PSYCHOTHERAPY
VOLUME ONE: OUTPATIENTS

with
Irvin Yalom, MD

by
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&
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psychotherapy.net
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Instructor’s Manual for

UNDERSTANDING GROUP PSYCHOTHERAPY
Volume One: Outpatients

with Irvin Yalom, MD

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A Note About the Simulations

The characters and interactions portrayed in these videos are based on Dr. Yalom’s actual experiences in therapy. Dr. Yalom has used the written summaries he produces after every group session as the basis for developing the script, selecting from a vast collection of sessions those segments that represent common occurrences and demonstrate important processes and techniques of group psychotherapy. He then worked closely with the actors to help them understand the essence of their roles. The actors, in turn, worked within that framework to bring spontaneity to the process.

Actors were used for this project instead of actual patients in order to be able to select and demonstrate specific elements of group process, and to depict the development of a therapy group over time. In addition, the interests of confidentiality were best served using this method.
Tips for Making the Best Use of the DVDs

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. Review the Description of the Group Members in advance, to help you keep track of the characters during discussions with viewers.

2. SESSION-BY-SESSION DISCUSSION QUESTIONS
Pause the video after each session (before Dr. Yalom’s commentary) to elicit viewers’ observations and reactions. The Discussion Questions provide ideas about key aspects of the therapeutic work that can stimulate rich discussions and learning.

3. LET IT FLOW
Allow the sessions to play out some so viewers can appreciate the work over time instead of stopping the video too often. It is best to watch the video in its entirety since issues untouched in earlier parts often play out later. Encourage the viewers to voice their opinions; no therapy is perfect! What do viewers think works and does not work in the sessions? We learn as much from our mistakes as our successes and it is crucial for students and therapists to develop the ability to effectively critique this work as well as their own.

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
After watching the video, organize participants into roles and assign them to play out a first session of a therapy group. The role-play shall consist of two therapists, at least five group members and at least two observers. Participants may role-play clients they have worked with, the group members in the video, or they may simply be themselves. The group therapists should make a concerted attempt to direct the interactions into the here-and-now as much as possible. After the role-play, have the group come together to discuss the exercise. First have the clients share their experiences, then the therapists, 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 doing therapy with groups, as well as the challenges and benefits of moving into the here-and-now.

7. PERSPECTIVE ON VIDEOS AND THE PERSONALITY OF THE THERAPIST
Psychotherapy portrayed in videos is less off-the-cuff than therapy in practice. Therapists or clients in videos may be nervous, putting their best foot forward, or trying to show mistakes and how to deal with them. Therapists may also move more quickly than is typical in everyday practice to demonstrate a technique. The personal styles of therapists are often as important as their techniques and theories. Thus, while we can certainly pick up ideas from master therapists, all participants must make the best use of relevant theory, technique and research that fits their own personal style and the needs of their clients.
Descriptions of the Group Members

Although the following are the characteristics of the patients who were selected for representation, not all of this information is directly evident in the group sessions as seen. These fuller descriptions are provided, however, both to enhance understanding and to offer richer information for role-playing exercises.

**Alice** is timid, shy, rather inactive in the group, and somewhat colorless. She usually has to be drawn into the discussion. Others often feel the need to bring attention to her, although she claims not to want much attention. She is a pediatric nurse.

**Cathy** is task-oriented and poised and is a senior programmer with a major software firm. She is fairly articulate in group, but says that, when dating, she feels tongue-tied around men, for whom she has little respect. She often feels “empty inside” and is bulimic.

**Darlene** is a rather forthright woman with a strident personality. She is quite vocal and not shy about making her feelings known. She has an abusive husband and feels that all men mistreat her. She is frequently in great distress and is preoccupied with her husband’s mistreatment of her. She is manager of a large retail establishment.

**Bob** is relatively removed from his feelings and acts on intellect alone. He is rather isolated in his life. He is an engineer and divorced. He wants to remarry but is afraid to make a commitment. He gives as little information about himself as possible.

**Allen**, an auto mechanic, has recently broken up with his girlfriend and is depressed and rather gruff. He has a violent streak and shows his feelings easily. He is bisexual, which the group doesn’t learn until the eighth meeting. Although he wishes to have relationships with both men and women, he has difficulty maintaining intimacy with either.

**Betty** is divorced and has one child, who has significant emotional problems. Her manner is very maternal and she is very nurturing in the group. She does, however, have trouble asking for and accepting help. She is a school counselor.
Dan has an ingratiating, passive-aggressive personality. He is very much out of touch with his feelings, especially the negative ones. He is unengaged with others and displays his distance by arriving late and by keeping his chair a few inches out of the circle. A dentist, he is very involved with his career and complains of stress, especially marital stress.

Joan is the co-therapist. She is a direct but low-key person. She has been working with Dr. Yalom for about 6 months and is a psychiatric resident.
Session-by-Session Group Discussion Questions

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

FIRST MEETING

1. **Here-and-Now:** What are some of the ways Yalom steers the group into the here-and-now? What effect do these interventions have on the group? What would be difficult for you about bringing the group into the here-and-now?

2. **Conflict:** There was palpable conflict between Bob and Allen, probably more so than typically occurs in a first group meeting. How did it feel for you personally to be observing this conflict? How do you think you would have handled it? Did the group leaders deal with this effectively? Why or why not?

THIRD MEETING

3. **Attack on Leaders:** What was stirred up as you watched the members challenge the group leadership? How would you have felt if you were the group leaders? How do you think they handled it? What might you have done differently?

4. **Social Microcosm:** Yalom’s theory is that the group becomes a social microcosm, and members’ behavior in the group mirrors their outside behavior. How is that visible in the varying responses to the videotaping? What mental notes would you make about their responses that might guide your future work with these clients?

5. **The Spotlight:** Joan, the co-leader asks Alice to state whose judgment or ridicule she most fears, forcing her to respond more specifically in the here-and-now. Can you imagine yourself as a therapist making this request? What reactions do you have as you think about this? What are advantages, or potential pitfalls in this type of intervention?
6. **The Individual**: How does working in the here-and-now influence the therapeutic focus on specific members of the group? What do you notice about how the therapists avoid doing one-on-one therapy with members during the group meetings?

FIFTH MEETING

7. **Dan**: Note how the leaders move the group away from problem-solving and advice-giving, to direct here-and-now feedback to Dan. Does this approach make sense to you? Does it seem helpful to Dan? What skills are involved for the therapist in moving the group into the here-and-now?

8. **Countertransference & Disclosure**: What feelings are you aware of towards Dan or other members? How do you use these feelings in a way that benefits the group? Yalom acknowledges being part of the increased intensity of feedback and anger towards Dan. What are some principles or guidelines regarding therapist self-disclosure of feelings in the group?

9. **Extragroup Socializing**: Cathy reveals that she and Dan had met after the group for coffee. What are your thoughts about members meeting outside the group? What complications can arise from that? What guidelines or rules would you convey to group members about extragroup socializing?

EIGHTH MEETING

NOTE: This video was produced in 1990, so some of the reactions to Allen’s disclosure of his bisexuality may seem dated to some viewers. It may be helpful to mention this to observers so they don’t get distracted by the content, but rather stay focused on the process.

10. **Secrets**: What is significant about Allen’s revealing of a secret in the group? What were your feelings in the moment? How did you respond to the group’s reaction? How might you have handled Allen’s disclosure differently?
11. **Doorknob Comments:** What is the therapeutic significance of Darlene’s provocative statements during the last moments of the meeting? How do you handle such “doorknob” comments from clients? What is unique about working with them in a group?

OVERALL

12. **Group Task:** How would you describe the task of this particular group? Do you think the therapy is helping members work on the group task? Why or why not?

13. **Group Therapy Skills:** What do you see as some of the key skills or attributes of an effective group therapist? Are these different than those of an individual therapist? What are your particular challenges in becoming an effective group leader?

14. **Good Therapy:** If these two had been your group therapists, what about them might have enhanced or detracted from your own self-exploration? Do you think they would have helped you build a strong enough alliance to be able to engage fully in the therapy? Why or why not?
Reaction Paper for Classrooms and Training

• **Assignment:** Complete this reaction paper and return it by the date noted by the professor or 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 working with outpatient groups? For example, how does the therapist direct the group into the here-and-now? What stands out in how Yalom works?

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 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 the model presented? 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 the therapists in the video? Describe these areas and explain why.

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

BOOKS


WEB RESOURCES

www.Psychotherapy.net  Excerpts from two of Irv Yalom’s recent books: *The Schopenhaur Cure* and *The Gift of Therapy*; Barbara Jamison’s article “Letting the Patient Matter: Some Thoughts on Yalom’s View of the Therapeutic Relationship;” and an excerpt from Dr. Yalom’s biography by Ruthellen Josselson.

www.yalom.com  Irvin Yalom’s website

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

www.agpa.org  The American Group Psychotherapy Association

www.group-psychotherapy.com  Haim Weinberg’s extensive group psychotherapy resource guide

www.Ormont.org  Lou Ormont’s modern analytic group psychotherapy method, including numerous articles

RELATED VIDEOS AVAILABLE AT WWW.PSYCHOTHERAPY.NET

*Understanding Group Psychotherapy, Volume Two: Inpatients*

*Understanding Group Psychotherapy, Volume Three: an Interview*

*Irvin Yalom: Live Case Consultation*

*Encounter Groups for Addictions*

*Healing Childhood Abuse through Psychodrama*

*The Zerka T. Moreno Series*

*Trauma in the Body: A Psychodramatic Approach*
Yalom Commentary: I’m Irv Yalom, and I’d like to start off with a few words of introduction to the tape that you are about to see. The first thing I want to say is that this is a simulation of a therapy group. But it’s representative of a real therapy group. I have constructed this group out of my 30 years of group therapy experience. The members of the group in this tape are not real patients, but they are individuals whom we have enlisted to play the role of patients. The group that I have decided to represent is an outpatient therapy group, long-term outpatient therapy group. All the members of the group have been strangers to one another before entering the group.

There are an enormous number of group therapies. Sometimes when I have given a lecture to a large number of group therapists I have been astounded sometimes to see the vast number of therapy groups that people lead, depending upon their interest, especially depending upon the clinical settings in which they work. But obviously it’s not possible for one person, certainly one tape, to speak to all these group therapies. I think it makes much more sense didactically for the beginning student to master, to grasp, the principles and the theory of a basic prototypic type of therapy group. And that’s what I’ve tried to do in this tape. I think the prototypic therapy group is the long-term outpatient group. I think we know the most about the long-term outpatient group. There has been more research that’s been done. Patients, if you will, sit still long enough for the research to be done. The groups are far more stable than many other types of therapy groups, and furthermore, seasoned clinicians have spent prolonged periods of times in these groups,
enabling them to make descriptions and judgments about what happens. So it’s my hope that students will watch this group, begin to grasp some of the principles of doing groups, and then extrapolate these and begin to apply these to the type of groups that are present in their own setting.

The members of this group have come in and I have seen them all perhaps once or twice individually. The purpose of the individual sessions—there are actually two major purposes: First of all, they are screening sessions. They are sessions that allow me and my co-leader—I do lead this group with a co-leader—to make the decision about whether or not this person is a good candidate for this group. Now, I’m not making a decision whether a person is a good candidate for group therapy, because I think there is some type of group that almost anyone might be a good working member, but I am trying to screen out individuals who can’t work in this particular group. Perhaps the basis of that decision is to consider what the group task is of each group and then to decide, well, can that person actually perform that particular group task? In this therapy group, the task is an introspective one; members have got to be able to look within. And members have got to be able to begin to examine and alter their interpersonal behavior. The group task of this group is primarily members understanding as much as they possibly can about the way they interact with each of the members of the group and with the therapist.

If I see patients who simply can’t do that—they may be people, for example, who have recently been psychotic and they’re simply beginning to—they’re at the stage of holding themselves together now, rather than at the stage of looking within and opening themselves up. Or they may be people who are very un-psychologically-minded; they are non-introspective. Or individuals who externalize a lot — in other words, look for the source of their problems in their environment and want to change their environment; or people who may be heavy somatizers, who attribute their psychological distress to something wrong with their bodily function. So, if I see people who I don’t think can perform the group task, these are people I attempt to exclude from the group. What you want to do, I think, in your composition of a group is to exclude people who become deviant, because if they are deviant in the group, there is fairly good research to suggest that not only won’t they get help from the group, but there is a fair chance they may actually be made worse by the group experience.
The other main task of the screening procedure is to prepare patients for group therapy. When I have reviewed the group literature of the last decade in preparation for my revision of my group therapy text, what I found is that perhaps there is a very persuasive body of research evidence that preparation is something that’s effective, that enables people to work more efficiently in groups. If patients are well prepared for groups, the chance of dropout is less, the chances of their engaging in the group more quickly, I think, is definitely increased. So I always prepare patients for group therapy. I tell them what to expect. I tell them what this group is all about. I tell them that we’re a group which works very much on understanding interpersonal relationships. And some patients may be baffled by this. They say, well, after all, I have come into this therapy group because I’ve got some psychological symptom. I’m anxious, or I have insomnia, or I’m depressed. And the question—maybe it’s often an unasked question—is, well, what does working on my relationships with this group of strangers, what’s that got to do with the symptom that brought me into therapy? So I try to explain to them the way that we work, which is that we believe that underlying psychological symptoms, there is some type of interpersonal pathology. In other words, people are not getting what they would like to get out of their relationships with others: not getting the type of gratification, not having the sense of intimacy. And so what we do is translate psychological distress into interpersonal pathology and then we work with the interpersonal maladaptive behavior. And we do the great bulk of this work in the here-and-now. In other words, looking at the way members relate to one another right here in real-time in the therapy group.

So that, perhaps, may be all that you need to know about my contact with the patients so far. The four vignettes that we are going to portray all occur within the first eight sessions of the group. The very first vignette is a vignette that takes place in the last 10 minutes of the first meeting. I am not going to describe to you now in any detail each of the characters of the group. Usually, when groups are presented, that’s a bewildering way to present it. It’s too much information to maintain all at once. But I think the relevant and the important aspects of each person will begin to unfold as the vignette unfolds.
FIRST GROUP MEETING

Betty: I was trying to please everybody. I was pleasing my daughter. I was pleasing my mother. I was pleasing my boss and, you know, I was forgetting to please myself. I was forgetting all about me. So, you know, one of the things that I have to do is build myself up and try to find out who I am again.

Yalom: You know, I’m aware that we are kind of getting to the end of the meeting and it’s the sort of meeting I feel real good about. I think it’s been a good first meeting. I’ve been aware that a lot of you took a lot of risks; a lot of people were very honest during the meeting today. But I also have a sense that there has been another, sort of, whole layer of experience that each of you have been having that you have yet to talk about, you know, and that is that everybody is coming to this room with a group of strangers you have never seen before and, of course, you have met Joan and me, but you haven’t met the others. So I think you have all been, perhaps, at some level or another making some judgments of one another, kind of sizing up the other people in the group. So I wonder if we couldn’t spend some time, you know, talking about, now, what you have come up with so far.

Dan: Uh, judgments. I don’t understand what you mean by judgments.

Yalom: Well, you know, I think we’ve gotten first impressions of people. We look around here, we sort of wonder, well, who are we going to be most like? Who are we going to be most unlike? Who’s it going to be easiest for us to relate to? Who is going to be more difficult for us to relate to? Who we are going to feel liked by? It’s that sort of thing. You know, could we spend some time talking about the feelings, impressions that you all have been having of one another right here in this room?

Joan: Darlene, I noticed you nodding your head when Irv talked about sizing people up in the group.

Darlene: Well, I was thinking about when I came here and I was in the waiting room. I thought, who looks the craziest? I mean, I thought I was going to be with a bunch of crazies, you know. But, really, none of you seem that crazy to me; you don’t seem crazy. But I still feel like I’m ashamed to have to need to be in a group like this. I mean, I still think it’s
a sign of weakness to be here.

**Allen:** No, no maybe it’s a sign of strength. All those guys out there probably need a group, but probably are too afraid to say it.

**Joan:** Or they don’t have a sense to know it. I’m proud of myself for taking this step. I feel really good about this group.

**Dan:** Yeah, I feel good about it too. I am glad I did it. I expect I’ll get a lot from it. I hope so. I hope I will.

**Yalom:** You know, I’d like, if we could, to go back, still, to that question of impressions that people have, feelings people have right here, from what they’ve seen of one another in this meeting. Anybody have any thoughts about that?

**Betty:** Well, I am a little worried about Alice because she’s so quiet. You just sit there; you don’t have very much to say this afternoon.

**Alice:** Yeah, it takes me a long time to get comfortable in this kind of group. It just seems so intense here, you know, like every word is being studied. I’m just afraid of what others will think about me.

**Bob:** Well, um, I saw you smiling earlier, Alice. I thought that you were judging me.

**Allen:** [laughing] Being judged meant something? I didn’t get that. I just felt she didn’t want to be put on the spot.

**Joan:** Allen, I noticed that you attempted to take the focus off of Alice during the introductory round. You seemed to be very sensitive to her discomfort.

**Bob:** Oh, I disagree with that. I don’t believe that he was being sensitive to her. I think he should have given her the full time to say what she had to say. I think Allen may have actually just wanted more time for himself.

**Yalom:** How do you feel about that, Alice? Let’s check that out.

**Alice:** Its, It’s not true. I don’t want the spotlight. You know, I am very shy and in fact when I go to parties I make it a point to come in late so that I could help the hostess clean up the glasses.

**Joan:** How was it for you today in group, Alice? No glasses to clean here.
Alice: Actually, I thought about bringing some coffeecake at the next meeting.

Darlene: And maybe some glasses?

Yalom: Tell us some more about your experience, though, Alice.

Alice: Well, I feel like I am looking into a window from the outside, you know; looking at the group and not being in it.

Yalom: That feeling of sort of being out of a group, kind of looking into it, is that a familiar place for you? Have you have been there before?

Alice: Yes, like I said, I’ve washed a lot of glasses and I have never felt like I belonged in any group, you know. It’s always been like I’ve been outside looking in.

Joan: Alice, is that something you want to a change in the group, something you want to work on?

Alice: Yeah, yes, but not today.

Darlene: I was a little concerned about Cathy and how quiet you were, you’ve been, today.

Cathy: Well I don’t want to offend anyone but I have to be truthful. I was a little bit put out by the men in the group, especially you two guys.

Yalom: Which? Which two?

Cathy: Bob and Allen. Always being so competitive with one another.

Darlene: I know what you mean. I mean, it’s like you guys are trying to be top dog or something.

Bob: I don’t know where you’re coming from that Darlene. It is Darlene? I used to be challenging. I used to be challenging. I’m not that way now. In fact, before the meeting, I spoke with Irv and Joan, and they told me that I would be probably getting a lot of support from this group. And I was shocked because I am used to struggle, not support, so that made me realize that point, that I am much more used to struggle. But I am not, not now. I don’t feel the struggle today. Besides, I think I am just asking questions that need to be asked.

Darlene: Well, I don’t know about anybody else, but I feel competition in here. I don’t feel safe.
**Yalom:** Bob, what do you feel about the feedback you’re getting from Darlene and from Cathy?

**Bob:** Like I say, I, honest, I’m not… I just don’t feel as though I’m challenging today. I don’t feel that in this group. Well, you made that point, Cathy. What do you mean? Give me an example.

**Cathy:** Well, I don’t feel so safe right now.

**Betty:** Well, I could give you an example. Earlier on in this session when Joan commented that Allen was sensitive to Alice’s needs because he took the focus off her? Well, you jumped right in there and said you didn’t agree, and he was wrong, and that he should have given her more time.

**Bob:** No, I think you are taking that, taking that wrong. I really believe that Alice should have had a lot more time to work through her problem. I really don’t think Allen should have jumped in the way he did but, um—

**Allen:** Well, Cathy, you mentioned me into this competitiveness. Its not that I am questioning you, it’s… I want some feedback. I don’t feel that way.

**Cathy:** Oh, I don’t know, it’s just your demeanor. You always have to have the last word.

**Betty:** And in the beginning when we all told why we were coming, your reasons for being here were very vague. You know, as if, well you had had a problem before, but now you were fine.

**Darlene:** Yeah, you know, you were talking about how you used to be in therapy about ten years ago, with Irv?

**Allen:** Yeah.

**Darlene:** Well, I thought that was good. I mean, it helped, because we were all nervous, and then you said that it was helpful. But then you kept saying it over and over and over and, you know. What were you trying to prove? Like you and Irv were big buddies or something, and you were a big pro at this?

**Allen:** Okay, okay I hear it.

**Yalom:** Yeah, we really have to stop today. I think we’ve done a lot of work today in the group. Before we stop, let me just check in real briefly with
you. How do you all feel about this meeting? What’s it been like for each of you? I am particularly curious about what the last ten minutes has been like, say, in contrast with the earlier part of the meeting?

**Darlene:** I thought there was a lot of energy.

**Yalom:** When, do you think?

**Darlene:** Well, like, the last ten minutes.

**Betty:** Well, I think during the last ten minutes we really all opened up – a whole lot more than in the beginning, you know.

**Cathy:** It’s very difficult to relate to people so openly and honestly. That was very hard to do.

**Yalom:** New. It’s a new experience.

**Cathy:** Uh-huh, very new.

**Dan:** I found it very interesting, very interesting today. I think I learned quite a lot.

**Darlene:** Well, I still think there was some competition going on, and I think that some people were put on the spot.

**Yalom:** Like, like who?

**Darlene:** Well, Alice.

**Yalom:** Anybody else?

**Darlene:** Well, me.

**Betty:** I think we also put Allen and Bob on the spot, though.

**Yalom:** How do you feel about that? Do you think there was any danger in that today?

**Betty:** Well, I certainly hope not, but I think they both took it very well. I think they listened and were open to what we were saying to them.

**Yalom:** Can we check that out, with the two of you? What the meeting was like for you two?

**Bob:** I feel fine with it.

**Betty:** Are you going to come back?
Allen: I’ll be back.

Bob: Certainly.

Yalom: You know, I’m aware that one of the things that we did, too, in the meeting is, even though we, you know, offered the opportunity for people to speak, one of the things that we did also, and I think we are to continue to do, is sort of let people have the right, in a sense, to say, well that’s enough for today. You know, I’ve had enough, because I think that happened earlier with you, Alice. You said, yeah, I want to work on this, but that’s enough for today, and I think, and I saw the group honor that, so I thought that was great. Okay, gonna stop. See you all next week.

Yalom Commentary: Now let’s go back and take a look at what happened in this segment of the group. Before the first 60 or 70 minutes of the group, at the time that we tuned into it, the group had been having a fairly standard initial session. And what happens in initial sessions, what happened in this group, was that people talked about why they had come for therapy, talked about some of the major problems they’ve been having in life. Some of them talked about other therapy that they had had or other groups they had been to. A couple of people talked about how awkward it was to talk in front of a group. And then about that time, I made a major intervention. In effect I asked them to, let’s begin to take a look at how we feel toward one another in the here-and-now of this group. That was a significant step in the group and it had been the first time, it was the first time of many times that I’ll begin to try to escort the group explicitly into the here-and-now. That was a rather difficult thing for the members to accomplish. We don’t ordinarily talk in typical social interaction about our feelings toward one another. And you notice, the group did not do this very willingly. First of all, there was some resistance in that someone said that they didn’t quite understand what I meant, and could I repeat it, although I thought my instructions were, you know, quite clear. So I repeated it. And then after that, the group soon began to be engaged in a discussion of being proud to be in this group, and the fact that it was a good thing to be in this group, and that perhaps people who weren’t in groups outside should be in groups. Well, ordinarily that’s, you know, that’s good material. It’s material... Anything that helps people be proud of the group they are in increases the cohesion of that group, makes the group work better. But in this instance, what was happening was there was still resistance. So I
say it a third time. And then, at this point the members then begin to take a
look at what’s happening in the group.

The first interpersonal comment that was made was to begin to talk about
Alice. And that, again, is not unusual about the phenomena in group. As
the members begin to close rank, they want to include all the outliers in the
group. So people then talked about Alice’s silence. Alice began to talk about
what it was like for her ordinarily in her life to be outside of groups looking in.
In fact, this discussion of being outside, or being inside, is again a common
phenomenon early in groups. Some people try to measure or quantify certain
kinds of group stages, and that’s always the first group stage, the idea of being
in or out.

Later on, this group will go into a common second stage, which is a question
of being top or bottom, where the conflict between members becomes evident.
In fact, that’s the very next thing that happens in this group. And the women
then begin to talk about the amount of competition that is present, then,
between Bob and Allen. And they talk about it in a way that I think is
important, because they are saying that this makes them feel unsafe in this
group. And it’s important for them, thus, to start to do some work about the
conditions of making people feel unsafe to them. So I thought that was really
ever work. Now, you notice that Bob or Allen didn’t do a lot of work with
the feedback they had gotten. This was not a stage in the group—it’s so early,
it’s the first meeting—we expect people to really make some changes or even to
hear it too clearly. What we are primarily interested in is simply introducing
the concept that there was a lot of competition going on between the men
and the women. Notice that Bob says, well, he didn’t think he was doing
that, or that he used to be like this; he wasn’t doing it anymore. Notice that
Allen, in a sense, was asking for feedback, possibly in an attempt to show the
group that he was doing it better than Bob was; the whole idea of the two of
them competing for women in the group. None of these things, I think, was it
timely to go into and talk to, but simply identifying the issue, letting the group
members know, “Yes, we can talk about these issues.”

Another point I want to make was to call your attention to the very last
couple of minutes of the group. We were just about to end and then I asked the
group members, let’s take a look at what we have been doing in this meeting,
especially over the last 10 minutes. And that’s something I think is always
an important part of the here-and-now. I am going to explicate, I am sure, in future segments, about the fact that the here-and-now, really, if it’s to be therapeutic, should consist of two separate steps: You know, one of them being the plunging into the here-and-now, expressing feelings toward one another, letting others matter toward each other. But also the second step of beginning to take a look at what’s just happened. It’s a sort of self-transcendent loop, where we then go back and study what it is that’s happened in the here-and-now, and that’s what I was beginning to introduce that group to here.

Another thing that was going on is that we were busy in this meeting sort of building group norms. We were beginning—“norms” is just a fancy word for unwritten rules of behavior—we were beginning to set certain rules of behavior in this group, and you can see what we’ve done. We have talked about norms of support. We try to be encouraging toward members, of making this group safe, of helping members interact toward one another. But one thing that I was doing, just in this last couple of minutes, was also the important norm of helping the groups be more autonomous. In other words, helping the groups take responsibility for their own functioning. If you lead a group, at the end of every meeting you’re so fatigued you can barely move, you know, you come home, you’re tired, you feel like you’ve got to do all the work—it means the group is really playing little role in their own conduct of the meeting. So that it’s important for the therapist to help the members take charge of running the meeting. But there is an important problem in that, in that the members, in the very beginning of the group, don’t know what a good meeting consists of. Only the therapist really knows that. So you’ve got to be able to help the group members develop a definition of what it is that makes a good group therapy meeting. And that’s one of the things that I was doing in this last few minutes. I was trying to help them understand that when they worked in the here-and-now, the group became more exciting; more energy was involved in that. It’s always true of a here-and-now segment of a group. That’s the time the group begins to be alive. So I wanted them to be clear about that so they would know themselves. And they will be able to see in future meetings, when the group is flagging, it’s because they’ve moved far away from discussing this important direction between the two.

Now let’s go on to the next vignette. This is a vignette that takes place fairly soon after the beginning of the third meeting. There is one note of explanation I should make here, in that the group that we’re watching, I am videotaping
the group so that my students can see it. I often do this in my own practice and the students watch that tape, the patients have all given permission to that. I have also told the patients that the tape doesn’t leave my hand and no one but my students actually watch the tape. And then, in fact if, one of them should by chance know socially one of the patients, then the instructions are that the student should not watch the tape any longer but leave the room. So that’s what I have told the members of this group. In talking about the tape, I am not speaking of this simulated tape that’s being used for commercial teaching purposes. So I need to distinguish between those two. So with that caveat let’s go ahead and take a look at the next vignette, third meeting.

THIRD GROUP MEETING

Bob: There is something I would like to bring up in this group today. I realize it’s only our third meeting, but there is something that I am missing about the group and how a group works with leadership. Now, what I have been accustomed to is you have your leader or foreman and they in turn give instructions to the group members and they work that out. It doesn’t seem to apply to this situation right now. What exactly is the leader’s situation in this group? I am not getting what I need to get from how it works. I am just at a loss for this. I don’t know what anyone else feels, but that’s how I feel. I am just not getting a lot from the leaders.

Yalom: Other feelings about this?

Cathy: It’s like, how can the blind lead the blind. I mean, shouldn’t the leaders be doing the leading instead of the group members helping each other out?

Betty: I was wondering what the basic theory is that you use. You know, is it Freudian or what is it?

Bob: Perhaps we could get some information, some brochures, printed material that we could study before the next meeting and maybe that would help us.

Betty: Yeah, right.

Dan: Yeah, yeah, that would be very helpful.

Bob: See what’s expected of us.
Betty: Some books to read or something. That would be wonderful.

Bob: Yeah, something.

Darlene: I mean, like, are there some things that we are not supposed to say or ways that we are supposed to say things?

Yalom: You know, I have been listening to what’s being said here and I feel little bit in a dilemma. You know, on the one hand, you know, Joan and I could talk some more about theory of group therapy. But on the other hand, I have also got a very strong feeling about something that’s going on in the group today, as also last week, too, which is that I have seen several of you glancing at our friend the TV camera up there. And even though Joan and I talked to you in a lot of detail about the camera before you started the group, I have a feeling that there is a lot of concern about it right now. I wonder if we couldn’t talk about that a little bit more.

Darlene: Well, I noticed it moving last week right off the bat and I think it’s really distracting. It’s keeping me from really concentrating on this group therapy, really.

Joan: Are there any other group members who heard the camera and were disturbed by it?

Alice: I did.

Betty: Well, yeah, I did too, definitely.

Allen: Yeah, I heard it.

Yalom: Yeah, you know I think it’s really important we talk about it. It’s something that’s sort of been underground that I think you all have been feeling but haven’t talked about it. And it also raises the whole issue of what the rules are in this group, you know? Is there a rule about talking about things about Joan and me that might not please you entirely? So, I think it’s worth spending a little bit of time talking about your feelings about the camera, and the videotaping in general.

Darlene: I thought that you were going to fix it. You know, I assumed that you heard that and that you were going to fix it.

Yalom: You just assumed that I had heard it and would fix it for you.

Alice: Well, I was afraid of mentioning about the distraction because, well,
I was afraid that the leaders, especially you, Irv, were going to get mad at me for bringing it up or may not like me anymore.

**Dan:** I didn’t want to mention it because it would seem like an indiscretion because it’s your tape and it’s for your purposes, for your use in front of your students and I, if I, I didn’t want to be too critical about it because I didn’t want to embarrass you on your tape.

**Yalom:** So is it somewhat similar to what Alice is feeling? That somehow I would disapprove of you?

**Dan:** No, it wasn’t similar... I didn’t want to ruin your tape, put you on the spot.

**Yalom:** But it means you have got to sort of squelch your feelings here for my sake.

**Dan:** I don’t think so.

**Cathy:** I think there are more important things to talk about here. I don’t drive an hour to get here to sit here and talk about the tape.

**Allen:** You know, Darlene, I didn’t hear the tape move, and if I did, I wouldn’t have any trouble saying it. You know, this is my time, our time, not theirs, and must I remind you there is a fee for this?

**Alice:** It’s just that the camera just really bothers me. It brings up my performance anxiety. I just freeze up and it’s hard for me to talk. It’s just, I feel like everything I say is going to be considered unimportant by everybody else.

**Betty:** I feel the same way that Alice does. I mean, I am always so worried about what I say and how I say it, you know? And, you know, how people are going to react to me or what are they going to think of me. And its one thing to talk to people, you know, here in the room, but then to know that that camera is picking up everything I am saying, you know, and it’s down there forever, you know, it just unnerves me.

**Bob:** Well, uh, I have absolutely no concerns about the camera being there. When we walked into this, we walked into this with open eyes. We had a very clear form to sign. We all agreed to it. I mean, that was the time to object if we were going to object.

**Dan:** Well, you see, Irv and Joan did explain it to me before we came in
here and we signed the paper and all that. But right away, I saw it’s an excellent tool for teaching and is really, I mean, that’s the best way to learn is from watching more experienced people at work. That’s the way they did in dental school. It works great. And I don’t see where I, there is anything I wouldn’t say because of the camera. I don’t have anything that I would hide because of the camera, and if it’s a benefit to somebody, to your students, then it’s a plus. That’s the way I see it.

**Betty:** You know, I know that Irv and Joan did talk to us about it and explained it all to us in the beginning. But I am still worried about the confidentiality of it. I mean, I know some people who work over at the hospital. I mean, are they going to be able to watch this and see all of us on it?

**Darlene:** Really, I hardly even remember signing that form. I thought it was just going to be the first session, and then all of a sudden—

**Yalom:** You thought we’d just tape the first session and not the others?

**Darlene:** Yeah. Then I also have this fantasy that people are sitting around at home watching channel nine, eating their bologna sandwiches and having a real good laugh.

**Bob:** Oh yes, right. I can see the sitcom now: Tune in for another episode of “The Loonies.”

**Cathy:** I feel like we’re wasting time.

**Yalom:** Well, you know, in a sense I think the discussion, though, is important. One thing that’s really clear is that, in a sense all of us are being faced with the same situation with the camera, and there are lots and lots and lots of different reactions to the camera. And I think those are worth, you know, trying to understand and looking into.

**Joan:** Some of us feel that Irv and I are aware of the sound and should fix it. Some are afraid of getting upset with this or angry, making us angry. And some of us don’t really have any feelings about the situation.

**Yalom:** Some of us are afraid that somehow we would mock you or betray you or turn the tape over to others for sitcoms or whatever. And you know, I think, though, the feelings that you have in here toward us or toward the camera, I think probably are pretty reflective of the kind of feelings you
may experience with other people outside the group, maybe especially toward people in authority. So I think these are worth keeping in mind, worth our investigating as we go along. But I think the sheer issue of confidentiality is just so important, we ought to just spent a couple of minutes in it, because I don’t think we can do anything in this group, any good work, as long as we don’t feel safe here. As long as we are feeling what we say here is going to be leaking out all over the place.

So let’s just sort of go over that again. You know, we talked a lot about that when we first came in. It’s terribly important that people all feel safe here. That what goes on in this room stays in this room. Some of you may feel you need to talk about your experience to some other best friend, but if so, then it’s important just to talk about your experience, not anyone else’s experience, and never, never, never talk about anyone’s name or identifying material. As for the videotape, let me kind of go over what my agreement with you was, that the videotape is sheerly used for teaching. It’s also available for you if you want to come two hours early. We have the room. It’s open. You can watch the videotape before each meeting, of the last week’s meeting. It will be seen by no one else except my students, Joan’s students, who are learning how to do group therapy. It is the only way that people can learn, I think, how to do group therapy. It’s the way that we learned how to do it. It will never leave my hand. It will only be shown to students who are in training to be therapists. So, any feelings about what I just said?

Alice: I just want to clarify something that I said about performance anxiety. It’s not just because of the camera. It’s just having to do something in front of people in general.

Yalom: Yeah, I remember a few minutes ago you were saying, and I guess Betty was also saying, you kind of felt that what you had to say wasn’t going to be deemed important by others, or going to be laughed at by others. That sounds real important. And you know, one of the good things about a group is that any kind of information you want to know about how people are going to regard you is available right here if we just get the data, we just look at it. Are you all willing to work on that here in the group?

Alice: What do you mean?

Betty: How are we going to do that?

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Joan: For example, look around the room. Whose comments do you think are important and how are yours unimportant?

Alice: I am not sure, but I think Cathy, she makes important statements. You know, people listen to her. You know? She says what she thinks. She just commands attention.

Yalom: You like that in Cathy?

Alice: Yeah, I do. I have a lot of respect for her. I wish I was more like her.

Yalom: [to Cathy] How does that make you feel?

Cathy: It makes me feel delighted. It’s been a long time since anyone ever said that to me.

Joan: Alice, what about the judges in the room? Whose ridicule do you fear? Where is it most likely to come from?

Alice: Well, I think there are several judges here: Darlene, Dan—who would never admit it—and Bob. Especially Bob.

Betty: That fits for me, too.

Cathy: What fits for you?

Betty: Well, those whose ridicule I fear, you know. I mean, I am constantly worried that whatever I say, Bob is going to ridicule.

Bob: I can’t believe this. Why me? I have not said one critical thing in this group. In fact, I’ve been pretty quiet here. I’ve been, well, getting the feel, getting the feel of, the lay of land, so to speak.

Darlene: Yeah, but Bob, when you sit back and are quiet like that, you are not taking part in the group. You know, it’s a way that you have of trying to get power over us.

Dan: Yeah, you have, and I don’t mean to be critical, but you have got a pretty commanding glower.

Bob: No, that isn’t true. I am here with the rest of you. I think I am in the same boat as everyone else is here. I don’t, I don’t feel that. Just, I don’t.

Yalom: How are you feeling about the feedback that you are getting from Cathy?

Bob: Um, well, this judging: I would like an example. Can you give me an
example, Alice or Betty? What kind of judgments have I made?

Alice: It’s not anything that you’ve said. It’s just something about you.

Joan: Say more about what you pick up, Alice.

Betty: Well, it’s not really what Bob says.

Yalom: Could you talk to Bob?

Betty: Oh, I’m sorry. Bob, it’s not really what you say. It’s what you don’t say. You know, it’s your whole attitude. I don’t really think that you care even a little bit about what Alice says or what I say, you know, and you never give a supportive or a, you know, comforting statement to anyone.

Cathy: You know, I was thinking about Darlene last week and about the crisis around the separation from her husband. Darlene was really in bad shape. Darlene, I hope you don’t mind if I use you as an example. But Bob, I don’t think you felt anything for Darlene.

Bob: Oh, that’s not true at all. No, I believe I felt exactly what everyone else here felt. I think that he was a lout and mistreated her. You know, I’ve gone through this too recently, and I know what it feels like to go home to an empty apartment, feeling empty like that. I know those feelings. Um, I had the same feelings that everyone else has. So why repeat it? You see what I am saying? It’s like, if we were all to have something to say and it took 100 seconds… no, 200 seconds each, to say it, and everyone took that time to say it, then that’s 8 x 200-seconds, and it just leaves you with very little real time to deal with the problems at hand.

Joan: Bob, this isn’t an efficiency campaign. These are people with feelings who experience you as not responding to their issues and concerns.

Bob: Yes, but with so many “me-toos” going around that are all the same, how many transactions can we really achieve in the group that are productive?

Yalom: I am still curious though about, what are you making of the feedback that you are getting from others in the group today?

Bob: Well, um, I think maybe it’s their problem. That, if they want to, you know, if they want to judge, judge me on whether I do or do not feel, I think that’s their problem. It’s not my problem.
**Yalom:** You know what strikes me, Bob, is, though, there are parts of yourself that you keep hidden, that you don’t show us, and more often than not they’re the softer parts of yourself. So what happens is that people, in this meeting Alice and Betty, as you say, reach some wrong conclusions about the way that you feel. You know, they see you as cold or uncaring or un-empathic about what they are saying, what they are doing, what they are feeling. So I guess the question for you is, are you satisfied with that? Is that what you want people to feel about you? You remember the reason that you came in for therapy is you wanted to do some work on how you relate to women. You know, you told us in the very first meeting that your relationships with women were not satisfactory. They often ended up feeling negative about you, that they often see you in ways that make your relationship impossible. So I think what’s happening in this meeting today is real relevant for the very thing you want to work on in your therapy.

**Yalom Commentary:** This vignette starts off with a generalized attack on the group leaders. And I think, perhaps, the first rule is not to be defensive, not to start defending yourself, but try and consider what the meaning of the attack is. One important aspect of it is that it’s a generalized attack. Almost everyone takes part in it. And you respond to this maybe in a very different way than if it were simply coming from one person.

One of the things that we did immediately was begin to take a look at what might be some of the sources of dissatisfaction. And what was happening, in a sense, is that the discussion of the leaders was rather oblique. In other words, there was a real issue that was concerning them that they weren’t directly discussing. And so we turned their attention to this, to the TV cameras. Once we did that, there were some fascinating things that began to emerge. Perhaps one thing we could look at is a very important group axiom, which is that, often, there is a single or a common stimulus in the group, which then begins to elicit a number of differing kinds of responses to that common stimulus. And you begin to ask the question, well how can that be? What’s the possible explanation for that? Well, there’s only one explanation for that, which is that there are many different, differing inner worlds around that are responding to that stimulus. And often, that’s a royal road into helping people understand and explore their inner worlds.
Consider just for a moment the range of responses to the television. Some people said that, well, they knew that I had heard it and they assumed that I was going to fix it, you know, attributing a great deal of ownership to fix it. Another person, Dan, said that, well, he didn’t want to embarrass me by mentioning it. So there is evidence perhaps of some passive-aggressiveness. Other people thought that perhaps I would think so little of them that I would turn it over to people who would somehow mock them and turn it into a sitcom. Bob and Allen were relatively insensitive about other people’s feelings, and they just said it was no big deal. What’s everyone spending time talking about that for?

And we suggested in the group, more or less in passing, that these attitudes toward us, the differing attitudes, might be indeed reflective of their feelings toward people outside the group, that may be fairly prototypical of the way they might respond to situations, perhaps especially responding to situations in which there is a, in which there are some people in authority involved. And it might have been in many group situations a fairly appropriate point at which we begin to explore the differences in the various stances that people were taking to us: why some people were so overly trusting, why some people were so overly suspicious or distrustful of them. And the only reason we didn’t do that in this group is that the actual issue itself that was being discussed was of such extreme importance to the whole sort of functioning or even survival of the group, and that is the issue of confidentiality. So in a sense we stopped the discussion for a moment and decided that it was best to really, once again, give them an extremely clear statement, as clear as we could make it, about confidentiality. And so, because it’s absolutely necessary that people have a clear understanding of this and be trustful of confidentiality if they are to be able to work in the group.

Then we turn to exploring some of the specific incidents and content of what had been talked about, and at first we turned to look at Alice and Betty. Remember, those two had talked about the feeling that, what they had to say wasn’t important, wasn’t as important, for example, as other people’s statements. And the reason we turned to that is that it had such clear and immediately usable interpersonal material, because we could began to look at whose statements weren’t as important as theirs, how people actually regarded them. And in so doing, we began to underscore another important group axiom, which is that everything you want to know about other people’s
opinions of you, other people’s feelings about you in this group, is available right here in this group. There is a vast reservoir of information, provided we learn how to harvest this material. And so that was where we next turned.

Also notice in passing that Alice talked to Cathy, said something rather positive to her. We went back and underscored that, again trying to give a great deal of support for this difficult exercise in which people were now engaging. And I think it’s important to underscore, because there is a reluctance by lot of group therapists who are not used to working in this manner to work with the here-and-now, because they feel that invariably constitutes conflict; that we are going to get into conflict, going to get into negative feeling, which is not at all the case, because working in the here-and-now can also underscore and illuminate the positive feelings that people have toward one another.

Then we also began to explore what were some of the fears that Alice and Betty had. Who in their minds were some of the judges perhaps, in the group? And then they first of all began to investigate some of the fears that people had of Bob. Notice that Bob, in a sense, was felt to be a judge or felt to be negative, not necessarily because of sins of co-mission but sins of omission. In fact, what they meant by that was the lack of support that he had given to other members. And then the group began to do some much more intensive work with Bob, began to point out to Bob the kinds of feelings that he invoked in them. Bob was really defensive about this and finally ended up saying, “Well, you know, that’s not my problem, that’s their problem, that’s your problem, it’s not mine.” And so then we sought for ways to try to increase the leverage that we had in working with Bob, and began to ask him the question, “Well, Bob, if this is the way that you’re feeling, and your behavior causes other people to feel about you, are you satisfied with that?” And then we increase the therapeutic crunch even more by tying it into his outside behavior. And we reminded him of the fact the very reason he had come into was precisely this issue: That there were people, especially women, who regarded him in negative ways when he hadn’t wanted that to happen, so we could point out to him the relevance of this particular group incident for his outside life.

And this illustrates an extremely important aspect of working in group interaction, which is that there is a very significant correspondence between what people do in the here-and-now of the therapy hour, of the therapy group,
and what they do in their own outside social experience or outside social universe. So that the group, and I’ll say this again, I’m sure, as we go along, the group becomes a type of social microcosm for each of the members of the group.

And now let’s go on to our next tape, where we’re going to view the third vignette, which begins approximately halfway through the fifth meeting of this group.

DISC TWO

FIFTH GROUP MEETING

Yalom: You know, Dan, all through this meeting I have really been aware of your silence. I almost get the feeling like you are miles away somewhere.

Dan: Well, I came five, ten minutes late, and I’ve been having a hard time figuring out what’s going on. And so I guess that’s why I haven’t had much input.

Yalom: You mean, since you were late, you never could understand what was happening here in the group?

Dan: Yeah. I didn’t want to say something and not know what I was talking about.

Allen: Well you know, you’re usually late. I was just wondering why can’t you get here.

Betty: Did something specific happen to you? I mean, something that made you late today, or what?

Cathy: He’s very often late. I make an effort to get here on time. I don’t know why you can’t.

Dan: Well, it’s my practice. You know, I have got a waiting room full of patients, and I have got somebody in every chair, and I am a dentist. I can’t just walk out and leave somebody with a half-filled tooth.

Darlene: Well how about just, you know, rescheduling your clients?

Dan: Uh, I wish I could. The turnover of my staff is really, really high. It’s chaotic, and then there are people calling in for emergencies, and everything’s always changing. You know, maybe that’s something I can
work on in the group… would be my attitude toward management. You know, I really try to get here. I mean, I really do try to get here on time, but it’s just impossible.

**Darlene:** I don’t buy it.

**Alice:** Well, I just get upset when someone’s not here. You know, I feel like it’s something I said, like last week when I said you were a dentist 24-hours a day. I thought maybe I might have hurt your feelings when I said that, and it’s just really been hard for me to concentrate in this meeting today. Just, you know, maybe you could call next time. You know, call Joan or Irv, and just let us know you are going to be late so we won’t have to worry about you.

**Joan:** I second that, Dan. Otherwise it keeps the group members guessing as to what’s happening.

**Cathy:** There must be a way for Dan to get here on time. You made a commitment to the group, Dan, to be here on time. We all make sacrifices. I drive an hour from San Francisco and I get here on time.

**Betty:** There’s really no sin in building a little bit of slack into your schedule, you know? I mean, even if you got here a little bit early you could, you know, sit outside and talk with everybody. That wouldn’t be so bad, would it?

**Dan:** You see, this is the kind of pressure I get at home. I mean, between my patients and my staff and my students. I teach at dental school, you know, and then my wife and my kid and, you know, I just need to give myself a little slack, you know? To have someplace I can have some peace and quiet, and that’s maybe why, that’s probably why I don’t say much here, because it’s nice to have a place that I can come to where there are not a lot of demands being made on me all the time.

**Betty:** Yeah, but what about the commitment to yourself? I mean, this group is for you, too. I mean, if you don’t put anything in, you just sit there silent, how are you going to get anything out of it?

**Yalom:** Yeah, that’s a good question Betty. You know, I am just aware of your situation in the group today as I sort of think about Dan. You know, the idea that you come late, that you are forced into silence because you don’t feel you’ve got the right to ask anyone any questions, and remain
kind of uninvolved in the group for the entire meeting... There’s got to be some other options for you.

**Dan:** Well, I could not come.

**Joan:** Do you want someone to summarize the group for you, Dan?

**Dan:** I mean, I walked in and Darlene was going through this, what was a very important thing for her, and I had made enough of the disturbance already just by coming late. I didn’t want to interrupt anything more that Darlene had to do.

**Joan:** Well, how long would it have taken for someone to summarize the group for Dan, just a couple of minutes? Darlene, would you have been upset?

**Darlene:** No, I really would have preferred, Dan, if he had, you know, asked for a summary, you know, rather than being quiet. I would have liked to have known what you were thinking, what you had to say about what I was saying.

**Dan:** Yeah well, um, yeah, but then there’s probably other people who don’t feel that way, who wouldn’t say anything because they want to be polite.

**Joan:** Who’d that be?

**Dan:** Well, Bob.

**Bob:** I wouldn’t mind, and I wouldn’t be polite about it, either. It’s not a matter of being polite. I think it would be good for the group.

**Allen:** Yeah, I don’t mind.

**Dan:** And Cathy?

**Cathy:** I don’t mind at all. I’m with Darlene. I’d much prefer it than you being silent.

**Yalom:** Silent and then not being able to offer anything, say, to Darlene, because of your silence. You know, just imagine the situation reversed. Imagine that you are talking in the group, Darlene comes in a few minutes late, and she asks you, you know, what’s going on? Would you mind summarizing for me real quickly? Would you mind?

**Dan:** No.
**Yalom:** You wouldn’t mind?

**Dan:** No.

**Yalom:** So it’s okay for Darlene to do that to you, but not okay for you to do that to Darlene. How come?

**Dan:** I guess it’s okay for other people to do things that it’s not okay for me to do.

**Yalom:** That sounds important.

**Joan:** Dan, as Betty pointed out, you do have a commitment to yourself by being in group, and I am wondering if you have trouble asking for time from the other group members, whether you are able to get what you need from the group.

**Dan:** Yeah, I don’t think I feel I get my share of time here. Attention.

**Alice:** Well, how are you getting help, you know? I am not sure what’s happening here for you, Dan. You’re so vague.

**Dan:** Well, these things take time. I mean, it takes x amount of time to fill a cavity. You can’t rush these things. I think I’ve learned quite a bit here, so far.

**Cathy:** I am still uncertain as to why Dan is here.

**Dan:** Well, um, being here wasn’t really my idea. I am in marriage therapy. We have a counselor. And he suggested that it would speed up the process if I joined a group. And this is my third marriage, and so I figured that anything else that might help it work out – I have a 2-year-old – and so I thought it would be a good idea, and my wife really pushed me, insisted that I do this.

**Yalom:** So it sounds like you’re here because the marriage counselor sent you here, or because your wife insisted that you’re here, or you are here for the marriage, but that you’re not here for you yourself.

**Bob:** Why are you in marriage therapy?

**Dan:** You know, I come home and I’m looking, hoping, for a little peace and quiet, and as soon as I get in the door, the wife is at me with this and she’s at me with that. You know, I just feel like I don’t have any time of my own, you know? And it’s just like that at the office, and it’s all day long.
People are making these demands and those demands, and then she does the same thing. You know, like we went on a vacation last summer to get away and have a little time, and the first thing that happens, I mean, we go into this hotel and then she starts arguing with the clerk about the room. It didn’t have a good enough view. And then she gets mad at me because I’m not arguing with the clerk. I mean I wasn’t, I didn’t go there for more stress, you know. I went there to get away from some of this and she just wants to bring it everywhere that we go and create it when there isn’t any. She is just irrational… all the time.

**Bob:** Well, I have a suggestion. Why don’t you try for like a 30-minute buffer time when you get home to provide a transition from work to your home situation?

**Dan:** We’ve tried that. I mean, it’s a good idea. It’s just that she gets… you know. She thinks about things all day, and when I come home, she wants to deal with them right away, and she expects me to answer, and there it goes. I don’t want to have to always be telling her or reminding her what the rules are.

**Darlene:** Why is she so unhappy?

**Dan:** Well, you know, it’s the old thing about she decides to become a mother and then she’s sorry she gave up her work and now she resents it.

**Cathy:** Is she in therapy?

**Dan:** Yeah.

**Allen:** If it’s her problem, then why are you in treatment?

**Dan:** Well, you know, we have to live with each other. I mean, it’s our problem. It’s not just—

**Joan:** Dan, maybe we should stick to your part of it.

**Dan:** Well yeah, I mean, you know, I’ve got some problems I guess. I mean, we all have, everybody’s got problems, it’s okay. Yeah, I mean, we could go back to when I was a kid. My dad was an alcoholic, my folks were divorced, and so, and I never really felt comfortable at school because I was a kid whose folks were divorced. And I wasn’t much of one for sports and I wasn’t competitive with the other boys, and you know all this stuff. But, you know, that’s all past. I, um, I’m a very successful dentist. I’ve got a
professional career, I don’t think it’s a problem anymore, and I—

Betty: I still don’t understand. I don’t know where you fit in. I’m really stuck. How are we going to be able to help you here if it’s your wife who needs the therapy?

Yalom: Do you feel stuck too, Dan?

Dan: Well, I mean, as I… sometimes I wonder what good the group is going to do but, you know, it’s been really interesting for me. I mean, I have really… I have enjoyed watching everybody, and feel like I’ve learned a lot from being a part of this.

Cathy: I feel a little uncomfortable saying this but, Dan, remember what you told me when we went out for coffee after one of the meetings? It was, oh, a couple of weeks ago. You said you felt like you weren’t getting any help at all and that this group was an imposition on your time.

Dan: Well, I didn’t really mean it that way. No… well, you know I have, like I said, I have a hard time getting here, and I have to usually rush the whole afternoon to get here, and sometimes I wish it wasn’t quite so hard to get here. But I find it very interesting once I’m here. I mean, I really enjoy it.

Allen: Well just schedule one less patient on Wednesdays. Just one.

Dan: It’s not that easy. I mean, emergencies come up and patients are always calling in with this and, you know, things are not in my control all the time.

Yalom: You know Dan, I’d like you to go back just a few minutes, back to what Cathy was saying to you about your conversation with her outside of the group. I think it’s so important for you to try to speak here spontaneously because I think you have got some really strong feelings about the group that you were honest in expressing to her, feelings about what you are not getting from the group. So I wonder if you could try expressing these. Tell us exactly what you think about the group without quite being so tactful, without being so diplomatic, without worrying quite so much about how we’re going to feel. Could you speak right from the heart? Speak straight?

Dan: It’s the same thing. I mean, speaking from the heart, I have really
found this group interesting, and I really have learned a lot from being here and watching everybody and what they do, and being part of this group.

**Joan:** Notice what you’re feeling, Dan. Try this: All this time wasted, all this money wasted, all this rushing around, all the stuff I’m doing, and it’s my wife’s problem, not mine. I am not getting a goddamn thing from all this.

**Dan:** Well, you know, I never said that I felt that it was a waste of time being here, or that I… Well, the rushing around it, it’s a little inconvenient. But I mean, it’s the price you pay for something like this, that’s all. That’s all. I really find it interesting. It’s worth it to me.

**Yalom:** Where are the rest of you on this? Could we give some feedback to Dan? What are you all feeling at this point?

**Darlene:** I feel like I don’t know what you feel.

**Betty:** I think he is a really nice guy.

**Cathy:** Maybe too nice.

**Yalom:** Listen, try this…Just try a thought experiment for a couple of minutes. You see Dan here, you live with him, in a sense, for an hour-and-a-half once a week. Just imagine living with Dan, each of you, being married to Dan, relating to him 24-hours a day. What kind of experience would that be like? You know, get yourself into that. What feelings would get evoked by that experience?

**Alice:** To me, to me it would be like living alone. You know, this… Remember Dan, you said once that your wife accused you of being absent? For me, that’s a perfect word for you: absent. You are never really here with me. I mean, look at your chair. Even your chair is a couple of inches out of the circle.

**Cathy:** Yeah, you know, I’ve noticed that too. I mean, it’s not enough to comment on, but it’s certainly enough to be irritating. I don’t know, it would be so frustrating never being able to find Dan. Not knowing where he was.

**Darlene:** Yeah, I mean, it wouldn’t feel like a marriage. I mean, I really wouldn’t feel like I know who you are and, you know, it would feel like you
were trying to manage me, not relate to me.

**Betty:** You know, I think I’d be constantly saying, “Where are you?” You know, “I can’t find you.” I really think that I would be getting angrier and angrier, too. I’d put a lot of demands on you. I’d probably even get shrill or irrational just like your wife. I really think so.

**Yalom:** You know, I’ve been aware, over the last few minutes, we’ve been sort of escalating the force of our comments to you. I think I have been doing it. John’s been doing it. I think all the people here have been doing it, and I think it’s an important phenomenon that’s been occurring. It’s almost as though that to kind of get through and help you speak with your real voice, we’ve got to keep on getting more and more angry, or to use Betty’s words, more and more shrill. It’s almost a replica, I wonder, of what might happen at home, you know, that your wife somehow kind of increases the ante, increases the ante, keeps on knocking, in a way, to kind of help you talk in your real voice.

**Dan:** Hmm.

**Yalom Commentary:** This vignette illustrates many important issues for group therapy technique. First of all, early on there is a mention of Dan’s coming in late and the fact that that tends to be disruptive to the group. Alice mentioned, for example, that when he was late she began to have fantasies about whether it was something she had done in the previous meeting. And so we set down a rule that I think is important for groups: that when people are going to be late or when people are not going to be able to make it, that they call in advance just to quiet down a lot of often wasted activity for that. But I think there is a very important issue that’s fairly clearly illustrated in this vignette, and that had to do of course with the question of Dan and his relationship to his wife, but also his relationship to the other group members. You know, at first Dan says, well, it’s not his fault, nothing is his fault, not even his lateness is his fault. The group tends to give a lot of suggestions about things he might do about that, but pretty soon they begin to see he has a ready rebuttal for each of these answers. And I think gradually the group begins to discover that the reasons for his lateness are pretty deeply ingrained in the depths of his personality structure.

Dan’s posture throughout this part of the meeting is that it’s not his responsibility, that these are things that his wife does. That it’s not even his
responsibility that he is in therapy; that he was sent, sent by other people, sent by his marriage counselor, sent by his wife. The group starts to deal with this with some suggestions that are offered, but suggestion and advice given by groups is almost invariably a fairly ineffective way to operate in a group, and you begin to see how that operates. People say, well how about a 30-minute buffer zone when you get home, how about filling one less cavity, scheduling one less patient, but each of these are rejected. Then the group begins to suggest, well listen, if it’s your wife’s problem, what are you doing here? What is your role in what goes on and what goes wrong in your relationship? That begins to move the things into a somewhat more fruitful direction.

Then later, we begin to get some feedback for Dan, not about suggestions, not about ideas that they have about his marital situation, but how they are feeling about his behavior toward them right here, in the here-and-now. And then, in fact, when we begin to up the ante on that and sort of increase the leverage by getting feedback about how people would feel, not by just living with him for an hour-and-a-half a week, as they do in this group, but suppose they lived with him for 24-hours a day at home? Then the feedback became, I think, much more pointed. People began to say, well, they’d feel they couldn’t find him, that he was absent, that even his chair being outside of the circle was reflective of his being absent. Or that they’d feel that they were managed, they weren’t really being cared for in a relationship. And so then, gradually, what begins to happen is that soon the situation outside of Dan’s marriage begins to be recapitulated in the here-and-now of the group in a way that I think is fairly self-evident on the tape. The tone begins to be more shrill, there is a sort of sledgehammer approach, where people are becoming more and more forceful. In other words, to make Dan hear, to try to understand and experience what his real feelings are because no one really knows what he feels. He is always checking out the environment, saying what people want from him and then tending to give them that. So you lose the person in there.

And that, of course, illustrates this extremely important aspect of group theory, which is the idea that I alluded to in the previous tape, that the here-and-now, in the here-and-now, that the group operates as a social microcosm. That behavior that people manifest toward others in their life soon begins to be manifested toward other people in the group, provided you don’t structure the group too heavily. Sooner or later all these traits—of people are arrogant, or people are obsequious, or people are vindictive, or people are self-
effacing—all these traits begin to be evident in the way that people respond toward others in the group. So there is no need to spend a great deal of time on people giving you information about the past or even about their present life. It begins to transpire in the living data that we begin to examine right in the group.

Now, that means that the focus on the here-and-now deemphasizes the past historical material, deemphasizes even the current outside material that’s going on in your life right now. By deemphasizing, I am not saying that we are negating the importance of these, but I am saying, from the standpoint of therapeutic power, we are much better off by focusing on the immediate transactions that occur within the group.

Now, there is one other point that just is mentioned in a second but it’s worth taking a look at, and that’s the issue of extra-group-socializing in a therapy group. That occurs in almost every group. I have long ago leaned that it’s an error to say to members of the group that you don’t want members to see one another outside the group. Because what happens then is it almost invariably does occur, and then members keep it secret. They don’t tell you about it, or it becomes a whole issue of whether or not they are breaking your rules or not breaking your rules. So I feel that it’s much more important to explain to members how extra-group socializing can get in the way of therapy. And it usually gets in the way of therapy if members meet outside the group and form some type of relationship that becomes very important to them and then they keep that secret. There is a conspiracy of silence around that, so they don’t talk in the group about what they have talked about outside the group. And then they cease to be of use to one another because they stop talking to one another in the group; they don’t want to betray the friendship or betray what the other had said.

So extra-group socializing can be, in a sense, injurious to the group. But if, on the other hand, you have made it very clear to the group members why it’s injurious to the group, and elicit some type of contract from them, that if they do meet with others outside the group that they will take it as their responsibility to bring that material back into the group, you know, then it can be quite facilitative of the group, and indeed that’s exactly what happened in this group when Cathy mentioned that she had met with Dan outside the group and then related to the group what Dan had told her about the fact that
Incidentally, when you have made it very clear to the group members about why extra-group socializing can in fact get in the way of therapy, can sabotage the therapy, and then it happens you are in a much stronger position to confront the patients, because you’re no longer confronting the patient with the issue of how come you are breaking my rules, but you are confronting the patient with the much more powerful question of, well, how come you are sabotaging your own therapy? I think you’ve got much more leverage when you are in that direction.

Okay, now let’s turn to our fourth and last vignette. This is an episode that occurs in the eighth meeting, toward the end of the session.

EIGHTH GROUP MEETING

Allen: This is something I have been wanting to tell you. I’m bisexual. I guess I had to get that out, you know? Like, I guess I wouldn’t be helped if I didn’t.

Yalom: I’m glad you’re bringing it up.

Dan: Um, is this, has this been something that’s always been the case?

Allen: Well, I guess ever since I was around 13, I guess I felt that way.

Bob: You know, I’ve always been, you know, I really don’t understand bisexuality. What’s… is there a predominant preference?

Allen: No, not really. I guess I’m pretty lucky. I have the best of both worlds.

Joan: Is this one of the reasons why you broke up with your girlfriend?

Betty: I’ve heard that bisexuality is related to families that don’t have a father, or the father is there but he’s not around very much. Is that the case with you?

Allen: No, I’ve never heard that before, you know. Our family was very supportive. My father was there. We’re the tight knit group.

Betty: Doctor, do you find that to be the case?

Yalom: No, I’m not sure about that, Betty. But you know, I am very much
aware, though, of something else, and that is that obviously it’s difficult for you to say this in a group. I am sort of thinking of what it’s been like for you to come to the group for eight sessions and have this on your mind and be unable to say. What kind of experience has that been for you?

**Allen:** Well, you know, I’ve been wanting to tell you for some time, and last week I was going to come in and tell you, last week, and when I got here, I guess I chickened out again.

**Yalom:** What were your fears or fantasies of what would happen if you were to bring this up?

**Allen:** Uh, well, you know, the usual. What people say behind your back, and, I mean, this is the first time I have ever said it to anyone, you know, publicly, and I feel that, well, I felt from the beginning, I have a part that I play in this group, and this is where I belong, I feel. I’m stuck between two different worlds.

**Cathy:** Well, I feel you belong here very much. And I’ve always thought you were very forthright and refreshing.

**Alice:** Allen, I have gay friends, and I am sure the other group members know people who are gay. I really don’t think you should feel that different.

**Allen:** Well you know, it’s, I guess it was the… I guess it was the men, you know. It’s like, you know, if you tell them you’re bisexual, they think you are trying to make a play for them or something. You know, there are so many stereotypes, so many distortions about the “gay world.”

**Dan:** You know, I don’t think that you have to worry about this group. I think the group is going to be very supportive for you. And if you are worried about, I mean, not for myself, it’s not a problem.

**Darlene:** I don’t feel any differently about you. I mean, we may not be big buddies, old buddies in this group but, you know, we have been together for eight sessions and, you know, we still care about you.

**Betty:** Oh sure, we’ve all gotten to know you in all the sessions and everyone has really appreciated what you have contributed to the group. So I don’t think anyone’s going to change their opinion of you.

**Yalom:** You know, I am so pleased you are able to bring this up. I am also
curious as to what’s made it possible for you to bring it up to the group today.

Allen: Well, I guess the last few weeks I have felt more trust, and I just feel comfortable with the group.

Yalom: And those fears you had about bringing today, you felt that you would lose face, you know. Before whom would you lose face? Who is going to judge you? Who is the chief justice here?

Allen: You, Joan. You know, I know I was supposed to tell the truth in the initial screening and I felt that, you know, maybe I would probably be refused. I really hope you are not angry today.

Yalom: You mean you thought that if you told Joan and me when we first saw you about your bisexuality that we would have rejected you for the group?

Allen: Basically, yeah.

Yalom: Never would have entered my mind.

Allen: No.

Yalom: And the other judges. Who else, do you think?

Allen: Well, Darlene and Bob. You know—

Bob: Well, to be perfectly honest, Allen, I certainly wouldn’t be in judgment of you. Actually, I, when I was 11 or 12, I had a homosexual experience with a really good friend of mine. And quite a few years after that I was really conscious, worried, about my sexual, my sexual place in the world, I guess. Yeah.

Allen: I don’t know. I tell you, it’s so difficult being a part of the gay community. You know, uh, I mean especially today, you know, with all the AIDS thing, you know, and everyone is so frantic, you know. Almost every woman that I’ve known, when I told her that was bi, she freaked out. And it seems that even after all of that, no matter how difficult it is, I don’t see myself changing. Because I live a heterosexual life. I want a family. I deserve—

Yalom: I want to just interrupt you for a minute, Allen, because I think something really important happened here just a couple of minutes ago I
want to just focus on, just a second. I am really interested in Bob, and what you just said about your own gay experience when you were younger. Have you ever said that before to anyone else?

**Bob:** Once, uh, 10 years ago, to my therapist.

**Yalom:** And until this moment, this group, you have never told anyone else, never told peers?

**Bob:** No, I have never told to any group of people that, no.

**Yalom:** I have a hunch that that was a real gift to Allen.

**Allen:** I don’t know, I guess I get so wrapped up in my own emotions I don’t think about other people’s feelings. I guess that’s what Betty meant when she told me about it a couple of weeks ago.

**Darlene:** Allen, I don’t think you’re still acknowledging Bob’s gift to you.

**Allen:** I guess you’re right. Uh, I don’t know why it is so difficult just to come out and say thank you. I mean, thank you all, because you all have been supportive and you have all helped me. I appreciate it. I got it off my chest.

**Yalom:** I’m glad you did, Allen. Do you feel, do you feel finished, or are there other parts that you want to work on today?

**Allen:** Well I, well no, no, not, not, not today.

**Yalom:** That’s as far as you want to go today?

**Cathy:** Well, I am concerned about Betty. Earlier, Betty, you mentioned about your daughter’s drug problem. But I don’t think you were finished.

**Alice:** Yeah, Betty, I feel like we all left you hanging, and now we are almost out of time.

**Betty:** No really, I feel fine. You know, we talked about it, I got it out and spoke with you, and no, I feel fine about it.

**Yalom:** Betty, what did you get from the group today? I know you brought up the really significant problem. What do you feel that we were able to give you?

**Betty:** Well, I don’t know, I think what I really wanted to do the most was bring everybody up-to-date, you know, on what was going on in my life. That’s really about all I wanted to do. Yeah, I feel fine.
Cathy: But I am still wondering exactly what you got from this today, Betty. I mean, she brought a problem to us, and we were never able to solve it for her.

Alice: Yeah, what would be a solution to her problem?

Darlene: Can we ever really solve a problem in the group? I mean, it’s so complicated. I mean, what’s happening with you and your husband and your daughter. I mean, we only know it from Betty’s point of view. And that’s just a small part.

Bob: Yeah, I know. Um, you might say I’m an engineer again, but how can we really deal with a problem when we’re dealing with partial or inadequate data?

Dan: Yeah, yeah. You know, you mentioned earlier that this was something that you brought up with your individual therapist, and it seems to me like maybe that’s the more appropriate place to deal with it, that he is maybe able to lead you to resolution, whereas the group really can’t.

Yalom: So the issue, then, is if the group can’t deal with this problem, or that we are going to get inaccurate data, or it should be dealt with in an individual therapy. It still leaves the question of what role this group can play, how this group can be helpful.

Joan: What did you get today, Betty? What did you want when you came in the group today?

Betty: Well, as I said, I wanted to talk about it. I think that really helps me when I can just talk it over with you and kind of bring you up on what’s going on. And that’s about all I really need, you know. Like you said, I had mentioned that I talk about it to my therapist, but it’s not the same, you know. There is so much support here in the group. When I can talk with all of you, I get that real supportive feeling.

Alice: Well, you got a lot of advice today, Betty: see a lawyer, family meetings with your husband and daughter, and a drug rehab program for your daughter. Do you think these suggestions are going to help?

Betty: Well, they’re all wonderful suggestions, they really are, you know, and I appreciate all of them. But the trouble is I have to get others involved to go along with it, you know? Now, I did get a lawyer, but that hasn’t
helped with getting any support from my husband at all, you know—none. And as far as my daughter is concerned, I’ve been trying to get her into a drug rehab center for a long time and she just will not go. And I can’t get her to go, no matter what. And then I feel if I really push her in there, you know, or get her in there against her will, that’s not going to do any good anyway. So I’m, you know, kind of at a standstill.

Yalom: You know, I am aware that we seem to be kind of circling things, because I know this sounds very much like what we were saying at the very beginning of the meeting. And, you know, on one hand you could think that, uh, Betty says, well, she’s satisfied with what she got from the group today. But on the other hand, we can’t seem to let it go. We keep on coming back, we keep on circling back, coming back, coming back to Betty even though she says she is satisfied with what she got in the group. You know, the reason that, particularly, I think it’s important, is because I think we have been doing something similar about the last three meetings. You know, somebody is coming into the group with a real-life crisis, and we don’t seem to be able to find a way to solve that. And yet we can’t let it go. So the whole meeting has been very much directed with all of us trying to do one-to-one work with each person. So I guess the issue here is, are you satisfied with that? Is that what we want to be doing here? Is that the best way to use the group? How did that pattern get started, you know? It wasn’t my idea or Joan’s.

Dan: No, I… Speaking for myself, I think that, like, when you told this, that today, about your daughter, especially, I mean, I felt so bad. I really wanted to be able to help you in some way. And you know, there’s something else about it, too. I mean, I don’t really feel like you’ve gotten enough time in the group, and, like the time I had—a few sessions ago—I mean, there was tremendous… it was tremendously helpful. And so, also, I guess it’s a way of, of–

Yalom: You mean the time you were talking about your problems with your wife?

Dan: Yeah, yeah, the thing with the marital difficulties. Um, I guess it’s a way then, also, of repaying you, in a sense. I mean, giving you your time, because I know how valuable that is.

Yalom: Yeah, that’s a really good point, Dan. You know, I think that was a
really good working meeting. You remember that meeting? I wonder who has got some ideas about what was different about that meeting from what we’ve said or been doing today or the last couple of weeks. Any ideas how we worked differently with Dan?

Bob: Well, um, the one thing I noticed was, as a group, we started with Dan’s problem that was outside of the group. We brought it down to what’s Dan’s role with his problem and his responsibilities with what is going on with his marriage. And we brought it even further into the group with bringing that into what was his relationship with the women in this group.

Cathy: I think we seem to work much better when we stick to things, problems right here in this group.

Darlene: But it was different today with Betty. I mean, she was really hurting. I mean, what are we supposed to do? Say, “We don’t deal with life’s emergencies,” you know? “You’re about to lose your kid,” but that’s not important enough? I mean, I agree with you. You don’t get enough time, Betty.

Yalom: You know, we all seem to agree here that when we focus on what’s happening right here between people, that’s when we do the best. You know, that’s happened over and over again in the group, you know? But we’ve got a real dilemma that’s come up today and the last couple of weeks. What happens when someone brings up some sort of real outside important crisis in their life? You see, what’s been going on today is that we try to find some way to solve that, and we’re generally, for lots of different reasons, pretty ineffective at that. And we sort of know we are ineffective, and I am pretty sure that’s one of the reasons we are not able to let it go and we keep on circling, coming back to it. But on the other hand, you know, like Darlene says, we can’t simply not pay attention to that; that would be insensitive. So, you know, that’s a dilemma that we are facing. We have to find some way to do something about that. And we’re going to have to stop today. Our time’s just about up. But I think one of the things we have to work on is how we can find a way to offer you, Betty, something right here in the here-and-now; how we can help you more effectively.

Allen: You know, I know we’re almost out of time, but I just wanted to add that I am having trouble finding something for Betty. I mean, I know she is hurting, but I don’t know if or how or how much. Like, even today, it’s
obvious that she is in some sort of pain, but I’m just guessing, because it’s no pain that I can see.

Cathy: Asking for help is certainly not Betty’s strong suit.

Yalom: Yeah. You know, I think this is really important. I think this is a good, a good clue, because I’ve got very much the same feeling. You know, my feeling is, Betty, that you are very good at giving help, very good at it, but you are not good at finding ways to get help from other people. Yeah, speaking for myself, I find that I usually want to find ways to be more helpful to you and I can’t find a way to do it, you know? And in fact, you settle for very little in the group. Today, you settled for I-just-want-to-be-heard, and that’s all, and I feel there’s a lot more we could give you, so that’s something we really need to look at in the future. Okay, we gotta go.

Darlene: No, no, no wait, wait. I’ve got something I want to say. My therapist told me to tell you, I am quitting my individual therapy.

Dan: Your therapist? I didn’t know you had an individual therapist.

Darlene: Well, I have. It’s this telephone therapy.

Dan: Dial-a-Shrink.

Darlene: Well no, it’s this therapist that I had when I was in Atlanta before I moved out here, and then we just stay in contact, and every couple of weeks, you know, I have been talking to her. Well, glad I told you.

Bob: Well, you certainly didn’t leave much time for us to discuss that in the group.

Allen: Now what’s this business: Your therapist told you to say it? Does that mean you wouldn’t have said if she hadn’t told you?

Darlene: Next time, Allen.

Yalom Commentary: This vignette illustrates another aspect of norm setting. We talked about other norms that we want to set in a therapy group. And in this segment we are looking at the issue and the norm of self-disclosure. I think every therapist who leads a therapy group will agree that self-disclosure is important. It’s important that people disclose. It’s important that people disclose very fully as they go ahead and go along through the therapy group. I feel that I’d like members to do that. I’d also like them to
feel, however, that the group is not a forced confessional, that people can disclose when they’re ready, when they feel enough trust in the group. They can disclose at their own pace.

But there is another issue of disclosure that I think we should look at in this vignette, and that’s the difference between vertical disclosure and horizontal disclosure. And by that I mean that vertical disclosure is disclosure in depth. Disclosure as you plunge into the type of material the person is talking and describing. Whereas horizontal disclosure is disclosure about the disclosure, meta-disclosure. And in a group, I think that you are far better off in the therapy process by encouraging horizontal disclosure rather than vertical disclosure. So in this vignette, Allen discloses a big secret, and the tendency of the group, and the tendency of most groups, is to probe for more vertical disclosure. People began to ask about more details about bisexuality: Well, when did it begin? What’s it like? Who do you prefer? What sex do you prefer? Or they began intellectualizing by talking about, well, about family patterns in bisexuality. So my stance and my response toward Allen was always in the direction of asking for more horizontal disclosure. So that’s why I asked him about how hard it was for him to come to the group all these weeks and not talk about this. That’s why I wondered to him about what made it possible for him to talk about that in the group today, or had him take a look at why he was afraid, what some of his fantasies had been about, what might happen were he to disclose that. Then I brought up material about his fears about my response, or about my co-leader’s response, or his fears about the men’s response to him in the group.

Another important concept that comes up in this vignette, I think, is the fact that therapists in groups must make use of process; we think in terms of process. Now, the word “process” has a lot of different definitions; people use the word in different ways. When I use process, I mean it as almost an antonym, in contrast to content. Let’s say some people are having a discussion. You ask, well, what’s the content of this discussion? It’s pretty obvious: content is the actual words, actual issues being discussed. But suppose you ask the question, what’s the process of this discussion? Well, the answer to that question is you ask the question, what do these words tell you about the nature of the relationship of the people involved in the discussion? So when we ask a process question, or when we maintain a process orientation, we are always looking at the nature of the relationship of each
person involved. And I think there were two incidents in this group that illustrated that.

One of them was when Bob said that he, too, had had a homosexual experience when he was quite young. And notice what happened then, was that Allen, in a sense, didn’t acknowledge it; he simply went on talking about another issue, without somehow acknowledging Bob. So then we began to comment on what the process of that was; the process of that being that Bob had given Allen a gift, and Allen had refused to acknowledge it; that Allen had some significant issues that came up many times in this group in many different ways around intimacy, both with men and with females. He had a compulsive sexual pattern, a way of dealing with both men and women, but shied away from deeper intimate levels, and the fact that he shied away from Bob’s really reaching out to him in a very human way, finding it extremely difficult, very embarrassing to thank Bob for his gift.

I think the other example of a process issue came up in the very last minute of the group when Darlene announced to the group that she was, at that point, finishing therapy, and that her therapist told her to say that in the group. Now, she didn’t leave much time. We don’t find out much about that, about what the meaning of that comment was. It wasn’t until a later meeting that we did. But if we, from the information that we were able to accumulate later, it seemed like there were some interesting process issues. One, which was the idea that Darlene had to almost convulsively break into the group, raise her hand to get some time, and that was a reflection of her feeling that she didn’t have enough time in that group, or that the group was so busy with other things that she had to almost burst in. I think the other thing was the fact that she was in essence saying to the group that, because she was stopping therapy with her individual therapist in Atlanta, therefore she was going to need a lot more support, a lot more attention in this group, and that was hard for her to say in any explicit way. So she disguised that as, if you will, by saying, well, my therapist told me to say that. Or she left it at the very last minute of the group so there wasn’t time for her to go ahead and discuss this openly. And the group caught all this, I think, just the very end, the couple of times by the men in the group.

Now in this vignette, the group is also struggling with some procedural norms about how groups work, how this group could work. One of the things that
had happened was that in the previous three meetings, I felt the group was having a difficult time with procedure because they had been crisis-oriented meetings. In other words, a member came in, brought a crisis, a real-life crisis, the group had spent a lot of time trying to focus on that crisis, and they had been fairly ineffective, meaning that is not a good way to use a therapy group. The idea of someone bringing in an outside problem, members struggling to give suggestions about how to solve that problem, is probably one of the worst ways to lead a group. So I was being fairly active here in trying to intercept that process from continuing. So I had tended to, in a group, to identify that issue; say, look, this is what we’ve been doing. I wanted to let them know that it was a procedure that had evolved from the group itself. It wasn’t my idea. This is not my idea of how the group should proceed. I also wanted to let them know that it’s been problematic; that we’ve not been able to solve problems in the way the group set about to do that for a number of reasons. One of them was Bob’s, uh, as he put it, his engineer reason, that the data is inaccurate; we only had partial data, and groups can’t come up with a very workable solution under that situation.

And then we went on to talk, as Dan said, “Well, I got a lot of help talking about the outside problem.” So I quite intentionally asked the group by saying, “Well, what did we do differently with Dan in that last episode, that last vignette?” And they could themselves say, well look, we went from the outside issue, the why he was relating in the group, the way he was relating to the women in the group. And that was where the work was done. And so then, at the very last part of that episode in this vignette, we then were struggling with the fact, well you know we have got to find another way to offer her help, rather than talking about the crisis that she has outside. And the group was just beginning to arrive at some ideas about that, and they began to notice, well, she doesn’t ask for help very easily. That she is a very good help giver but not a very good help taker, or that she is satisfied with very little, or that she doesn’t show her pain very much, so we don’t know how and which ways and when she is hurting. So I think that the groundwork was already being laid at that point for future working groups with her in the here-and-now, rather than with her around resolution, solving this outside crisis.

You notice in this vignette and also in the previous three, the therapists have been fairly active. You know, I have felt that it’s part of my role to be quite active in shaping this group, shaping the norms, moving the group into the
here-and-now, reminding them of how the here-and-now was most active, finding ways to get them from the outside material into the inside material, from impersonal material into personal material. As this group was to continue in the future, those efforts would be far less necessary on my part. The norms had become integrated, had become much more automatic on the part of the group members, the group members themselves were aware that they work more effectively in certain ways and less effectively in other ways. So this group, by the end of this eighth meeting, was poised at this point to enter into a state of a much more mature, hardworking group.
Notes...
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Alice      Arceli Bell
Cathy      Connie Erickson
Darlene    Sue Zeisler
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Irvin Yalom, MD, Featured Therapist, has been a major figure in the field of psychotherapy since he first wrote *The Theory and Practice of Group Psychotherapy* in 1970 (now in it’s 5th edition). Other significant contributions have included *Existential Psychotherapy, Inpatient Group Psychotherapy*, and *NY Times Bestseller Loves Executioner and Other Tales of Psychotherapy*. He has also written three novels on psychotherapy: *When Nietzsche Wept, Lying on the Couch*, and his latest, *The Schopenhauer Cure*. Dr. Yalom’s works, translated into over 20 languages, have been widely read by therapists and non-therapists alike.

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