Instructor’s Manual

UNDERSTANDING GROUP PSYCHOTHERAPY
VOLUME TWO: INPATIENTS

with
Irvin Yalom, MD

by
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&
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with Irvin Yalom, MD
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# Instructor’s Manual

## UNDERSTANDING GROUP PSYCHOTHERAPY

Volume Two: Inpatients

with Irvin Yalom, MD

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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.

2. STEP-BY-STEP DISCUSSION QUESTIONS
Pause the video after the session to elicit viewers’ observations and reactions to the development of the therapy. The Discussion Questions provide ideas about key turning points during the therapeutic work that can stimulate rich discussions and learning.

3. LET IT FLOW
Allow the session 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 full video since issues untouched in earlier parts of the session 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 session? 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-PLAYS
A. Agenda Formation: After watching the video, organize participants into roles and assign them to play out a single session therapy group using the Yalom inpatient model. 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 clients with particular diagnoses. The group therapists should help the clients formulate agendas. As in the video, agendas should be interpersonally oriented, and specific enough so that they can be worked on in a single session. **Debriefing** (see item C below) may occur at this point, or the role-play may continue into the next segment, **Agenda Filling**. Alternatively, this exercise may be done in front of the whole group, with the facilitator jumping in to assist if the group therapists get stuck.

B. **Agenda Filling:** Once the agendas have been formulated, the group leaders should direct the group into the next segment, that of attempting to work with each member’s agenda. The group therapists should make a concerted attempt to direct the interactions into the here-and-now as much as possible. Remember, this is a very difficult task, so participants should not expect to get the hang of it the first time they try this—it is simply a chance to practice, not to develop mastery! The co-leaders can help each other out if one gets stuck, or the professor/facilitator can jump in to coach the therapists.

C. **Debriefing:** 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. If there are several groups in the class, reconvene as a large group and open up a general discussion about the challenges and benefits of this model.

7. PERSPECTIVE ON VIDEOS AND THE PERSONALITY OF THE THERAPIST

Psychotherapy portrayed in videos is less off-the-cuff then therapy in practice. Therapists or clients in videos may be nervous, putting their best foot forward, or conversely, 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.
Step-by-Step Discussion Questions

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

STEP ONE: PREPARATION OF GROUP MEMBERS

1. **Format and Procedure:** If you were Tom or Sonia, how would you have reacted to Yalom’s orientation? What about this would have contributed to, or detracted from, his building an alliance with you and to your feeling safe?

2. **Single Session:** Why is this therapy group run as a single session group? How can group members who attend several sessions in a row progress if the sessions do not build on one another?

STEP TWO: AGENDA FORMATION

3. **Agendas:** How are agendas different from more typical “check-ins” that are often used to begin therapy groups? What impact does this have on the direction of the group?

4. **Negotiation:** If you were running this group, how would you decide which agendas are appropriate and which are not? Why do you think Yalom negotiates with the clients rather than just allowing them to set whatever agenda they come with on their own?

5. **Being Active:** In what ways is Yalom more active in this group than he might be in an outpatient group? What do you think about how active he is in this group?

STEP THREE: AGENDA FILLING

6. **Here-and-Now:** What is the therapeutic value of working on agendas in the here-and-now of single-session groups? In what ways do you see this as an effective model? In what ways would you have changed the process?

7. **Therapist Skill Building:** Yalom is clearly very experienced at leading this type of fast-paced group. Can you see yourself working in the here-and-now with a group like this? What skills do you currently
possess that would help you? What additional skills do you need to develop?

8. **Diversity:** The clients in this group are diverse in their diagnoses, levels of functioning, and ability to cope with stress. What fears and fantasies do you have about yourself as the therapist working with this diverse a group?

9. **Outside the Group:** Why do you think Yalom advocates extra-group socializing in inpatient settings? What differences do you see regarding extra-group socializing between inpatient and outpatient groups?

**STEP FOUR: SUMMING UP**

10. **Observations:** What is the purpose of having the observers share their observations with the group toward the end of the meeting? Do you think this part went well? Does this seem like a necessary or practical component of the group? What might you have done differently if you had been the therapist?

11. **Metafeedback:** What is the purpose of having the group members respond to the observers’ comments? Do you think this part went well? What might you have done differently if you had been the therapist?

12. **The Inpatient Model:** How well would this model work with the settings and populations with which you have worked? Which aspects of the model seem helpful? Which might be problematic? How could this model be adapted to work in other settings such as day treatment, residential treatment, adolescents, chemical dependency, etc.?
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 inpatient 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 Irvin Yalom’s recent books: *The Schopenhauer Cure* and *The Gift of Therapy*; and Barbara Jamison’s article “Letting the Patient Matter: Some Thoughts on Irvin Yalom’s View of the Therapeutic Relationship”

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
Haim Weinberg’s extensive group psychotherapy resource guide

Louis Ormont’s modern analytic group psychotherapy method, including numerous articles

RELATED VIDEOS AVAILABLE AT WWW.PSYCHOTHERAPY.NET

Exploring Narradrama
– Pamela Dunne

The Gift of Therapy: A Conversation with Irvin Yalom, MD

Irvin Yalom: Live Case Consultation

Moreno Movies (4-DVD Set)
– Jacob Moreno

Understanding Group Psychotherapy, Volume One: Outpatients
– Irvin Yalom, MD

Understanding Group Psychotherapy, Volume Three: an Interview
– Irvin Yalom, MD

Psychodrama in Action
– Zerka T. Moreno

Psychodrama, Sociometry and Beyond
– Zerka T. Moreno

Zerka on Psychodrama
– Zerka T. Moreno
INTRODUCTION

Yalom Commentary: I’m Irv Yalom, and I’d like to introduce to you the tape of an inpatient group that we’re about to see. There are a few things I want to tell you about this tape. First of all, I’d like to mention that this is a simulation of a group. However, although it’s a simulated group, I believe it’s representative of a real group. It’s a real group that I have constructed out of my, say, 30 years of group therapy experience. The patients in this group are therefore not real patients but they’re individuals whom we have enlisted to play the role of patients.

I think I need to say some things about the setting of this group. One of the differences between an outpatient group and an inpatient group is that, unlike the outpatient group, the inpatient group is never a freestanding group. You always need to consider it in its context: in the context of the inpatient ward in which it’s ensconced. Inpatient wards vary tremendously, and there are many different types of therapy groups on the inpatient wards that I have visited around the country. In fact, I could compose a long list of groups, from medication education groups, from admission groups, from psychoanalytic groups, and therapeutic community groups, from dance therapy groups, and so forth. And I think all these groups have something to offer patients. At the same time, however, I think they may add some confusion to the treatment program of patients, unless they are also coupled with a regular, frequently meeting, talking group that patients can depend on to meet as frequently as possible. I think a talking group should be meeting on an inpatient ward daily, if possible. And the group that you are about to see is a model of such a regularly meeting group.
The ward on which this group takes place is a 20-bed ward, an acute psychiatric ward in a community medical center. It’s very typical of today’s contemporary wards. A couple of characteristics of the ward, which have a tremendous influence on the conduct of the group, are that it’s a ward in which patients stay an average of seven to ten days; again very common in contemporary hospital practice. And furthermore, it’s a ward in which there is a great range of pathology, great heterogeneity of the population.

Now, in dealing with this group, I want to remind the students that I don’t mean this particular group or this group meeting to be a blueprint for the type of group that you will lead on your ward. I mean it to be an example of a type of clinical therapy group from which you might extrapolate to create a type of group that will fit your particular clinical setting.

Okay, well, let’s turn to this specific group that you are going to see. This is a group of seven patients. This group meets daily; it meets for an hour and fifteen minutes. On this ward of 20 beds, it’s the high-level group of that ward. In other words, there’s also a group meeting at same time of lower-level patients, patients who don’t have the type of attention span or may be more fragmented than these patients. The prerequisite for the members of this group to attend this group are simply that they have an attention span that will allow them to sit still, to attend to the procedure for an hour and fifteen minutes, that they can talk, and that they have enough insight to realize that something is wrong about themselves that they would like to be able to alter. The patients may be psychotic in this group, they may be hallucinating, but they need to be able to focus on the task in such a way that it won’t be disruptive to others. The range of pathology, as you will see, is very broad in this group. We have patients who represent a wide range of difficulties.

There are seven patients in this group. I am not going to give you a detailed introduction to each one because you are going to be meeting them as the group unfolds, but let me just give you just a capsule, a summary of the reason they are in the hospital. In this group we have Rose, an elderly woman who has been chronically depressed, who is in the hospital for reassessment of her medication. We have Mabel, who is also deeply depressed, who is an exceedingly hypochondriacal woman who has a chronic conversion paralysis. Sonia is a young woman on the unit with a very severe eating disorder, ranging from bulimia, to purging, to a severe anorexia, which on
many occasions has been life-threatening in its severity. And we have Tom, a young man who is just recovering from a severe psychotic-manic episode. He is responding to medications and this is the first day where we thought it was possible that Tom might be able to attend a group and not be disruptive. George, who is a surgeon who suffered a severe cardiovascular accident, a severe stroke, and he has made quite a severe suicide effort. We have Marge, who’s a borderline patient who’s been self-destructive for a number of years, has made many, many attempts, often gestures, but many attempts at suicide. We have Meryl, a homeless, disorganized young woman who’s abused a wide variety of drugs since mid-adolescence.

**ORIENTATION**

So, I think with that introduction, we might then begin to turn to the tape. This is the first meeting for me after I’ve been away on vacation for a while, so I don’t know many of the patients in that time. And we’re going to be showing you the entire hour and fifteen minutes of this group.

**Yalom:** I know a couple of you—Sonia and Marge—from another admission, but I’ve been on vacation, so I don’t know the rest of you. I’m Irv Yalom, and I want to say some things about this group. I’ll probably be saying the same things every time we start the group, so if you don’t get it all today you’ll hear it again tomorrow. This is the agenda group. We meet everyday from 1:00 to 2:15. Usually I have a co-therapist, Phyllis, who has the day off today, but the group meets five times a week. I’m here Monday, Tuesday, Wednesday and Thursday, but the group meets on Friday. Phyllis will be leading the group then, alone, on Friday. I want to just say some things about the attendance. You know, this is voluntary group, but our time is very valuable here, and it’s best if we have as few, sort of, interruptions as possible. So if any of you can’t get here on time or you have to leave early, it’s best not to come that day. Come the next day, so we can sort of have uninterrupted time.

I want to say something about the purpose of this group. The purpose of this group is to help all of you learn as much as you can about the way you relate to one another. Okay, I know you’re feeling that that’s not the reason that you’re coming to the hospital, and we know that. But the reason that we do that is that everybody here—that includes myself, too—can stand
to learn more about our relationships, learn more about what we get out of our relationships with others and how to get more out of our relationships with others; why they work, why they don’t work. And the reason that we focus on that in this group is that that’s what groups can do best of all. Okay?

Now, the way this group works is that we will start off first with a round of agendas, by which I mean that I’m asking each of you to say something about what you would like to work on in this group today, something that’s got to do with relationships with other people, something about relationships with other people that you would like to change or improve or learn more about. Okay? You listening, Meryl? Okay. After that, after we go around the group and get an agenda from each person, then we are going to spend some time trying to work on each of these agendas. And then about two o’clock, about an hour from now, we’re going to then ask the observers who are in the next room—you know, watching through the closed circuit TV camera up there—to come into the room. The observers are going to be medical students. It varies from day to day, but they’ll either be medical students, sometimes the psych residents, nursing students, or some of the staff nurses, and there’s generally somewhere between one and four. Anybody who watches the group has got to come into the room at the end for the last few minutes. I and the other observers are just going to discuss this group, and you all can just listen into our discussion, and then if you have got some comments on that, you can contribute to that in the last five minutes. So that’s the schedule for the meeting, for each of our meetings, okay? Okay, so let’s start off then with agendas.

**Tom:** Wait. I don’t understand what… I don’t understand what an agenda is.

**Yalom:** Okay, well, by agenda I mean I want you each to, say, pick out an area, something you can work on in a group today that’s got to do with your relationships with people. Something you want to change, something you want to improve or learn more about relationships with people. Don’t sweat it, Tom, because really, that’s my job and Phyllis’ job to really help you shape an agenda.

**Yalom Commentary:** This preparation that I’ve given to patients, or orientation, I think is fairly self-explanatory, but there are a few other points
I want to make about that. First of all, I think that some form of preparation is needed, is necessary, useful in every type of group therapy situation. In an outpatient group, I will spend time in my initial screening session with patients, perhaps 20-30 minutes, orienting them to group therapy. In an inpatient group, because the consistency, the constitution, of the group changes every single meeting, I offer orientation to the group every single session, even though it’s just two or three minutes.

There is a lot of research evidence attesting to the usefulness of preparation, and I think it’s especially important in the inpatient setting. And it serves many functions: First of all, it simply orients patients about time and place of the group, but it also provides them with some structure. And I think that’s one of the major modifications one needs to make in group therapy technique in the inpatient setting. You’ve got a group of very disorganized individuals who, I think, crave and need some type of structure that can be imposed by the therapist. So I use the orientation to provide some structure, to let them know about how this meeting is going to be structured. That’s perhaps the most efficient type of structure you can provide to patients. So that each of…so this whole meeting is going to be broken down into several different segments, and I’ll let them know what those are so they can anticipate these.

I think the preparation also is a method of reducing anxiety. Our patients are anxious enough with whatever their primary issues are, and what we don’t want to do is to increase anxiety, give them a sort of a secondary anxiety by throwing them into a rather ambiguous, enigmatic type of situation where they don’t know what to do and they don’t know what’s expected of them. So I like to be crystal clear with patients about what’s coming up and what they can do to help themselves in this situation.

Now, the last thing that I said in the preparation was to introduce to them the next stage of the group that you are going to be seeing in just a couple of minutes, and that’s the agenda stage. I have introduced this into the way that I like to lead groups because I think it provides a great deal of structure; it let’s patients take some responsibility for the type of work they are going to perform and commit themselves to in the group. You notice that I’ve tried to reduce some of the pressure of forming the agenda with patients as I tell them, well, it’s my job to be helpful, and not to sweat it. At the same time, I like patients to do some work on the agenda. Sometimes I see patients at other
times of the day thinking about their agenda for the next meeting or talking for one another, even using their individual therapy to formulate an agenda. And I think that’s all for the good.

AGENDA FORMATION

So, with this introduction then, let’s go ahead and take a look at the next phase of the group: how each member of the group offers some type of agenda for the work to be done during this meeting.

Yalom: Well, let’s see who’ll start first?

Tom: Rose can start.

Yalom: Is that all right, Rose?

Rose: Well, I may not belong here. I really don’t see much point in going on. I just don’t think there is much point in living much anymore.

Yalom: Rose, what do you think that we could do to be helpful to you in this group? Say that, what kind of agenda could you come up with, do think, for us today?

Rose: I don’t know. I guess my depression. I guess so.

Yalom: Rose, there is no question but that depression is the issue that you want to work on, but that’s what you want to work on in all your therapy, all of the time you’re in the hospital, all the outpatient work and, you know, for the whole time that you are on medication and undergoing psychotherapy. So that’s the goal of all your therapy, but it’s too big for us to really tackle, you know, in any effective way in the group. Can you select some smaller piece that we can help you with right here in this group today? Something to do with your relationships?

Rose: I don’t have any relationships with people.

Yalom: Sorry, I didn’t hear you.

Rose: I don’t have any relationships with people! I’ve lived alone ever since my husband, Stuart, died. I’ve been depressed ever since.

Yalom: You sound lonely.

Rose: About the only time I have anybody who talks to me is when I go to the grocery store, or when the social worker comes around.
**Yalom:** You know, this sounds like there might be a really important kind of agenda or some sort of important work that you could do in this group today, Rose. I’d like to suggest that we try to focus on loneliness for you, on your isolation. And I’d like to suggest that maybe we could do some focusing on your loneliness right here—right here in this ward, right here in this group—and perhaps you could say some things later on when we come back to it of how you kind of contribute to your being lonely here: here in this ward, here in this group.

**Rose:** I don’t know any of these people.

**Yalom:** Well, maybe we can take a look later on about what you’ve done about getting to know them: what’s gone right, what’s gone wrong in that? Would you be willing to do that later?

**Rose:** I guess so.

**Yalom:** Okay. It’s a good agenda for you, Rose. Let’s come back to it. That’s great. Okay, should we just go ‘round in circle? Mabel, what would you like to work on here today?

**Mabel:** Well, I think the only reason I’m here is because of my hand. Um, about five years ago, you know, after my husband died, I had this seizure, and I woke up, and when I woke up from that, my hand was like this. And so they did all these tests on me and they can’t find any reason why my hand would be like that, but my hand is like this, see? And that’s all there is. I mean, that’s all that there is that I need to get handled. That’s all that there is that I need to get handled.

**Yalom:** I understand about how disturbing and how painful the problem with your hand is, but you know, I still have the sense that’s not an issue that we can help you with here in this group. I think we need to work on you, not your hand. The hand sort of gets in the way of relating to you.

**Mabel:** But there’s got to be something that can be done about it. I mean, I can’t just go around and risk my life with my hand like this. I used to be able to do a lot of things, you know? Do you know what it’s like to try to live with something like that? [Crying] You know, I used to be able to knit, and I could cook, and I could do all these things, and now I can’t even dress myself with my hand like this.

**Yalom:** But I think if we’re going to help you in this group, I think what we
need to do is to try and help you talk some and learn some more about the way you relate to other people. Will you talk about your relationships with other people so we could find out there?

Mabel: Well, relationships? You mean, like with my children?

Yalom: Well, with whoever is important to you.

Mabel: My children are wonderful. I have three children. I have two boys and a girl, and they’re very successful, they’re very successful. Of course, they come and spend some time with me, but there’s nothing they can do about my hand, is there? There’s nothing they can do about it. So why would they want to spend time with me?

[Tom laughs]

George: You know, they’re probably very busy. You know, they’re busy with their jobs, they’re raising their families. It isn’t that they don’t love you. They’re just busy.

Mabel: Yes, that’s right. They are very busy, they’re very busy, they’re very busy. And they just don’t… You know, I can see why they don’t want to come over, because I am just a burden, you know? I am just a burden. What else? Why would they want to spend time with me? I don’t know, one of my daughters said to me, she said to me that I was just a stuck record; that all I did was talk about my hand all the time.

Marge: I think that was very mean of her to say that to you. I think that was kind of cruel.

Mabel: Well no, she is a very nice girl. She is a very nice girl. It’s just, you know? I do.

Yalom: You know, sometimes I feel like your hand may be a way of your almost saying, you know, “Pay attention to me. I want some attention, and no one pays any attention me.” And, you know, that’s only human. All of us want to get some attention. So sometimes I think when you talk about your hand, I almost feel like translating that into something like, pay attention to me. But Rose, let me pick up on what you were just, let me pick up what you were just saying—

Mabel: I’m Mabel.

Yalom: Yeah, I’m sorry. I’ll get the names straight in a minute.
Mabel: Okay.

Yalom: But Mabel, talking about being a broken record, I wonder if that’s not something you could take a look at here today. Would you be willing to sort of listen to some feedback from others, see whether there are other people who see you in that way, or what you are talking about your hand does to them?

Mabel: I don’t think I want to hear anything that they have to say. I don’t want to.

Yalom: What are you thinking?

Mabel: I was thinking maybe… I feel like I have a headache. Um, I was thinking maybe I do not pay enough attention to other people, huh. Maybe I do focus on that too much.

Yalom: Maybe you do what?

Mabel: Maybe I do focus on my hand too much.

Yalom: You see, I think it’s got a lot to do with your feeling perhaps you don’t have anything else to offer people.

Mabel: Well no, I mean what can… I used to be able to knit. I really could knit really well. I knit beautiful things for all the children, and my grandchildren, and, you know, now people don’t even care about handmade things. They just want things made by machines anyway.

Yalom: Mabel, let me suggest an agenda for you that I think might be helpful. I want you to see if you could try something. I want to focus on this whole feeling that you’ve got nothing to offer anyone else. And I wonder if you could somehow help me in the meeting today call on other people and make sure that the other people in the group have a chance to talk: talk about filling some of their agendas, getting some help. I’ll give you some cues, but would you be willing to sort of call on people today as we go along?

Mabel: All right.

Yalom: Okay.

Mabel: Yeah, as long as I know you will help me.

Yalom: Okay, great. Sonia, what could we do that would be helpful for
you?

**Sonia:** Just go on without me.

**Yalom:** What’s happening?

**Sonia:** I’m really bummed out today. I can’t do it.

**Yalom:** Can’t do what?

**Sonia:** [crying] I just feel like dying. I don’t know why I came.

**Yalom:** Well, Sonia, listen. The important thing is that you did come to the meeting today. I hear… I hear you say that there is a part of you that feels like dying. Yeah, but there is also a part of you that came into this group today, and there is a part of you that wants to live. I want to talk to that part of you. So let me just keep on talking to that part, the part of you that chose to come in here. I want to know what that part of you wants to do here today.

**Sonia:** Well, I don’t know why I came. I don’t know why I came to group today, and I assumed that it was a mistake, and from—

**Yalom:** So, Sonia, I’ve seen you work in groups before. I’ve seen you work in groups the last time you were in the hospital. Now, I’ve been aware that there are times you really work really well in groups, you know? I think there have been times that you have come out of that group feeling better than when you came in. Is that right?

**Sonia:** Uh-huh, maybe, maybe.

**Yalom:** Could you try, Sonia, to think back on one of those meetings? Can you remember, you know, what happened in that group? What did we do? What did I do? What did you do that ended up making you feel a little better? You know, sometimes it’s real important to find out what makes people feel well, feel better, as well as what makes them feel worse. So, what happened in those meetings?

**Sonia:** Well, somebody helped me a little bit.

**Yalom:** Somebody helped you a little bit?

**Sonia:** Yeah.

**Yalom:** How did they help you?
Sonia: Well, they told me I wasn’t always going to feel like this. And I don’t want to feel like this.

Yalom: So what happened there was that somebody gave you some support, somebody told you that you wouldn’t always feel like this, somebody kind of gave you some hope?

Sonia: Yeah.

Yalom: Okay, so that would be one thing you might be able to get out of this group then, huh?

Sonia: Yeah.

Yalom: Okay, now let me ask you this, Sonia. Would you please take a look around the group here? Try to, Sonia. Would you look at the people in this group? Who would you like to get some support from in the group here? Of the various people here, would you choose someone that you would like to get some help?

Sonia: I don’t want any help from anyone.

Yalom: Yeah, but if you were going to get some support from someone, Sonia, look around the group. Who would you most like to get it from? Take a chance, because I think this is the only way we can really give you something.

Sonia: Marge.

Yalom: Okay, so you would like to get something from Marge, some form of support from Marge today. Okay, that’s great. I think that’s a good agenda. I am very glad you are able to come out to say that, Sonia. Okay, terrific. Let’s move on. Tom, what could we do here in the group that would be useful for you? What is there about the way you relate to people that you would like to learn more about?

Tom: Wait…you could…. My agenda could be why does the doctor say that I am passive-aggressive?

Yalom: Want to say some more about that?

Tom: Well, why does he say that? What is passive-aggressive? What is that and why is…?

Yalom: Well, you know, it’s hard for us to work on that exactly, Tom,
because your doctor is not here in the group. I mean, you know, maybe if you can talk about what your understanding is of what he means? Something like that.

**Tom:** It’s… Maybe passive-aggressive is that you get mad sometimes and sometimes you don’t, or you get mad and you don’t mean it?

**Yalom:** Well, look, I wonder if I can ask you, kind of put it in your own words, Tom, what would you—not your doctor, but what would you—like to learn about yourself. You know, given this opportunity, given a lot of people here might be able to give you some feedback and help you, what would you like to change about the way you relate to others?

**Tom:** I would like to know why my dad calls me a kid.

**Yalom:** Why your dad calls you kid? Yeah. Maybe we could get some help from the others. Could some of you others—are you with us Meryl? Meryl, can you stay on track here? I wonder if some of you others could give me a help with, as I am working here with Tom. Let me ask you: Would you for a moment imagine that you were Tom? If you were Tom, what kind of agenda might you come up with for him today?

**Mabel:** I think maybe if I was him, I’d want to find out why I fight so much with the staff.

**Yalom:** Okay, so you’d want to know…. Of course, the staff’s not really here except for me, but you want to know why he, why I fight so much, if you were me.

**Mabel:** Uh huh, he fights a lot.

**George:** Maybe he would be better off in a group that was younger than this. He is the youngest one in our group. Maybe he’d be able to interact better with a different group, a younger group.

**Yalom:** Okay. Okay. Are there other suggestions about agendas for Tom? Say he were here in this group, you were he, what would you suggest?

**Sonia:** Maybe Tom could work on why he acts like a kid here in the group.

**Yalom:** Okay, so, okay, that sounds real workable, Sonia. So you are saying—pretend I’m Tom—I’d like to find out, then, if I act like a kid here in this group? That’s great, that’s a great agenda. Any others?
Marge: Maybe he could ask if he is acting passive-aggressive right now.

Yalom: Right now, okay. Good, that’s another. Those are good possibilities. Would you be willing to take one of those as an agenda? Let’s just say, maybe, act like a kid. Would you be willing to say, “Do I act like a kid here in this group? I want to get some feedback from others.” How would you feel about that?

Tom: All right, all right.

Yalom: Okay, great. That’s a good agenda. Good way for you to get some feedback, get some looks at others, how others see your behavior.

Tom: Uh-hmm.

Yalom: All right? Good.

Tom: Okay.

Yalom: George, what could we do that would be helpful for you? What agenda could you come up with?

George: I guess this is my agenda. Walking again. I’m so ashamed. Please excuse me. I guess I don’t know how to work in groups. I’m a surgeon. I look at facts. I work with facts to help other people. Now I’m not a surgeon anymore. I’ll never practice again. The stroke has ruined me. I even have to learn how to walk again. I don’t know what I’m going to do. I can’t work. I used to work 80 hours a week.

Rose: Where is your family?

George: Oh, they were all right. I provided for them well. My wife took good care of them. Hey, the kids worked out fine. But in all my life, my satisfaction, my pleasure was in working hard and helping other people, and now I am beholden to all these people for just doing the basic things. I don’t know how to ask people to help.

Yalom: You know, George, I think the last thing you are saying, you are talking about, would be a really good agenda for you. Because I think it’s really important for you now to be able to do something about asking for help, allowing others to get the pleasure out of helping you. So what I would like to suggest for you today, I wonder if you could take a couple of minutes today sort of working on kind of expressing your feelings. Would you take a couple of minutes later on in the group, when the time comes,
and try telling us precisely how lousy you feel? So you could talk really honestly about how bad you feel. Would you be willing to do that?

**George:** I’m not sure I even have the capacity to do that.

**Yalom:** Well, perhaps we can give you some feedback as you are doing that so we can let you know whether or not we really can appreciate how lousy you feel?

**George:** Okay.

**Yalom:** Okay, great. Marge, what could we do for you in this group today?

**Marge:** Well, I suppose my agenda would be that I need to learn how to express rage.

**Yalom:** And how so?

**Marge:** Well, my doctor said that if I learned how to better express my rage, then I wouldn’t do so much cutting on myself. He says that I turn it inside, and he said that’s why I cut myself.

**Yalom:** So you want to learn how to express your rage more openly, rather than expressing it by turning it on yourself.

**Marge:** Yeah.

**Yalom:** You know, one of the things about expressing anger is, for a lot of people—Meryl, are you…Meryl, are you with us? One of the things about expressing anger for a lot of people that makes it so hard is that a lot of us sort of let it build up and build up and build up. We don’t say anything until then it kind of gets over the top. It’s like a volcano exploding. At that point it’s really scary. It’s scary for you, its scary for other people. So I think maybe the way we could work on that in this group is for you to express it before it starts to build up a whole lot. In other words, see if you could express young anger, you know, young anger, just as it’s beginning. Maybe you wouldn’t even call it anger then. Maybe you’d call it irritation or frustration; something like that. So, what I want to suggest is, if you’d be willing, we could call on you at some points in the group—maybe, you know, maybe Mabel could call on you—and see if you could get in touch, then, with whether you’re feeling even the slightest bit of irritation or impatience. For example, whether you might be feeling a little impatient with the way I’m leading this group. Something like that. Would you be
willing to do that? Can we check in with you later on today a couple of times?

**Marge:** Yeah, I think that would be okay.

**Yalom:** Okay, good. I think that will be a good agenda for you. Meryl, what can we do in this group today for you?

**Meryl:** Oh, I don’t like groups. I don’t feel comfortable in this group. I keep tuning in and out, in and out. And I hear about all these people’s pain. They’re all so sad. I hear about a sick hand and a sick leg and an angry boy, and I hear little parts of it, and then I just tune out, and I…. It’s like leaving my body. I’m not, like, really here, and I don’t know why that is, I don’t know why that happens to me all the time.

**Yalom:** Maybe what we ought to try working on in this group today is to sort of help you focus, because sometimes you may kind of get overwhelmed with feelings, and then you can’t focus anymore. It’s too painful to stay there. Would you… How about working on that with us today?

**Meryl:** When I was a little girl, when I was a little girl, my grandfather molested me. My therapist said that I should talk to you guys about that to the group. But why should I tell you guys that? Why should I tell you that? I mean, then you’d think I’m disgusting.

**Yalom:** Well, would you—

**Meryl:** It’s not funny!

**Yalom:** Well, hold on, Meryl. Would you want to take a look at how people feel toward you if you were to tell us something about some of the things that happened to you? You want to get some feedback from others as to whether or not people would really feel that you were disgusting, or had bad feelings? Is that something you could take a look at?

**Meryl:** I don’t know if it was me or my therapist that really wanted to know that. Maybe it was my therapist. Yeah.

**Yalom:** Meryl, let me go back to the first thing you said, I have a sense it might be the most useful thing that you could work on in this group, is staying focused. And I wonder if you’d be willing to take a look at that today. I think if we could help you stay focused, you could do a lot more
work in this group. Meryl, my impression, my experience, is that the reason that a lot of people I’ve worked with can’t stay focused, if they get upset, they get anxious about something that’s happening, and it’s hard for them to stay with the anxiety, it’s too painful, so they start to skitter off into other parts. So I want to suggest that, if we could check in with you, and you could let us know as soon as you’re starting to tune out, we could check in with you, and then you could begin to help kind of track down exactly the moment you started to tune out, and we could try and find out what was upsetting you at those points. That’s not going to be easy for you. Would you be willing to let us know when you’re starting to tune out? Or if somebody sees you tuning out, they could kind of call on you and we could take a look at when you started to tune out, what happened. Would that be something you’d be willing to try?

Meryl: [nods]

Yalom: Okay, so that means you are letting us know when you feel you are tuning out, if you possibly can. Are others sort of taking—

Mabel: Or if we see it happen.

Yalom: If you see it happen, sort of call on her. And Mabel, don’t forget. I’m really counting on you to do a lot of that.

Yalom Commentary: This round of agendas that has been formulated by the seven members of the group is not an atypical set of agendas. We’ll sort of look at what they are: They are agendas in which people are going to try to learn how to help themselves feel better, learn how to make contact with others, learn how to focus on what’s happening in the group, learn how to express anger or impatience in the group, learn how to ask for help. All these things—and also get some feedback about their behavior. So they are a fairly common set of agendas, and I think they are a workable set of agendas. They provide us with the opportunity to really do some fairly focused work in the remainder of this group.

Let me say just a few things about the agenda task in general, and why I think it’s useful. First of all, I think, as you are already beginning, perhaps, to see, it helps patients assume some responsibility for their work and for their therapy, rather than the possibility of having them be dependant or infantilized.

One thing I think that you may be beginning to see is that, I think, it’s very
important not only that the therapist be rather structured in inpatient group therapy work, but also that the therapist be active. I think there is no place, really, for a silent or passive or nondirective therapist in inpatient work. But we know from research that there is a certain penalty that you pay if you are an extremely active therapist, which is that patients tend to become infantilized. They begin to expect all energy, all wisdom, to come from the therapist rather than from the patient. And I designed this particular task, the agenda task, as a way of attending to offset that problem. Although the therapist is very active and very structured, nonetheless he is active in a way that encourages patients to take responsibility for some aspect of their therapy.

Now, keep in mind, as you notice, that the agenda formation is a fairly complex task for patients. In a sense, what I am asking each of them to do is a three-part step. First of all, I am asking them to select some area about themselves that they would like to change, something about themselves that they feel they want to learn more about or want to change. That’s the first step. And the second step is they have got to select some area about themselves that has some type of interpersonal connotation; it’s got something to do with what they want to change about the way they relate to other people. And then there is even a third step, the third step being to make that kind of change, to take a look at that interpersonal issue in the context of the here-and-now of the group.

Notice in the agenda go-around that the therapist had to provide that third step for every single patient in the group. For example, Rose. Without a great deal of difficulty, Rose could say, yes, well, I am lonely. I have some real problem with isolation in my life. In a sense Rose, fairly quickly, really accomplished the first two steps. She’d say, this is something about myself I want to change. It’s something to do with my relationships with other people. But it’s almost invariably the therapist that has to make that jump into the third step, that she is going to begin to look at how she makes herself lonely right here in this group with these particular people.

Note, too, that I am striving to make the agendas as specific as possible. If you have a patient in the group saying that they would like to work on their self-esteem, or work on their mood disorder, I mean, the chances are not very good that this patient is going to get much help out of that meeting. But if you have got a patient—let’s say, like Sonia—who wants to work with her relationship
with Marge, and to be able to get some help from Marge, the chances of these two people doing some work is extremely good. So the more specific the agenda, the more likely it is that it will be filled.

Note, too, that the agenda of Marge was originally that she wants to learn to express her rage. And that’s something that we do not want to happen in an inpatient group. And that’s another cardinal feature of inpatient group technique, is that you want to have as little conflict as possible, and as much support. Support, support, support—much more than in an outpatient setting. Remember that one of the major goals of this group is that patients will find this process to be a constructive, supportive one which they will want to pursue when they leave the group. So therefore, I tend always to try to make the group as supportive as possible. Maybe some patients might need confrontation or might need some type of conflict. But I would much rather lose those patients than engage in some type of confrontation which will make the group unsafe for the greater number of patients in the group.

I think I would like to say just a couple words about this whole process of how you can design a group to meet your own clinical setting. As the clinical settings are so varied, I can’t possibly deal with each of these in any systematic way.

I think the first step that one has to take in this process is to make a careful assessment of what the clinical facts of life are on the ward, because there may be some facts of life that are absolutely immutable. You can’t change them. Let’s say, the length of hospitalization, or let’s say the heterogeneity of population. There may be some other facts of life that are in fact not immutable at all and can be changed with the group therapist’s influence with the administration. For example, some wards, they have a tradition of a group meeting only once or twice a week. And that’s something that the group therapist should put his or her effort behind, because I think a group, to be affective in an inpatient setting, should meet frequently.

Well, once that’s done, once you assess what the clinical conditions are under which you have to work and then think about how to design a group, I think the next step is to begin to formulate a series of goals that are realistic for that group in that time setting with these types of patients. And you need to be careful that the group goals are realistic. If they’re not, if you have a set of unrealistic goals that are too ambitious for this therapy group in this setting, then I think what will happen is that one ends up being either a therapeutic
nihilist, or one begins to feel that he or she is not a good group therapist, or that group therapy is not a useful modality. So let’s think about what goals might be possible that the group can do and can achieve in that time. I think goals, for example, of breaking down isolation are doable in a therapy group. Not only does that help patients begin to have some tools at their disposal to use when they leave the hospital, and be able to make more contacts, but also it can help them while they are in the hospital begin to interact with others and use the hospital program more effectively.

I think another part of contemporary hospitalization is that it’s very important that patients be involved in some type of aftercare. The contemporary pattern of brief but repeated hospitalizations only really works if there is good aftercare in which patients participate. And aftercare is very often delivered, and effectively delivered, in groups. So, if we could get patients involved in a therapy group in the ward, a group that they consider constructive and rewarding, and will want to continue this modality when they leave the hospital, then I think it would be a process very worthwhile.

Other types of goals are for patients who have never been in therapy before to simply learn that talking helps to spot problems that they can work on at other times in their therapy. Or perhaps to begin to get the idea that they can be useful to others. That’s always an important function of groups. Patients come into the hospital usually quite demoralized, and it’s often a blessed relief for them to find out that they have something to offer to others that will be useful.

Now I would like to turn to the next tape, and we are going to then begin to look at, how do we fill these agendas in the given amount of time possible? Or I should say, how do we fill as many agendas as possible? Remember, what we are trying to do in this group is to be efficient. We can’t assume that there is going to be work that’s going to be done tomorrow. One of the major changes that one has to make in one’s group therapy technique has got to do with the temporal span of the group, temporal frame of reference. For outpatient groups, my frame of reference is that this group will meet for weeks, for months, and I will work through certain themes over and over again. But with an inpatient group, with the composition changing almost daily, I think that the life of the group should be one meeting, one hour, one hour and 15 minutes. Maybe patients will be back tomorrow, maybe there will be some coterie, but don’t count on it. I have led an inpatient therapy group daily for
five years on an inpatient ward and I rarely had the identical group meeting two straight days and almost never had the identical group meeting three straight days. So I think of the group as being the greatest good for the greatest number in the single group therapy session.

DISC TWO

AGENDA FILLING

Yalom: So, let’s see where we can start. Mabel, let me remind you of your agenda, which was to try and help other people get started. So, I’ll leave it to you. Where do you think we ought to start?

Mabel: I would like to start with Rose. And Rose, you know, you were saying that you were lonely? Well, I wish you would talk to me sometimes, because I’m lonely, too.

Rose: How can you be lonely? You’ve always got your family with you. And when you’re not with them and you’re watching television, I don’t want to interrupt you.

Mabel: They just drop by sometimes, and I don’t care if you interrupt me when I’m watching television, because it’s not the same, you know? We’re, like, the same.

Rose: Well, I look at George walking down the hall, trying to get better. I would like to help if I can, George, but I don’t know what to do, and I don’t know if you’d want me to.

George: Hey, wait a minute. You can talk to me. If you want to talk, we can chat about the weather, or what’s on TV, or what’s been happening in the hospital. Things like that.

Rose: Maybe you’d just like to have somebody walk with you. Not talk, just walk with you.

George: Well, it might take you an hour to get to the elevator.

Rose: That’s okay.

George: I’d like that.

Rose: I’ll try.

Yalom: You know, I really like what was just going on here, Rose, between
you and George, and you and Mabel. And what really strikes me is that, you know, I hear both Mabel and George say they would have welcomed your coming out to them, you know? So it’s—

**Mabel:** That’s right.

**Yalom:** Yeah. So it seems that it’s sort of your kind of shyness, or your feeling that you have nothing to say to George, or that Mabel wouldn’t be interested. It sounds like it’s your own shyness that’s sort of keeping you lonely here. Don’t you think?

**Rose:** Well, maybe. Maybe I could just sit with them and not have to talk.

**Yalom:** Okay, okay. Let’s take a look—you know, Mabel, don’t forget that part of your job today was to kind of take a look at Marge once in a while and see about her impatience.

**Mabel:** That’s right. Well, how are you feeling Marge?

**Marge:** I feel fine.

**Yalom:** Anything going on in the group today that’s making you the slightest bit irritated or impatient?

**Marge:** No, I can’t think of anything offhand.

**Yalom:** Anything, let’s say, about the way I’m leading the group? It doesn’t have to be something big. I’m talking about the tiniest amount of irritation, because that’s one thing we sort of thought would be good for you to practice with. Am I leading the group perfectly, or is there something that’s rubbed you slightly the wrong way?

**Marge:** No, I like the way that you are leading the group. I like the structure. Okay, I thought maybe the agendas are a little too long.

[Tom laughs]

**Yalom:** What, why are you laughing, Tom?

**Tom:** I think it’s funny that the agendas were too long.

**Yalom:** Do you think they were, as well?

**Tom:** But she said they were. That was funny.

**Yalom:** Uh-hmm, uh-hmm.
Marge: I, uh—

Yalom: I agree with you, though, that I think we have got a whole lot of work here to do, and sometimes it does take a while to get the agendas formulated.

Marge: I’m a little worried about Sonia.

Yalom: Yeah, yeah, me too.

Mabel: It’s really sad.

Yalom: Yeah, I think we really ought to turn to Sonia. I need to just call attention, though…. Meryl, Meryl? Meryl, I really felt you have been tuning out the last couple of minutes. Can we track that real quickly before we turn to Sonia? What caused you to tune out then?

Meryl: I am very worried about the cameras over there and the observers. What are the cameras doing there in our room?

Yalom: The TV camera?

Meryl: Yeah, over there.

Marge: Irv told you they were going to be there.

Yalom: Yeah.

Meryl: I forgot.

Yalom: Don’t you remember, Meryl, right at the beginning of the group I said there is a TV camera and that we have the group sort of on TV for the, I mean, for the closed circuit, for the students in the other room? That every meeting, that we generally have observers, and that’s the only way the students, medical students, the residents, nursing students, can really learn how to do group therapy?

Meryl: My father was a photographer, you know, and he was always taking pictures. He was always doing that. How do you know that he’s not in there, you know?

Yalom: Okay, I can see that if you really thought your father might be watching you and watching this group that would make you anxious. Uh, I think that would make anybody anxious. So, Meryl, let me ask you this: What can you do about that anxiety? What can you do to make that better?
Meryl: I’d feel better to know that he wasn’t watching.

Yalom: If you were sure he wasn’t watching?

Meryl: Uh-hmm.

Yalom: Okay, would you want to check that out? Would you like to go into the room next door where the students are? You know where it is: right next door.

Meryl: Yes.

Yalom: Go ahead, take a second.

Meryl: Could I?

Yalom: Sure, just go on in and see who’s watching. That’s fine.

[Meryl goes out]

Yalom: We’ll just wait for her. Okay.

[Meryl returns]

Tom: Who was in there?

Meryl: Uh, there was a medical student and a student nurse.

Yalom: Do you feel better?

Meryl: Well, I feel better, but now I feel absolutely disgusting because I made such an issue out of it, and I’m sorry. I didn’t mean to do that.

Tom: Oh, I don’t think so.

George: Yeah, hey, you know, you have every legal right to do so. As a patient here in the hospital, you have a right to ask.

Yalom: Yeah, I really liked what you did. You were anxious. You were upset about something, and you took some really effective steps to deal with the anxiety. I think that’s great, Meryl. And I think that kind of frees you up to focus on what we’re doing now.

Meryl: Can I sit there?

Yalom: Oh yeah, please. Okay, so let’s go on. Sonia, what do you think we could be able to offer you in the group today? How do you see us as being helpful to you?
Sonia: I’m totally depressed. I can’t go off the ward because my eating is out of control, so I’m more cooped up.

Yalom: I’m sorry, I didn’t hear you.

Sonia: I’m all cooped up. I can’t go off the ward because my eating is out of control.

Tom: Well, all I ever see you eating is diet cokes and exercising on the bike.

Sonia: Thanks Tom. That’s all I needed.

Yalom: You know, I’m aware that you, earlier, when you were talking about your agenda, you talked about wanting some support from Marge, Sonia. Would you be willing to say something about why you selected Marge?

Sonia: Well, I think of Marge as a strong person. She has put up with a lot and she’s learned to live with a lot of pain.

Yalom: How do you feel about that, Marge?

Marge: Well, I’m flattered that you said that. I wish there was something that I could do to make you feel better. I wish you’d lift your head up a little bit. You have a really pretty face.

Sonia: I’m embarrassed to ask you to be my friend.

Marge: Oh, that’s silly.

Yalom: You know, I wonder if it would be possible for the two of you to arrange to spend some time today outside the group, even 15 to 20 minutes in talking.

Marge: I’d like that. Maybe after dinner?

Sonia: That’d be nice. I’d like that too.

Yalom: You know, George, I was thinking, you know, one of your things you wanted to work on in your agenda is expressing some of your feelings. I wonder if you could say something about what feelings you’ve been having toward what’s been happening, especially feelings toward Sonia here in the last few minutes.

George: Well, I feel that she is just upset because two of her friends left the hospital a couple of days ago, and I feel that, in a couple of days, she’ll feel
much better.

**Marge:** George, those are thoughts. Those aren’t feelings.

**George:** No they’re not. Those are my gut feelings, that in a couple of days, the kid is going to be much better, and the only reason why she is really upset right now, maybe, is because, you know, her friends left.

**Yalom:** George, could you say something about how you feel toward Sonia? Say, “I feel—“

**George:** Well, I feel that it’s going to take some time, but I think that she is going to feel that, really, she is going to make progress; that she’ll be able to make it.

**Yalom:** Put it this way, maybe this will help; this is how we’ll do it: What would you like to do? You see Sonia’s in distress, obviously. What would you like to do for Sonia, or with Sonia, in order to kind of help her distress down? If you were alone with her, what would you like to do for her or with her?

**George:** Well, I would like to have her sit on my lap so that I can hug her and tell her that everything will be all right. I’d like to give her some comfort—maybe something I should have done with my own daughter.

**Yalom:** Uh-hmm. Sonia, how do you feel about what George just said?

**Sonia:** Well, I like George saying that. It’s more like what you need. I’m not used to doctors being that supportive, that human.

**Yalom:** Certainly not the doctors in this group.

**Sonia:** I don’t mean you, I meant medical doctors. Not shrinks.

**Meryl:** Not all shrinks.

**Yalom:** Any other feelings about Sonia today and what’s just been happening?

**Rose:** It’s so good to see her not hiding anymore.

**Mabel:** I feel really… I really like that you talked to us. I like it when you ask us, you know, what you want, I like that you talk.

**Yalom:** A lot different from the Sonia we saw about 25 minutes ago, yeah. You know, I think we’ve really done a lot of good work on this, but I think
we ought to move on, you know? Mabel, I wonder where should we turn to now, do you think?

**Mabel:** I’d like hear from Tom.

**Tom:** Okay.

**Yalom:** Tom, I’m aware that your agenda today, you remember, you started off with saying, well, why do people call you names? Why does your dad call you names? And then we kind of got into the question—I guess that was you, Sonia, and maybe you, Marge, kind of suggested that maybe you could take a look at how you behave here in this group. You know, do you behave passive-aggressively, or do you behave like a kid? So would it be okay for you if we sort of check that out in group so you get some feedback on how you behave? All right?

**Tom:** Okay.

**Yalom:** Okay, can we get some feedback for Tom about this? How have people been observing him?

**Sonia:** Well, Tom tried to scare me by telling me there was a mouse on the ward. Shoot, like a little snitch.

**Tom:** Why did you tell on me? That wasn’t in here. It didn’t do anything to you.

**Yalom:** Marge, I’m aware that we haven’t checked in with you for a while. I’m wondering if you have any feedback toward Tom. Is there anything that’s been going on around Tom in the group today that causes, remember, just the slightest bit of irritation or impatience?

**Marge:** Tom teases. He told me my boyfriend was on the phone and he wasn’t.

**Yalom:** Tell him what you feel.

**Marge:** I walked all the way down the hall. I was expecting a call. I didn’t like it.

**Yalom:** How about in the group today, Marge? Anything going on in this last hour that causes any sort of reaction for you?

**Marge:** When he was doing the bicycle, Sonia didn’t like it. I don’t know why he does things like that.
Mabel: And I don’t like it when he laughs. You know, when I was talking about my hand and he was laughing. I didn’t like that.

Tom: I wasn’t laughing at you. I like to hear….I like to hear people laugh. I wasn’t laughing at you. I was laughing because you said hand so many times. Hand, hand, hand, hand, and that’s—

Yalom: How did the laughter make you feel, Mabel?

Mabel: I just felt bad because I thought he didn’t like me, and I just felt like I was taking up too much time.

Yalom: Is that the way you were hoping Mabel would feel when you laughed?

[Tom shakes his head no]

Yalom: So what’s happening here is that you do something, and it has a kind of result on someone else, on Mabel, that you didn’t want to happen, right?

Tom: No, I didn’t want it to.

Yalom: Okay, well that’s really an important piece of learning. Others?

Tom: Sorry, Mabel.

Yalom: Meryl, are you with us? Could you….Meryl? Have you been following what’s been going on? Could we check in with you? What have you been feeling about Tom during the meeting?

Meryl: Tom, you laughed at me, too.

Tom: I didn’t laugh at you.

Meryl: Yes, you did. You laughed at me when I said that my grandfather molested me. You laughed.

Tom: I didn’t laugh at you. I was laughing because you said “grandfather.” It sounded funny, sounded icky.

Yalom: Meryl, could you say something about how the laughter made you feel?

Meryl: Well, it felt… it made me feel very bad. It hurt my feelings. I think he should say he’s sorry.
Yalom: Were you aware that the laughter would make her feel bad or that her feelings would be hurt, Tom?

Tom: No, I wasn’t laughing at her. I didn’t mean to make her feel bad.

Yalom: But it sounds like the same situation with Mabel: that your laughing, not wanting to hurt her feelings, ends up with her feelings being hurt.

Tom: I’m sorry.

Meryl: Okay.

Yalom: Other feedback? Other…? Is it okay if we go on Tom? Other feedback, other observations about Tom today?

Meryl: Well, I feel sorry just that everybody seems to be picking on him today. They—I just wouldn’t want them to do that to me.

Yalom: Well, let me just say something here because I think what’s been happening over the last five minutes, I think it’s been a little hard on you, Tom. But I just want to say that I really feel that it’s been something that’s a good thing, you know. There’s such a thing as hard love, you know. We kind of give some criticism, but it’s really coming out of concern for other people. So, I think the group has been showing some hard love for you today, Tom. I think if people ignored you, or didn’t respond to this, that would be a way of not showing any caring at all. So beneath what’s been going on, I think there is a whole lot of caring for you today. It’s been a really good thing.

Rose: I like Tom. He reminds me of my son, and Tom, you know, if you just weren’t so rambunctious with the nurses in the hall, Tom.

George: You’ve been real nice with me. He checks in with me a couple of times a day, and last night he helped me with my food tray, you know. I had to get some stuff cut. He came in and cut it for me, and he’s okay with me.

Yalom: Let’s check back in with you, Tom. How’ve you been feeling about the last few minutes?

Tom: I don’t mean to make people feel bad. And I don’t want people to think I’m laughing at them, because I don’t want anybody to feel bad. I like people.
Yalom: Yeah, that’s fine. That’s what I’ve been feeling during this group today, Tom. It seems to me that the most important thing that’s happened, I think, is that you end up trying to have some contact with people that you like, and you end up behaving in a way that causes them to be angry with you. You know, you cause them to feel toward you the way you don’t want them to feel. It’s almost as though something’s gone wrong with your way of expressing liking to the people that you really do like. I think what might be helpful with you is if we kind of got you some more practice with saying things directly when you like people. Would you mind trying something in group? Just take a couple of minutes with us, Tom. Would you mind, could you look at anyone in the group and then pick out something that you like about them? Seems a little hard, I know. Let’s just give it a try. Pick anybody.

Tom: I like Sonia’s hair.

Yalom: Okay.

Tom: I like her hair.

Yalom: All right. How about Mabel?

Tom: Mabel is smart. She can… she can help you in doing the group, and she can say things.

Yalom: How did you feel about her calling on you and kind of giving you time today?

Tom: I liked it.

Yalom: Okay. How about Rose?

Tom: She is always real nice to me. She doesn’t say a lot to me, but when she does, it’s always nice things she says.

Yalom: Okay. Meryl?

Tom: She always smiles nice.

Yalom: This is real hard, obviously, Tom.

Tom: It’s silly.

Yalom: It’s all right. You’re doing real well at it, Tom. Would you mind going on? There is only Marge and George left.
Tom: Marge is friendly, and I like that. Um—

Yalom: What about George?

Tom: Um… George always talks to me, he tells me, he tells me stories of things that happened, and I like that. He’ll talk to me for long times.

Yalom: How’d this feel? You did it real well.

Tom: It feels silly. I feel—

Yalom: How do people feel about what Tom just did, last couple of minutes? What was that like?

Mabel: I liked that.

Yalom: Uh-huh. See, Tom, I think what’s been going on in this group today is really important for you because I think, in a sense, that original question you started with—do I act like a kid?—I think the group, in a sense, has been saying you do act like a kid when you tease people that you like, instead of really telling them that you like them. So I think it has been an important message. Okay? I think we better move on. We don’t have much time left. Mabel, where shall we go?

Mabel: I don’t know. I just really like how it’s been going. It’s so nice when everybody talks, and I feel like we’re so much the same.

Yalom: Uh-hmm, uh-hmm. You know, we have one outstanding debt left in the group today. Do you remember that George was going to spend a couple minutes saying something about how bad he felt?

Mabel: That’s right. I forgot.

Yalom: Yeah.

Mabel: George, would you tell us about how you are feeling?

George: I don’t think I can give you what you want of me.

Yalom: Could you tell the whole group, George?

George: Well, all my life I have been dealing with facts, helping other people, and I have difficulty in expressing other things than just facts. I feel that I’m not going to get any better. That’s a thought, isn’t it?

Yalom: Keep going, keep going. You’re doing all right.
George: I feel... I’m afraid that I am not going to get any better.

Yalom: That’s a feeling.

George: I get this feeling that the world is crashing in on me, that I’m living in a room that I can’t get out of. I’m afraid that I’m going to be a burden on other people. All my life, I have never had to ask anybody for anything, and now I’m beholden to all sorts of people for the most basic thing. I can’t even get to the bathroom on time. My family has their own life. I don’t want to be this heavy weight that they have to drag along with them. Life isn’t viable that way. I don’t know—I’m confused. I don’t even know what my body’s telling me, whether the pain that I feel is something to worry about or not. I’m uncertain about what’s going to happen next. I used to be a guy who helped others all the time. My satisfaction, my pleasure, was in helping others. And now it’s like I’m on, I’m at a door. I open up the door and there’s nothing out there. I’m like a kid who has to wear diapers.

Yalom: George, I know this hasn’t been easy for you, but I feel you’ve shared a whole lot. I feel very moved by what you’ve said. I feel a lot closer to you, and I feel like I kind of know exactly what you’re going through. And I thank you for sharing that with us. Other feelings?

Meryl: I feel George’s pain and I just don’t know what to do for him. I would like to help him and do something for him, but I just don’t know what to do.

Rose: Maybe you don’t need to do anything. Maybe you just should listen to him, just be there, just stand beside him, and let him feel his pain.

Yalom: George, I think you’ve given us a whole lot today, and I also think the group has given you a lot just by being present with you. Is it okay to stop now, George?

[George nods]

Yalom Commentary: Note where the focus of this group was. The focus was, to a very large extent, interactional. Focus was to a very large extent on the relationships between the people in the group. And let me just say a few things about that because if you... I know in my own trips in visiting hospitals elsewhere in the country, I’ve found that, often, group therapists fail to take advantage of the various positive things that can come from such a focus, and
try to focus their group on other aspects. For example, I think many group therapists in the hospital setting focus their groups on why patients come into the hospital; on the external problems that patients had that brought them in. So what happens is that patients describe their life situations, describe their dilemma, and then the group, in essence, tries to offer some suggestions as to how one might make that better; how that came about. I think that’s the least effective way to run a therapy group. The type of information that patients give you about why they come into group is usually skewed. It’s usually a very complex set of circumstances, something that obviously foiled the best efforts of the patients, sometimes the family, often an individual therapist. And the group can’t possibly be expected, on the basis of very limited data, to offer some sort of solution. So that tends to be a setup for failure. The group is destined to fail such a situation, and patients go away thinking, the staff goes away thinking group therapy is not effective.

Other types of possible ways to focus a group might be on certain themes. Some therapists might focus a group on depression or focus a group on suicidal feelings or on hallucinations. But I have always felt that these tend sometimes to be non-relevant for several members of the group. One thing that’s always true of an interactionally-focused group is that the members all feel the energy in the group. The group becomes a vital group. Everyone is interested. Everyone is engaged, as they were in this group.

Sometimes therapists are reluctant to focus on interaction. They may feel that patients who are as disturbed or psychotic as some of the patients in this group, they wouldn’t dare do that because there was some type of erroneous misconception that interaction is tantamount to conflict and to negativity, but that’s not at all the case. There are many patients who have as much difficulty dealing with intimacy, dealing with positive feelings about one another, and so we try to teach them how to express positive feelings in the here-and-now of the group. And a good example of that was Tom. Tom had gotten himself into difficulty in this group, and also on the ward, for his teasing, for his laughing at various members of the group. And so, what we attempted to do was to reframe that for Tom, reframe that so that the group members might begin to understand that Tom really was rather unhappy with other people being hurt or feeling angry or feeling abused by his laughter. So Tom began to learn that there are certain aspects of his behavior which had results that he didn’t want. And he also began to learn, as we had him do a go-around, the positive things
that he liked around people, and he very much wanted people to like him. And it was a good training exercise for him, I think, to learn how to express some of these positive feelings in quite direct, adaptive ways, rather than in this indirect way of teasing that almost invariably got him into trouble. And I think that was, I think, generally perhaps evident throughout this meeting, that we tended to emphasize the positive things.

You know, if you as a therapist have someone in the group like George, and George expresses himself in such a way that you feel positive, you feel closer to him, then say it. Let George know that you have these feelings. If you feel that Mabel was doing good work in the way that she was able to keep the group going like that, then let her know that. Incidentally, note that Mabel’s agenda, in a sense, was a very indirect one. She would never have come up with this agenda in any sort of explicit way. But we moved from her feeling that she had nothing to offer anyone to a suggestion that she try to play a major role in keeping this group focused and going, and in that way she indirectly got the message that she had indeed something to offer.

One of the advantages of the agenda is that it helps to focus the direction of the rest of the meeting. In a sense, the therapist goes into this section of the meeting with almost a wide-angle lens. He has a pretty good idea of what the work will consist of. And even before the agenda-filling began, you could almost begin to trace out the contours of how this group would go. We had elicited a contract from George, say, that he was going to say some things, a couple of minutes even, about how awful he felt. We had a contract with Marge, and that was that Marge was going to try to do some work on letting us know about her impatience and the times that she felt impatient. We had a contract with Meryl, who was going to try to cue us when she was beginning to lose focus in the group.

Another cardinal role, I think, in working with agendas that increases one’s efficiency, is to try not to work on one agenda at a time. Try to combine agendas. That’s why, for example, we try to use Mabel to call on people in the group so that her agenda was being satisfied at the same time she was helping other people work on their agendas. That’s why we ask George to express some of his feelings toward Sonia. George needed help in expressing feelings, expressing positive feelings rather than facts, as he put it, whereas Sonia very much needed support from others. So we had these two people working
together, both of them in a sense beginning to accomplish their own agendas. Another thing that I’d like you to notice is there has been an emphasis in this section of the meeting of patients trying to improve their relationships with one another and begin to have some contact outside the group. In a sense, it’s quite different from outpatients in that group where extra group meetings are often fraught with some difficulties. In an inpatient group, you want to try to increase that, and so therefore I considered it a good thing when Rose talked about the possibility of spending time out of the group with Mabel or with George; considered it a good thing when Marge and Sonia set up an assignation that they would meet at a certain time and spend even 15 minutes talking with one another. There is a good bit of inpatient research which shows that, when patients leave the hospital and they are asked to look back upon the aspects of their experience on the ward that were helpful to them, they almost invariably will say that their contacts with other patients was a prime factor in helping them feel better about themselves.

So let’s go ahead now. We’re going to watch the very last phase of this group, about the last 10 to 15 minutes of this group, in which the group is going to be very different. We’re going to bring in the observers who were watching this group and have the patients listen to the observers’ comments, and then have a few minutes to offer some type of response to the observers.

OBSERVERS’ COMMENTS

Yalom: Okay, what we’re going to do is, for the next few minutes, we’re just going to pretend that there is no one else in the room and just discuss this group as though we are in a separate room having a rehash of the group. Okay, so I’d like to talk about how you feel about the group meeting today. Any questions you have about why I did what I did, or questions about why I didn’t do something else, or things you think I might have picked up that I didn’t, or try to put yourself in the experience of each of the members of the group.

Female Observer: Well, it seemed to be a successful meeting, because everybody really participated.

Yalom: It was an effective meeting

Female Observer: Yeah.
Yalom: Anybody get left out? Anyone left in a bad place? What do you think?

Male Observer: Yeah, I was a little worried about Meryl. You kept calling her to come back into the group, and I was wondering whether or not you did so enough; whether or not she felt really active in the group.

Yalom: Well, that was really Meryl’s chief issue in this group, and I think in some other groups she’s been in, too: the whole question of focusing, being able to concentrate. So we kept trying to tune it back. But what you’re saying is we should have done that more and helped her to expend more in the group. Well, maybe so, I think. Let’s check in with Meryl after we finish and see how she feels about that, okay? Any other people?

Female Observer: Well, yeah. I thought it was exciting to see Mabel really take, take time for each of the other people, and to see her call on them was great.

Yalom: Yeah, she was terrific today, really.

Female Observer: Yeah.

Yalom: Yeah, she really was helpful to other people, and I don’t know if she’s had an experience like that for a long time. Because, you know, she started off in the group by saying she doesn’t feel like she has anything to offer. I really liked what she did today.

Female Observer: Oh yeah. Yeah.

Yalom: Who else?

Male observer: Well, I have a question about what you did with Sonia. When you asked her to specifically say who she wanted support from, I was wondering why you did that?

Female Observer: Yeah.

Yalom: Well, you know, at that point Sonia came in the room and she was feeling so despairing, and furthermore so helpless, as though she couldn’t do anything to help herself, so what I was really trying to work on was helping her take some responsibility for helping herself, see? So we tried, we took a look at… she has been in other groups that she got something out of, and so she was asked to select what had helped her in those other groups. And she said, well, you know, she got support. So then I asked her go further with
it. Well, who do you want support from? I think, I think that’s irritating for someone to ask you, “who you want support from,” because you would rather get it spontaneously. But I was doing it quite deliberately because that’s a way of her learning to take care of herself; learning how to be your own parent, you know, because after all, learning to be your own mother and father is sort of a goal of all psychotherapy. Others?

Female Observer: Yeah, I guess I’m concerned about Tom. He was part of a lot of the focus for a long time. It seemed like he got more feedback, really, than anybody else, and I was—

Yalom: You think it was too much?

Female Observer: Well, he seemed to take it pretty well, and he went around, all the way around, but… and talked with each of the people about how he felt about them, and I thought he was really successful doing that. But at the same time, I am concerned about him.

Yalom: Yeah, I’ve got some concerns about that, too. You know, this is Tom’s first meeting. He’s been wanting to come to this group, and he’s been very, very hyperactive on the ward—everybody has seen that—and he has really settled down nicely in the last few days with a lot of meds. So it is his first meeting, and I worry, too, whether or not it was sort of too much for him. The thing is that what was being said to Tom was terrific. I mean. he got a lot of really good feedback, you know, especially the whole issue of being able to say to people directly, you know, how he likes them and in which ways he likes them, rather than teasing them. But then the question is, was Tom so anxious about so much focus that he couldn’t hear the feedback? So maybe we can check in on that.

Female Observer: Okay.

Yalom: Okay. Let’s see, anything else before we stop? Other people in the group?

Male Observer: Well, I was thinking about Marge. In the beginning, when you were doing the agenda, she wanted to express anger and aggression, and occasionally you checked in to see whether or not she was feeling irritated.

Yalom: Yeah, right.
Male Observer: And so I don’t know if she got to realizing any of that anger.

Yalom: Well, you know, in the group, what we’re trying to do is work almost with, sort of, microscopic feelings that are similar to, at least in quality but not in quantity, to these, sort of, larger feelings they might have outside the group. So, yeah, the things she was asking, we were asking her to respond to, were very minor, but it’s a sort of beginning for her to immediately express frustration or impatience. She did that, she did that, well, a couple of times. She did that... When was the first time? When she talked about the agendas taking too long, and gotten support for that from others, and then did it when she talked about Tom, too. But, you know, we could have worked more with that. We could have gone back to her other times in that group. But basically, it was a pretty supportive group.

Female Observer: It was. I would just like to say a couple of things if I might. One is, I thought that, I’ve just seen Rose for the past week, and I feel that she really made an effort to contact the other people and talk to them a lot more than I have seen her do, which was great.

Yalom: Yeah, I really like what she did, too. Remember, it was one of the things, too, with the agenda. Remember, Rose’s agenda when she first started was depression.

Female Observer: Yeah.

Yalom: And you can’t do anything with that in a group. It’s just too big. You need to take some sort of small part of that. So then she came up with the agenda of looking at loneliness and how she made herself lonely in the group, and she did good work on that in the group today, good work on that.

Female Observer: Yeah.

Yalom: What else?

Female Observer: The only other thing was George, you know? I’m just a little worried. George went out on a limb, I think, and I noticed that he was having a little trouble pulling himself back in, of getting control of himself at the end.

Yalom: George took some real risks today. It was not easy to do, and you know, in addition to everything else with George, he really has a major issue of being in the role of the medical profession and then having to
take the role of a patient, and that is hard to do. So, he took some big risks today. I had a lot of respect for what he did in the group today. Yeah. Okay, I think we talked about everyone.

**Female Observer:** I think so.

**Yalom:** Okay, let’s sort of reconvene the group and see if any of the people in the group have got some response to any of the issues we’ve raised.

Both Observers: Okay.

**Yalom:** Okay, you know, we have got just a few minutes left, time enough for us to respond to the observer’s comments, observations. Anybody got any feelings about what we just heard?

**Marge:** I always wondered what you guys talked about after meetings.

**Yalom:** So, how did you feel about it?

**Marge:** Well, I felt they were concerned and I felt like they listened to us, what we had to say.

**Yalom:** Do you have any specific responses to anything they said about you?

**Marge:** Well, I think that I may not have gotten in touch with anger that I would feel outside, but I feel like I was more direct today.

**Yalom:** I think you were, too. Yeah. Okay. Other responses to the observers? They had a lot of concern, Tom, about you. Did you have any feelings about any of their remarks to you? They were wondering whether the feedback felt too heavy, or you might be upset about it.

**Tom:** I was feeling embarrassed when everybody was waiting for me to say something about each person, and I felt like, when everybody was saying things to me, I felt like they didn’t want me to laugh anymore, but I like to laugh, and I don’t want to hurt people’s, I don’t want to hurt people’s feelings.

**Yalom:** Any feelings about Tom, about what Tom was just saying?

**Rose:** Tom, I don’t want you to stop smiling. You’ve got a wonderful smile.

**Yalom:** Yeah, I think that’s really an important point, Tom, because I would hate for you to hear, as the result of this group, that people don’t want you to be high-spirited, because I don’t think that’s what I’m hearing.
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I think it’s a really specific thing, the issue that, when you like people, is there a way to let them know that without, in some way, kind of laughing, in a way that hurts their feelings?

**Tom:** I don’t want to hurt their feelings.

**Yalom:** So, do you understand the point then, the difference?

[Tom nods]

**Yalom:** Okay. And what about the other issue, that you might feel upset a couple of hours after the group from the feedback you got?

[Tom shakes his head no]

**Tom:** Uh-uh.

**Yalom:** Okay. Okay. Good.

**Tom:** No. I like these people.

**Yalom:** Okay, so we can keep working on this issue, then, tomorrow. All right. Other responses? George, there were lots of comments about you. What did you feel about the discussion?

**George:** Well, first of all I must tell you how terrible I feel about the way I acted. I mean, this isn’t the way I usually am, losing control like that. I feel like I need to apologize. It just isn’t me.

**Yalom:** Well, you know, I don’t think an apology is really right, George. It’s not you, but.... In a sense, isn’t this the you that you want to become? The you that wants to kind of express yourself and to be more in touch with your feelings with other people?

**George:** I guess so, but it’s a—

**Yalom:** You really lived that today.

**George:** —it sure is hard.

**Yalom:** I think you did a lot of work today. What about the other issue, the issue that we all talked about here, about switching roles, you know? About not being a doctor and suddenly being a patient; how hard that is. Does that ring any bells for you?

**George:** Well, it is very difficult, you know, being a doctor in this hospital for so many years and knowing literally everybody here on all the floors,
all the doctors, and now I have my colleagues who come in and they’re talking to me and telling me how much of viable life I can have. And I’m beginning to realize what kind of a pat phrase viable is. They don’t know what it is being in this kind of a body and maybe dragging around and being a burden to everybody.

Yalom: It sounds like you’re, you know, you’re still struggling with the idea of whether or not you want to continue to live, not being able to be a surgeon, not being able to be operating all day long.

George: I guess so, yes. I am.

Yalom: Well, let me ask you something. You know, did you feel in the meeting today, maybe especially in the last part of the meeting today, that you were really alive?

George: What do you mean by alive?

Yalom: Well, I had a feeling, especially during those few minutes when you were telling us how you felt, of somehow kind of a part of you coming to life, you know, a part that I hadn’t seen before. Maybe you haven’t even seen before. I sort of felt you were very much alive then, living in a different way, letting something out of you.

George: Yeah, I guess so. I guess so. I guess that did happen.

Yalom: Real good start today, George. It’s great. Other feelings, responses to the observers? Who else? Meryl, there was some question raised about whether or not you got left out in the group today. How did you feel about their comments?

Meryl: Well, I didn’t feel left out. I don’t really like very much attention, and I guess that the only thing I still really feel is that sometimes I still tune out and just feel like I am not really here sometimes.

Yalom: But, you know, the other part of that, Meryl, is the whole question of what extent you tune in. Because I had a feeling of you tuning in a whole lot during this meeting today. You were really tracking things. Every time I called on you, you were right here and present with this. Should we have called on you more often?

Meryl: I don’t think so. I felt good about today.

Yalom: Okay, so we’ll keep working in the same direction in the future
meetings. Other feelings, anybody?

**Mabel:** Well, I thought it was really hard to believe what she was saying about my doing a good job. Is that okay?

**Yalom:** Well, tell me more. Why did you have a hard time believing that?

**Mabel:** I don’t know if it’s okay to say anything bad.

**Yalom:** Oh, I see.

**Mabel:** It’s okay?

**Yalom:** It’s okay.

**Mabel:** Okay, it’s just like I couldn’t believe it when she said I did a good job calling up people and things. It’s like, I didn’t want to believe that. I couldn’t believe she was talking about me.

**Yalom:** So I wonder if that’s not part of your, perhaps, always kind of selling yourself a little short. Maybe that’s another kind of issue we could be working on here in the meetings in the future.

**Mabel:** Okay.

**Yalom:** Okay. Sonia, what about you, before we stop, do you have any feelings about anything the observers said or anything about the meeting in general? What kind of experience was it for you today?

**Sonia:** Well, I wouldn’t mind being taken care of like George’s daughter.

**Yalom:** That felt good then?

**Sonia:** And later, I might get together with Marge.

**Yalom:** Uh-hmm. Okay, that’s great. It was a tough meeting for you today, Sonia, but I’m really glad you stuck with it, stayed with it. I think you did a lot of work.

**Mabel:** I really liked the way that she reached out and just asked Marge. I like the way the group supports everybody.

**Yalom:** Yeah, it’s the kind of meeting I hate to bring to a close, but there is going to be a staff meeting in this room in about two minutes. So we’ve got to clear out. I’ll see you all tomorrow? Okay.

**Yalom Commentary:** *When we speak of working in the here-and-*
now, or working in interaction, I think that for interaction to be applied therapeutically, we are best if we think of it as occurring in two stages. You know, one stage is the actual plunging into the interaction, in which people care about one another, they give feedback to one another, they have feelings toward one another in the group. But there is a second part of the here-and-now that is equally important, which is that the group then begins to take a look at what it was that they have just been engaged in. So it’s a type of self-reflective loop back, so that we can understand what we’ve done.

If we just do the one without the other, frequently there is not a great deal of learning occurring. In fact, that was the sort of mistake that encounter group leaders in the 60s used to make. The groups would be plunged into a lot of activity or interpersonal activity. Members would say, wow, you know, that was a powerful experience, but in a sense they didn’t have any cognitive map that they were supplied with that would allow them to use what they have learned in the group into situations in the future.

And the other alternative, if you have a group with not enough interpersonal interaction but just a whole lot of reflection, you may have a very sterile group without enough interaction to make the group come alive. So you need both phases of it. In a sense, I think all therapy proceeds something like that. It’s a sort of alternating sequence of affect evocation and then affect integration. And this particular 10 to 12 minutes of this group was a phase of the group where we were thinking about affect integration. We were helping to underscore what happened in that group so that patients can take it out of that situation. Especially if they are excited or anxious, they may not really be able to remember exactly what happened. So we are going back and we are repeating it.

Other things that happened in this last thing, it was a chance for us to turn back and touch each patient once again, make sure that no one was left out, see if anyone was left with feelings that we should work on. We were able to, for a couple of minutes, try to imagine what each person’s experience was during the group so that we could tune into somebody who had not had perhaps a sufficiently positive experience. The final review also helps to reinforce the patient’s notions about the structure of the group. They begin to see the skeleton of the group, and that really does have a very set, predictable sequence in the group, and again, I think they profit from the type of structure
that’s offered to them.

Let’s say a few things about observers in groups. I experimented with this for quite some period of time. Traditionally, observers may watch the group, and then observers and the leaders go and have a separate meeting about the group in some other room. Now patients often, especially in a teaching setting, may grudgingly permit that, but often they don’t like it. Often they feel that the observers take away something from them. They may even feel that maybe their group leaders are perhaps more with the observers than they are with them. So I’ve tried to find ways to change the attitude that group leaders, that group members, may have toward observers.

For a while I was doing this type of group by having the observers and the patients change rooms. The observers would go into the group room and the patients would go into the observation room so they could watch the rehash of the group. That was much better. Patients were excited by what they heard. Somehow there was a real fascination with hearing others talk about our behavior. Maybe it’s something like when we were young, listening to our parents talk about us in their bedroom.

But my experience was that, when observers, when the patients heard what the observers were saying about them, a lot of feelings came up, a lot of questions came up. They wanted some time to ask these questions. So what I’ve done, then, is to tack another five minutes onto the meeting, where the patients can respond to things that the observers said. And I think what’s happened now is that, invariably, the last few minutes of the observers is often considered by patients as some of the most fruitful parts of the meeting, and rather than resent the fact that there are observers, there are many patients who feel somewhat disappointed if there aren’t observers there that day. In fact, if there are not observers there, I still try and hold a similar kind of meeting at the end, just with me and my co-leaders, spending a few minutes talking about the group and letting the patients hear what we said.

In a sense, what we are doing, I think, is something that’s important in all forms of psychotherapy, which is to demystify the therapy experience. I don’t think that mystification is necessary. I think the therapy experience is powerful enough in its naked form to be helpful with patients, and there is no concealment, no Latin prescriptions that are really necessary.

So, in closing, I want to remind you again that this is a model of a certain type
of meeting, a model of a daily group led with higher functioning patients, in which I have used an agenda technique. Again, I think, I hope that some of you will be able to design from this model a type of group that may fit your own clinical setting. But there are certain features of this approach that I feel may be universally important: the idea of the therapist activity, the idea of the therapist sense of efficiency (there is not much time to waste in inpatient groups), the idea of providing safety and structure for patients, the idea of providing as much support as possible for the inpatient group patient, and the idea, too, that therapy should be open, that there should be a demystification of the therapy procedure, and that patients should be enlisted as allies in their own therapy experience.
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