

Instructor's Manual

THE GIFT OF THERAPY

A CONVERSATION WITH
IRVIN YALOM, MD

by

Randall C. Wyatt, PhD



The *Instructor's Manual* accompanies the DVD *The Gift of Therapy: A Conversation with Irvin Yalom, MD* (Instructor's Version). Video available at www.psychotherapy.net.

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Instructor's Manual for The Gift of Therapy:

A Conversation with Irvin Yalom, MD

with Irvin Yalom, MD

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THE GIFT OF THERAPY

A Conversation with Irvin Yalom, MD

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Tips for Making the Best Use of the DVD

1. USE THE TRANSCRIPTS

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

2. GROUP DISCUSSION QUESTIONS

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

3. LET IT FLOW

Allow the interview to play out so viewers can appreciate the flow of the conversation. It is best to watch the full video since issues untouched in earlier parts of the interview may be covered later. Encourage the viewers to voice their opinions; no therapist is perfect! What do viewers think works and does not work in Yalom's approach? It is crucial for students and therapists to develop the ability to effectively critique others' 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. PERSPECTIVE ON VIDEOS AND THE PERSONALITY OF THE THERAPIST

Every psychotherapy is unique, influenced as much by the personality and style of the therapist as by the use of specific techniques and theories. Thus, while we can certainly pick up ideas from master therapists, each therapist must make the best use of relevant theory, technique and research that fits their own personal style and the needs of their clients.

Group Discussion Questions

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

1. **Throw Ins:** What “throw ins” have you experienced in your work as a therapist or as a client that had a lasting impression on you?
2. **Inner World:** Yalom notes (based on his book, *Everyday Gets a Little Closer*) that clients often value personal remarks made by their therapists rather than sophisticated interpretations. Does this surprise you? What are the implications of this since most theories of therapy give little if any weight to such therapist self-disclosures?
3. **Existential Focus:** Regarding the main sources of anxiety (death, meaning, isolation, and freedom), how can we insure that these concerns are related to the client’s life story vs. just being discussed intellectually or abstractly?
4. **Interpersonal Focus:** Yalom sees group therapy as the perfect arena for identifying and modifying behaviors for people with problems of an interpersonal nature. Why would group therapy be better for this? Wouldn’t individual work feel safer to a client?
5. **Fellow Travelers:** Yalom sees himself and his clients as fellow travelers. Does this metaphor work for you? Do you have a better or different one?
6. **Letting the Patient Matter:** Yalom believes you must let the patient matter to you. Does that make sense? What if you can’t, or if you dislike the client?
7. **Revealing Thoughts or Dreams:** As part of letting the patient matter, Yalom may, at times, reveal his personal thoughts or dreams to the patient. How would you feel as the client if your therapist shared this kind of material with you?

8. **The Relationship Heals:** Yalom focuses on relational engagement as the most curative factor in therapy. If the relationship is so central, why concern yourself with technique? How do you prioritize these aspects of the work?
9. **Self-Disclosure:** Do you believe, like Yalom, that a therapist should be transparent? How comfortable do you feel with the three different kinds of self-disclosure Yalom talks about: disclosure about the mechanisms of therapy, about the here-and-now, and about your own personal life?
10. **Therapy for the Therapist:** What do you think of Yalom's advice to beginning therapists regarding therapists having their own therapy experiences? Do you think it is important for therapists to get their own therapy?

Reaction Paper for Classrooms and Training

- **Assignment:** Complete this reaction paper and return it by the date noted by the facilitator.
- **Suggestions for Viewers:** Take notes on these questions while viewing the video and complete the reaction paper afterwards or use the questions as way to approach discussion. Respond to each question below.
- **Length and Style:** 2-4 pages double-spaced. Be brief and concise. Do NOT provide a full synopsis of the video. This is meant to be a brief reaction paper that you write soon after watching the video—we want your ideas and reactions.

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

1. **Key points:** What important points did you learn about psychotherapy? What stands out in how Yalom approaches his work?
2. **What I am resistant to.** What issues/principles/strategies did you find yourself resisting, or what approaches made you feel uncomfortable? Did any techniques or interactions discussed push your buttons? What interventions would you be least likely to apply in your work? Explore these questions.
3. **What I found most helpful.** What was most beneficial to you as a therapist about the interview? What tools or perspectives did you find helpful and might you use in your own work?
4. **How I would do it differently.** Where did you find yourself feeling that you would work differently than Yalom?
5. **Other Questions/Reactions:** What questions or reactions did you have as you viewed the interview? Other comments, thoughts or feelings?

Suggestions for Further Readings, Websites and Videos

BOOKS

- May, Rollo (1994). *Existence*. Jason Aronson; Revised Edition.
- Yalom, Irvin (1974). *Every Day Gets a Little Closer*. Basic Books.
- Yalom, Irvin (1980). *Existential Psychotherapy*. Basic Books.
- Yalom, Irvin (2003). *The Gift of Therapy: An Open Letter to a New Generation of Therapists and Their Patients*. Harper Perennial.
- Yalom, Irvin (1983). *Inpatient Group Psychotherapy*. Basic Books.
- Yalom, Irvin (1990). *Love's Executioner & Other Tales of Psychotherapy*. Basic Books.
- Yalom, Irvin (1997). *Lying on the Couch: A Novel*. Harper Perennial.
- Yalom, Irvin (2000). *Momma and the Meaning of Life*. HarperCollins Publishers.
- Yalom, Irvin (2005). *The Schopenhauer Cure*. HarperCollins.
- Yalom, Irvin (2005). *Theory and Practice of Group Psychotherapy*. Fifth Edition, Basic Books.
- Yalom, Irvin (1992). *When Nietzsche Wept: A Novel of Obsession*, Basic Books.

WEB RESOURCES

www.Psychotherapy.net

Excerpts from two of Irv Yalom's recent books: *The Schopenhaur 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.existential-therapy.com

General resource on existential psychotherapy.

RELATED VIDEOS AVAILABLE AT WWW.PSYCHOTHERAPY.NET

Existential-Humanistic Psychotherapy in Action

– James Bugental

Irvin Yalom: Live Case Consultation

Positive Psychology and Psychotherapy

– Martin Seligman with Randall C. Wyatt

Psychotherapy with the Unmotivated Patient

– Erving Polster

Understanding Group Psychotherapy, Volume One: Outpatients

– Irvin Yalom

Understanding Group Psychotherapy, Volume Two: Inpatients

– Irvin Yalom

Understanding Group Psychotherapy, Volume Three: An Interview

– Irvin Yalom

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

Interviewed by Randall Wyatt, PhD

INSPIRATIONS

Wyatt: *I'm going to start off by talking about your book, The Gift of Therapy. How did it come about? What were you thinking of? What motivated you to write this book?*

Yalom: I think I can answer that rather specifically, because the book occurred at a certain moment in time. I was visiting an exhibit at the Huntington Gardens, in the Huntington Library in Pasadena. There was an exhibit of bestsellers of the Renaissance in Great Britain just after the printing press came out. There were about twelve books on display there and I was just astounded at the fact that several of them were books of tips: Tips for animal husbandry or tips for gardening. And it just came to me all in the moment, well, I should write a book of tips for therapists. And it coincides of course with certain feelings that I had about my age. I reached 70. I think that Erik Erikson was so accurate when he talked about certain stages, later stages of later life, and especially the stage of generativity, which I feel myself entering. I feel that sounds right to me. It's a post-narcissism stage where you are not so much concerned with expansion of the self as you are with passing on something to the next generation. So I think it intersected with that desire, wanting to pass something on. I've been doing therapy for forty years, I felt there were lots of things that I had learned: favorite strategies, favorite things that I've had to say. I think every therapist at my age probably has a store of those that they can use. So that was a couple of sources.

I was immersed in writing another book, working on a novel that I was bogged down on and suddenly this came to mind. I had a patient whom I was seeing at about that time who was a novelist and who had a bad

experience writing: Unable to get one novel published and then worked on another novel which had failed. And she said that she had made a resolution; she was not going to write another book until one came and bit her in the ass. And since this book came and bit me, suddenly I thought, oh, that's exactly the book I want to write. I was also very much interested in Rilke's *Letters to a Young Poet*, something I've read for many years. I have a tape of it I often listen to in my car. So the idea of writing a book of "letters to a young therapist" was also something that I found very appealing. And I wrote it fairly quickly, you know, maybe not much more than a year, year and a half, and it was just going and looting all my old notes that I'd kept over the years, most of which I'd never used in any of my other writing. Also sort of means that I don't know how I can really give lectures in the future because all the ideas that I've had that I could always pull out new ones. Well, I think my storehouse is gone right now I'm not too inclined to speak anymore. So that's essentially where the book came from.

Wyatt: *Okay. So let's first take a step back before we dive in a little more. How did you, when did you first decide to become a therapist and why?*

Yalom: Well, it's got a lot to do with my joint live interests, really. One of which is therapy and the other one is writing. And I always wanted to be a writer and I was always enormously interested in fiction. As an adolescent I just read avidly and I still do. And I went to medical school because, well, the kind of ghetto area that I grew up in there were not many options. At least none of us felt there were. You either go to medical school or you own a business. So I went to medical school, but I really chose to go into the field of psychiatry because it was as close as I could get to, say, Dostoyevsky or Tolstoy, the great psychological novelists. So I had thought really to become a therapist even before entering medical school and as soon I went to medical school I developed a great interest in psychiatry and psychotherapy.

THROW-INS

Wyatt: *I want to draw you back to one of your books, Existential Psychotherapy, where at the beginning you talk about something very interesting that has always stuck with me as a therapist. You talk about the*

“throw-ins” of therapy. Can you explain that?

Yalom: The story, for those of you who haven't read that book, is that once I was enrolled in Armenian cooking lessons. A friend of mine had a mother who was a very dalty old woman at age 80, very active and gave some lessons. I loved her cooking. The course would consist of her making the dishes and our watching and then she put them in the oven and no matter how carefully I tried to write down exactly what she did, my dishes never came out as well as hers. I got very obsessive about that, and I said, “There's no reason why I can't cook this as well as she does.” So when I took a very, very detailed account of exactly what went on, it suddenly occurred to me that she had a servant, an elderly servant who had been with her all of her live, and she would give the dishes to the servant and I noticed as the servant took the dishes to the oven that she would put in a handful of this and a handful of that. So it came to me, well that's really what made the difference: all these off the record throw-ins. And I think that's true in therapy as well. I know from my own experience in therapy, both as a client, as a patient in therapy, as well as a therapist, there were lots of things that I did or was exposed to by my therapist that never get into the descriptions of therapy. They're always so scientific; they're always so bare-boned. But I think these little bits of things, a piece of wisdom the therapist gives you that aren't part of the regular mandate, part of the theoretical structure of therapy sometimes can make all the difference. So I really want to focus very much on those. So that's how I got that. The woman, the servant who was doing the throw-ins died recently. I was just at her funeral a few months ago, so I've been thinking much about that.

Wyatt: *She made quite a contribution.*

Yalom: She did make quite a contribution. I told the story at her funeral.

Wyatt: *Oh how nice, very nice. That's very fresh. Can you give an example of a throw-in in therapy?*

Yalom: Well, one example has to do with when I was in my first analytic venture I had an analyst who was an extremely traditional orthodox analyst, tried to keep a blank screen kind of persona during the therapy. And in many ways I don't think the therapy was very helpful. But some of the things that I remember were off the record kind of things. One of the

things I remember was that at some point I was, I had a very conflicted relationship with my parents. At one point I was preoccupied for a while with inheritance, and what kind of money that I would get from my parents, and I remember feeling very guilty about that. That was an awful thing to be preoccupied with when your parents are alive, you know, and I remember her saying to me, “Well, you know, that’s just the way we’re built.”

Wyatt: *hmm.*

Yalom: And the idea of “that’s just the way we’re built,” well, that’s not in the analytic doctrine, and that’s what I mean by a throw-in. You know, another example I could give is a patient, Ginny Elkins. We wrote a book together, called *Every Day Gets a Little Closer*, remember that? That was a book in where we both gave our accounts of therapy, each of us writing up our own summary. The reason I’m bringing that in now is that I compared how she viewed the therapy hour as contrasted with how I viewed the therapy hour. We were interested in very different things. As a therapist I was very interested in these doctrinaire, very elegant interpretations that I gave her, but she, she hardly even heard them. You know, what she was interested in was something very different, some small personal comment that I had made to her, a compliment about how she looked or chuckling at her jokes. So she interested in relationship issues and I was much more interested in interpretive issues. So, those are the kind of throw-ins that I think therapists too often are unaware of.

Wyatt: *You mention the one with Ginny. Now, is that what you call the “Rashomon” experience?*

Yalom: That’s right, exactly.

Wyatt: *And why do you call it the Rashomon experience?*

Yalom: You know, I think that movie may have passed out of memory for a lot of us. It’s a Kurosawa movie of a murder occurring and the story, the movie is told from the viewpoints of several different people, each of them seeing something so very different. So you have one event and many different kinds of ways of interpretation of that event. It’s a very interesting concept for psychotherapy, especially for group therapy: The idea being that there may be a single stimulus, a single event that occurs in the course

of the therapy group and yet people are going to see that in many different ways, sometimes seven different versions of that and there's only one explanation. One stimulus, several reactions, several ways of perceiving that stimulus, the only interpretation is that each person has a different inner world and that's just a wonderful in for the psychotherapist who's trying to help understand and appreciate the inner world of each person.

THE EXISTENTIAL AND INTERPERSONAL FOCUS

Wyatt: *I'd like to next ask you to talk about the two pillars of your career: existential psychotherapy and the interpersonal focus. Can we start by what you mean by an existential focus?*

Yalom: Well, each of us has a certain type of anxiety, despair in our lives that emanates from our confrontation with certain inherent facts of life that are in our experience, in the sheer experience of existence. If we look very closely into ourselves, just meditate on our situation in the world, we come to certain kinds of, perhaps ultimate concerns that I think are valid for all human beings: The idea that we are mortal, we all have to face death, that all of us want to persist in our own being. Somehow or other we have to come to terms with death; that's the most intuitively apparent existential concern, but there are others as well. Most of the writing that I've done focuses, like the textbook on existential therapy, around four ultimate concerns. I spoke of death, also the issue of meaning in life for a substantial number of patients. Jung used to say a third to a fourth of his patients came in with the crisis about meaning in life. A third one would have to do with isolation in life. That's not only interpersonal loneliness, but it's something that cuts underneath that: The idea of being isolated from the world, the idea of being thrown into the world alone, having to face death alone, no one can really accompany you.

And still, another one would be an ultimate concern around freedom. By that I don't mean the idea of political freedom, but the idea that we have a certain kind of freedom in designing our own lives, and that also reality isn't as we ordinarily conceive it. Ever since Kant we've know that reality is a function of our own neural constructs, that whatever data we get we're translating into this, we see the world according the way we shape it ourselves. What that means is that if you take that to another level,

that there isn't any hard rock beneath us, that there is a certain kind of groundlessness underneath us. The German philosophers speak of "das nichts:" the nothingness in life. And this can fill us with a great deal of anxiety. So, that's the starting point, that if we look at our own existential situation there are plenty of sources of anxiety. And for some patients they are paramount. For others of our patients they may play a much smaller role. They may be much more concerned with trauma from the past or working through their own developmental issues. But I think it's an important issue. I think the therapist needs to be, needs to have a great sensibility about these existential issues. So that would be an existential approach. It's been a very lifelong companion for me. I mentioned earlier that I was very interested in reading the psychological existential novelists, for example, back when I was an adolescent. So I brought that into my medical training and into psychotherapy. And also, I have a wife who at that point was working on her doctoral dissertation in comparative literature and she was working on Kafka and Camus, and they were leading existential writers. So this is an area of conversation that went on a great deal in my home.

Wyatt: *We'll come back to existentialism again in more depth and pull out some of those pieces, but why don't you speak a bit about what you mean by "interpersonal focus" in psychotherapy?*

Yalom: When I approach patients from an interpersonal focus, I'm making the assumption that people are falling into despair because of an inability to establish and maintain gratifying interpersonal relationships. And you know I think this again came very early in my own training. I took my residency at Johns Hopkins and there was Solven who lived in the area, and I had a lot of exposure to the work of Solven, and a lot of early exposure to group therapy with an excellent teacher/mentor named Jerome Frank who approached the therapy group very much by looking at interpersonal patterns: How people communicate to one another, how they get close, how they don't get close to others, how they make themselves understood. And to me that's the ideal way to look at a therapy group. A group offers the perfect arena in which these patterns or inability to establish a relationship with others all play out in the arena of the therapy group. It gives you a good opportunity to identify and then to try to modify the pathology.

FELLOW TRAVELERS

Wyatt: *When you speak of patients or clients, and in your book you made a point of this, in the Gift of Therapy book, you say that often times the therapist is seen as being above or better, or happiest person in the world, per se—*

Yalom: Right.

Wyatt: *And that you would prefer to refer to them, to see them as “fellow travelers.” Can you go into more depth of what you mean by that?*

Yalom: I’ve never been completely satisfied with any of the terms that we give to the relationship, you know, patient/therapist, and I use patient but I know that many of my students are psychologists and will use the word “client,” as well. I’m using it quite synonymously. I’m taking it from the Latin, one who suffers: “patsiens.” And so the idea of the perfectly analyzed therapist was a myth that I think we all had back in our training, that there were certain therapists and analysts who had worked all these issues out. And that really is a myth that I gradually as I’ve gotten older and known a lot of my teachers and colleagues and had to even administer to see my own therapists as I grew older, and realize that it is a myth, that we’re all in this together, that there are certain kinds of despair that all of us have to face, and the idea of fellow travelers. There is a wonderful section in Schopenhauer where he uses the word “fellow-sufferer.” That could be another term that I might have used. So, it’s foolish to pretend that it’s them, the sufferers and that we, the healers who don’t have these issues. That’s why I prefer that term. It’s much more of an egalitarian view of what therapy is.

Wyatt: *Another approach you take to patients, fellow sufferers, fellow travelers, is you talk about “letting the patient matter to you.” And this seems to be an important part of your work, which goes in many different directions. And are you also implying that this is different than the traditional training for a therapist?*

Yalom: Oh, I think so. You know, some patients think that they come into your life for an hour and they pass out and you never think about them again, which of course is not true. Many therapists, there are certain

patients who I'll think about several times during the day, during the week, thinking, "Well maybe I should have said something else," or "I wonder if this might have been true." Or even you think or dream about your patients. So I think it's important to let them matter. There are therapists, and I agree with this, that if it seems useful for the patient, I'm very willing to say, "I've been thinking about you during the week and here is something that I think I should have mentioned," or, "I wonder if this is a point you may want to consider." Or share a dream that I had of a patient and say, "This occurred to me and maybe we can talk about. There may be something important in there, perhaps for you or the way we are relating to one another."

Wyatt: *Isn't that much different, though, than the original blank screen that Freud posited but never really followed? And much of that has changed since then, even in the analytical world.*

Yalom: Yes, it has changed in the last 15 years or so; there's been a major change. I think the blank screen was never a good model for therapy. I don't think Freud really did this, you know. I do have some anecdotes in there of Freud, for example. Roy Grinker, a rather eminent Chicago analyst told me this story: He was in analysis with Freud, and Freud had a dog who sat in the analytic hour. And at one certain hour, the dog scratched at the door and Freud got up and let him out of the analytic room, and then 15 minutes later he scratched again. Freud got up and said to Grinker, "The dog had to get out of here because of all the resistance you were putting up and now he's coming back to give you a second chance."

Wyatt: *[Laughs]*

Yalom: So, that sort of thing, that's hardly blank screen. And there are many accounts of Freud in his reigns will, say, make a particularly important interpretation, and then talk to the patient about lighting up a celebratory cigar. A cigar celebrating this brilliant—

Wyatt: *Victory cigar.*

Yalom: Victory cigar, that's right, yeah.

THE HERE-AND-NOW

Wyatt: *Dr. Yalom, I next want to move to some of the things that happen to you in the room with the client. First thing of course is how do you begin, how do you think about beginning each session? You use client's maxim, begin each session with a point of urgency. Can you talk about that? That's different from saying talk about whatever comes to mind, free-associating.*

Yalom: I rarely begin a session. I leave that to the client. Once in a while there is something really pressing from the last session. Or I feel that we left and there was a great deal of unexpressed emotion on part of the patient. I might bring the patient back to that if they don't start immediately. I might say "you know, you left last time with a great deal of feeling, and I wonder what kind of thoughts you had on the way home. What did you leave the session with? What feelings did you have about it?" But generally I leave this to the patient. And patients begin to sort of learn if they work with you what you are waiting for. Or if I say something and there's a little bit of a pause, I wonder what seems important today? Where should we start today? Something like that. New patients or patients who might be resisting a lot might be talking about something that's giving you their week's schedule and what happened, you know, but after patients work with you for a while they rarely do that, and if they continue to talk about a lot of incidents, I might say or make a comment on that: "You're telling me a lot about what you are doing today but I'm wondering about how are the underling feelings today."

Wyatt: *It's difficult because on one hand that's what people come in with—their daily problems, their relationships, their depression—and yet you try to move it into something more immediate.*

Yalom: Yeah. That doesn't mean I'm always focusing on the here-and-now. But I always feel if we can look at relationship issues that emerge during the session I feel we're going to be doing much better work. So I'll try to look at it. At some point during the session I take a look at what's happening here between the two of us. Or how you're feeling about what we are talking about right now? But it's impossible to maintain a continuous focus on the interaction.

Wyatt: *You kind of are discarding or are critical of the approach of the*

archeologist approach, searching for a treasure, or the Colombo approach, solving a mystery, the last piece of a jigsaw puzzle.

Yalom: Right.

Wyatt: *If those aren't the metaphors you use in therapy, how would you conceptualize your work?*

Yalom: You're mentioning the sort of Freud's notion of the therapist as archeologist, and what we want to do is using our archeologist brush to scrape away, we get back to the original source of things and we understand then how everything else fits together, but I don't really think that ever happens. I'm much more concerned about the idea that the relationship is what heals. And I want to do whatever we can to work on our relationship. And to, for example, I think about a patient I saw quite recently—it's always easiest for me to talk about people who come fresh to mind—but this is a patient who hadn't paid his bill. So, you know, he was perhaps a month late and hadn't paid the bill, and telling me, well, he'd forgotten to do it, forgotten to do it. And this was a new patient. What I had in mind was that the fact that this was a man who often had a great deal of interpersonal issues. He was in conflict with everyone: with his landlord, with his boss, with people who worked for him, as well. There was a great deal of tension and stress in his life. So I was trying to take a look at, about the bill paying and what this meant to him. And he said, "Well, I really like the way our therapy is going and everything about it is quite right." And I'm saying, "Well, there's some part of you that doesn't seem to want to pay me and I wonder if we could look at that part of you. Maybe there's a 97 percent satisfaction, but let's look at that three percent and see what does it's saying." And so then he would say, well, he wishes that I had said more about such and such last time, or brought up some sort of issues. So I'll focus on him in that way.

Another way I used that material was to ask him the question of, "How do you think it makes me feel for you not to be paying me? What's your sense about that?" And he was sort of shocked at that and he said, "I guess you're probably a little irritated at that". And I said "Yeah, I though that was right. It does cause me more difficulty, looking at the following month trying to figure out if you've paid for the previous month. So, I think you really like me, you really like coming here, so tell me, what's the pay-off for

you in irritating me, what do you get out of that?” So that’s, maybe I’d try to work it that way. Because I think this man has a good deal of difficulty with empathy. He doesn’t put himself in the experience of other people. For example, he often feels that people don’t treat him well. That if he goes into a restaurant, he never gets a good table there. This is the way people are. I was trying to make him see that all these interactions are really two person interactions. There’s something that you’re doing which cues off the way the other person deals and treats you. So that would be good example perhaps of focusing on something that’s going on between the two of us.

Wyatt: *It’s also much of in the here-and-now—*

Yalom: Right, exactly.

Wyatt: *Which is different from talking about something.*

Yalom: Right.

Wyatt: *Do you find that patients are at first resistant or hesitant? It’s not a common thing to call attention to what’s happening between two people.*

Yalom: It’s uncommon. And we rarely do this in our lives. We may do this with very intimate relationships to say, “Here is what I feel about what’s going on right here between the two of us in this room.” Sometimes we’ll do it in conflict, and you make some comment about not liking what that person just said or did. But that’s a unique sort of issue in the therapy arena. We do that all the time. I will not make a secret out of this. I’ll say this to the patient early on: “So many of your issues that you are talking about seem to have something to do you’re your relationships. We can talk about relationships that you may have with your parents or with someone else, but I think we’ll do much better if we can take a look what’s happening in the immediate moment here in terms of relationship between you and me. And so I will often call attention to what’s happening between the two of us. Does that feel okay to you?” I enlisted the patient as an ally, I’ve let the patient know what are the theoretical reasons of what I’m doing this, that it make sense, so it doesn’t seem like I’m coming out of left field or something that’s very odd. There’s a reason and a purpose why I’m doing this.

Wyatt: *Are there times when you shy away from it or it backfires? Where the here-and-now is too intense?*

Yalom: I don't think so. I'm trying to think of instances. There are times that maybe it might be very intense, there's a lot of feeling there, and that maybe we want to analyze it later on. In a therapy relationship, if a patient can continue to work out I will rarely call off that venture. One of the tips I use in this book, *The Gift of Therapy* is "strike when the iron is cold" and sometimes, for example, a married couple are having an interaction and if they try to comment on what's happening there, and it simply ignites an even larger fire. Sometimes it's much better to wait to the next day. Things have cooled off in relating, and one of them says I want to get back to what happened here because here's the way I was feeling about that. And then, things have calmed down perhaps you can analyze it much more completely.

The same thing incidentally is true for the therapy group, even more so I think, because there's so much data in a therapy group that we can spend almost all of our time working in the here-and-now. But I think I need to orient patients to that. So I will go through a preparation for patients generally in the individual session before they start a group and tell them about, briefly about the interpersonal theory, psychotherapy, how so much of what they told me has to do with distress arising from their lack of satisfying relationships, and the most important thing they can do in this therapy group, the most helpful thing they can do is to try to understand as much as they can about their relationship with each person in the group and with me as the therapist in the group. And in the group a very significant amount of the interactions is focusing on the relationships between people.

Wyatt: *So you're kind of recommending a balance between, when you saying there's an experience, then a reflection, experience, a reflection. And sometimes leaving it well enough alone and letting it go.*

Yalom: Uh huh, yeah. That's right. You know, I think of therapy as an alternating sequence of experience, our emotional affect, evocation and then an analysis of that affect and see what we can understand about this. The reason we want to do that is because we want to generalize what we learned out of situations. So, this patient I was talking about a few minutes

ago in terms of not paying the bill, and how much empathy or lack of empathy, I specifically want to call that to his attention. So that he will take a look at the way, how he relates to other people without asking often enough, I think, how does what I do make the other person feel? How does it make the other person feel about themselves, how does it make the other person feel in terms of how I relate to him.

Wyatt: *So apart from the blank screen you see yourself as an agent in the game?*

Yalom: Uh, huh. That's right.

THERAPIST SELF-DISCLOSURE

Wyatt: *And along with that you talk about self-disclosure, —*

Yalom: Uh, huh.

Wyatt: *And that self-disclosure is an important part. How do you decide what to disclose and what to hold back?*

Yalom: I think of self-disclosure just for my own somatic convenience. I think, thinking about in terms of self-disclosure about the mechanisms of therapy. That'd be one area of disclosure. Another area of disclosure would be self-disclosure about the here-and-now, and how I'm experiencing that person in the immediate present. And at last there's this whole area of self-disclosure about my own personal life. So, self-disclosure about the mechanics, how therapy is working: My position there is, I think we ought to just be totally transparent about that. I was speaking a few minutes ago when I talked about the preparation of patients. There's a long, old tradition in which therapy, at least, the healing process, has to be shrouded in a certain kind of mystery. So the therapist would write their vouchers, would write their prescriptions in Latin because it poses certain kind of authority; it really makes the client feel that you really do have an enormous wellspring of knowledge. And it's catering to the idea that there's a certain lust for authority that people have. It's the old Dostoyevsky idea in *The Grand inquisitor* that we, what to people want? Well, they really want magic and mystery and authority, and I this is what are they really seeking for. And the therapist fills that particular role. I don't think that's the way to do psychotherapy. In fact, there is

a certain kind of anti-therapy in that you continue to push the patient into a dependent role. They never take a look or how they exercise their own autonomy or how they exercise their own power. So I don't want to infantilize the patient. I want to say, "Look, this is how therapy works, this is what we're doing." Therapy is a very hardy process. I think the more they know about it, the more helpful it can be. So, I'm quite transparent about the way therapy works. If people ask me why is such and such a thing, I'll be very upfront about why I'm saying this.

The second area of disclosing, how you are feeling in the therapy process: You know, patients say something to the effect that you seem to be impatient with me today, I wonder if you are not feeling bored with me today or something like that, they may pick up something, in fact, you really are, you do feel impatient or you do feel bored. Then I think not to acknowledge that you are, that in a sense again is to engage in anti-therapy, because you want to enhance the patients' reality, sense of reality testing. If they pick out reality and then you say, "No, it's not the way so," then it's not going to be very instructive. So I tend to be quite upfront with what I'm feeling. I don't use the word "bored" and, in fact, I don't really get bored with patients, but I will use that feeling that I have wondering if I am finding my interest lagging, or I find the distance between the two of us has increased, I'll point that out. I may say, "I felt much more engaged earlier on in the session and I notice in the last 15, 20 minutes I'm feeling further away from you. Do you feel that, too? What do you think has happened between us here today?"

Wyatt: *So you bring it back into the here-and-now.*

Yalom: Bring it right back into the here-and-now.

Wyatt: *That leads into the third part of self-disclosure which is personal revelation, which you're more hesitant on than the here-and-now of the therapy in the process. Why so hesitant there?*

Yalom: Well, that's an area, for one thing, that set's a lot of therapists' teeth on edge. They're quite concerned about that; there's a long tradition of the relatively opaque therapist, but if patients wants to know personal things about me, if they want to know if I'm married or have children, things like that, I feel, what's the big deal? Again, I think it's a question of being

more egalitarian about that. I never revealed anything about myself that I feel that was a mistake, that I was sorry that I had mentioned to this to patients, and there where time when I've done a lot of self-revelation when I felt that by far that was the best approach at the time.

A very strong example of this happened quite some time ago. I was leading a therapy group and I was suddenly called to the East Coast because my mother was dying. It was very sudden. And she died a few days after I was there. And the therapy group – I was leading the group with a co-leader – the co-leader told the group that I had to leave because of an illness in the family. So I missed the next meeting. Then I came back to the group the following meeting. They had one meeting without me. And the meeting they had without me was a dynamite meeting. It was just excellent, the therapist did a perfect job, the group was working on a lot of issues, and now when I came back to the group, what was I to do at that point? I felt that if I were not to say too much about what happened then I thought that was really going to stall the group. The group never works, therapy never works if there's something big that can't be talked about and you're just talking around the edges, looking out from the sides. So felt that, I went into that meeting feeling that I will answer any questions that the group asks me. And so they asked me what happened. I told them my mother died. Someone else asked me in the group, what was your relationship with your mother like? So I tried to be pretty open with that, and what I told the group was that my relationship with my mother was quite fractious for much of my life, that she was quite a dragon, but then in the last few years as she grew older, she was defanged a bit and then much more gentle, and we'd gotten along well and always I'd been a dutiful son, in that I stayed in contact with her through the years. And I was feeling a little uneasy about this in talking so openly, but the group went on with it, and someone else asked if I needed to talk in the group, was there something they could do to help me? And I told them, well no, I'd been doing a lot of non-stop talking with friends and my family since then, and then finally they left that and they went on, they continued the group where they had left off the previous week. There is this feeling of fear that a lot of therapists have that if you open up, if you say things about yourself the members are going to render you asunder, they're going to go on and want more and more and more. You know, that does not happen, that you're going to be terribly

embarrassed and mortified by people. But I think if patients keep on with this morbid curiosity about you, which... then you go back into the here-and-now. Then you wonder, how come they're doing this. Are they aware of the kind of feelings that are engendered in you by their questions? Why are they doing this? What are they expecting me to say? You know, so just go on and take a look at the question: If it really becomes not so gentle, and becomes really abrasive to me. So the idea that opening up the door is going to let something out that you don't want: I feel that's mythology. So, by and large I'm fairly high on the self-disclosing scale in therapy.

Wyatt: *In your book, Lying on the Couch, a novel about therapy and honesty and authenticity, the main character, Earnest, has an experiment, which it sounds like you experimented with some. His experiment is to be completely authentic with his client. Can you talk about that? How much of that was you?*

Yalom: Yeah.

Wyatt: *What does that mean? What was the outcome of that experiment? It's a very bold one to be completely honest. Authentic.*

Yalom: I took, I got that idea from an experiment that had been run by Sandor Ferenczi, a Hungarian analyst who was a contemporary and confidante of Freud's. And Ferenczi... Freud was not very much interested in experimenting with therapy techniques. He was much more interested in psychoanalysis as a tool with which we can understand civilization, understand human beings at their deepest sources. But, It was left to others and I think especially Ferenczi in the early inner circle to experiment with technique. And one of the things he experimented with was how much reveal yourself to your patient. So, with one client he ran an experiment in which he decided he would reveal everything about himself to the patient, in fact, he called it mutual analysis. The patient, who happened to be a therapist herself, he analyzed the patient one hour and she analyzed him the next hour. So it went on with this mutual analysis for quite a matter of months. Eventually he abandoned it. His account of it, the reasons for his abandonment are very strange. One thing he said: He couldn't be totally free in what he told the patient, he couldn't free associate because that means he would be talking about his other patients since they would be on his mind. And the other thing was the

whole question of billing.

Wyatt: *Back to billing.*

Yalom: Right, back to billing. Who would bill whom? So he abandoned it. The patient, who has an interesting account of this, she said she was very disappointed. She said at one point, that she thinks the reason he stopped the experiment is that he would have to get to the point where he said he loved her. And Ferenczi responded, he said, “No, no, no,” and that he would have to get to the point where he said he hated her. Anyway, so that experiment was abandoned. He wrote about it in his clinical diaries, which were published probably fifteen years ago at Harvard University press. So, Earnest, I had that in mind. And I’ve done a lot of other kinds of experiments with self-disclosure. For a number of years I dictated a long account of each group therapy meeting and I mail it out to the members. And that gives me a chance to comment upon my own feelings in the group, or where I feel I made certain mistakes, or things I wanted to say, so I tend to be fairly open with that.

Anyway, so Earnest had that in mind in the beginning of this book. Earnest was a therapist, he was working with a patient, and he had been working with this patient for a long time trying to help him to heal this very tempestuous marriage they had and eventually it became clear that this marriage wasn’t going to work out. So Earnest was trying to help the patient leave his wife, very unsuccessfully for a long period of time. Then one day the patient comes in and almost in passing mentions to Earnest that he’s left his wife by virtue of the help of a young woman he started to have an affair with who said it was time for him to leave his wife. And so he left his wife. He also mentioned to Earnest in passing also that he sure wished he had some of the thousands of dollar he paid in therapy to set up a new household with this woman. So Earnest was not too happy with all of this, and he looked disgruntled. The patient commented on that and he denied it. He said, “Oh, no, no, no.” He really did not want to admit to such petty non-therapist-like feelings about a patient. But later he began to reflect on how he felt and realized that he really had not been genuine. He hoped to have a genuine encounter with the patient. In fact, he failed to do that. So, he said he was going to really try to make an earnest attempt to do this with the next patient he sees. He’s going to re-run Ferenczi’s

experiment; he's going to reveal as much as he can about himself to another person. So, that's the initial scene that sets this novel into motion.

Wyatt: *What's the outcome for him? And how close is that to your outcome?*

Yalom: Well, the outcome for that is that he had the bad luck for the next patient to have a patient who was an extremely duplicitous woman, who really told him nothing that was true, because she was the wife who was left and was interested in trying to ruin Earnest—

Wyatt: *His luck.*

Yalom: Because she blamed him for the break-up of their marriage. But the outcome of this and the theme of the novel for me was that even in the least propitious situation where you have a patient who is dedicated to telling lies, still revealing yourself, trying to set up a genuine encounter will ultimately succeed. And so, that's the general gist of that novel.

Wyatt: *I want to switch gears a little bit here and talk about the influence of your fame from writing books, and speaking, and teaching at Stanford and your clients' knowledge of your world from your books. How has that changed your work with your patients? How has that changed the way they see you? Is it intimidating for them? How does that work?*

Yalom: Well, you know, if I'm interested in working the here-and-now, in a relationship, it's one important facet that I assume is going to be present with every patient I work with. Because I think... I don't think I have had a patient in the last several years who has come to me and not had read something that I had written. So, yes, that's true. I ask them what think about that, what they're expecting, what fears they had. I keep on asking them how they are feeling about me. If they feel intimidated, take a look at that. So it's something I'm very conscious of, I keep in front of the patients. It may be that they have some fears about whether or not I might write about them, so I sure want to look into that, or it may even raise that question. That does not seem to be the issue for the patients I have. In fact, there's a very curious reversal of that.

Maybe I can give a little example: Years after I wrote that book, *Love's Executioner*, in that book I wrote a dream. I knew that I had not fictionalized that dream but I had forgotten where I got it from. Some

patient had given it to me. So I wrote a dream in the first story, the story that's called "Love's Executioner." And a couple of years after the book came out a patient called me up that I'd seen years ago – I hadn't seen her for maybe six, seven, eight years – and she called me, she said she just read that novel and she wanted to talk to me about the dream I'd written in the novel. And so of course I made the appointment with her but I'm thinking, "uh oh." I've got a very unhappy patient here at that point. And when we came in, she told me that she had described that dream to me, it had been her dream and I remembered clear as a bell, "Oh absolutely, this is where the dream came from," And I told her that, "Yes, there's no question that this was your dream. I'd forgotten where I'd gotten it from." Her response was something I would not have anticipated. It wasn't that she was angry that I used that dream without her permission. Her response was one of great relief because she had this fear that she dreamt such banal dreams that someone else would give me the exact same dream. So she was able leave a sense of personal creativity intact in a way. Well, that's the way... that's come up with other of my patients, as well. If they have a fear, it's not a fear that I write about them, it's a fear that they might not be interesting enough for me to want to write about them.

Wyatt: *Hmm.*

Yalom: But, the issue of writing about patients, this has really not come up for me. In the book, *Momma and the Meaning of Life*, the center story in that book, a story called "Seven Advanced Lessons in the Therapy of Grief" was about a patient who experienced multiple losses in her live and was anxious for that book, for that story to be written, because she felt I knew so little. I thought I knew so much but I knew so little about grief as many therapists do, and she wanted to be able to pass on something to be useful for others. It's a way of transforming one's own personal torment and own anguish making it into something that would useful for others and making something out of the experience for herself.

THE MEANING OF LIFE

Wyatt: *You brought up your mother several times and you indeed wrote a chapter in your book, Momma and the Meaning of Life about her, and she has since died. Where... And you talk about even when a person dies your*

relationship changes toward them. How did her death in time affect your relationship with your mother, which was very conflictual during her life?

Yalom: You know, it was a very conflictual relationship. I thought she was a difficult mother, I was a difficult son, we had a great deal of conflicts along the way. And the story that I wrote, the first story in that book, was a story about a conversation, a fantasy that I had, where I would have a conversation with my dead mother, a conversation which I'd never had in life. It was a way of kind of working through, if only we could have resolved this with talking about these things. So the story describes an attempt on my part to come back and speak to my mother. It was a dream that I had that was a very powerful dream. You know, it was one of those dreams that sticks in your throat, that doesn't go away the whole day. It was a dream of dying. I was in a hospital, I was hovering between life and death then suddenly I was in an amusement park going through a house of horrors. And that was clearly an image of death: Going into this big gaping black mouth of death in a way. And just at that moment I was looking back and I saw my mother sort of waving. Then I began to reverse the dream, as I thought about it. And the story takes place from reversing the dream, speaking to my mother... Oh, but I was yelling at my mother, that was the thing, I was yelling out to my mother, I was going, "Momma, Momma, how did I do?" And so what that meant to me was that, although I had thought about meaning for many, many years, and what gives life meaning, the dream was sort of saying that I still had very primitive view of meaning, that really I was trying to win my parents, my mother's, approval, trying to find out from her "Did I do alright, Mother?" as a child would say if they were diving off a diving board or something like that. And so it was meant to be a meditation on the issue of life meaning, and a conversation with her about things that we never really talked about in life.

Wyatt: *You mentioned that, yeah, that even with your therapist skills, you were a son and she was a mother. That must have been quite frustrating, as many therapists feel. Despite all their therapist skills, there can still be relationships that are still conflictual and don't get resolved.*

Yalom: Yeah, that's right.

Wyatt: *And now?*

Yalom: Now that she's gone I feel much warmer towards her. A lot of the negative stuff has drifted away, a lot of the positive stuff remains. I wrote two other stories in that book, *Momma and the Meaning of Life*, that also had my relationship with her as a horizon. It was a story I wrote about a woman, I call her Paula in the book. It's a woman who had breast cancer and she was a person who taught me a great deal about cancer and a great deal about facing death. And we started groups of patients with cancer together. One of the first groups formed of cancer patients. But that story in a sense was a story of a search for a good mother: Someone who would mentor me and nourish me too. And there is another story about an inpatient therapy group with a black uneducated woman who nonetheless had many of the trappings of a real "earth mother," and how much I wanted to be nurtured by her and the draw I had toward her, as well. In a sense, sort of half the book was in one way or another kind of working through, and some of those stories were written right after my mother's death.

Wyatt: *What have been the most meaningful things to you in your life so far?*

Yalom: Big question, big question. My work, my family, my writing, maybe those are three things that come to mind immediately.

Wyatt: *Un huh. You mention that meaning can't be chased after, but it has to be part of engagement. One can't just search for that happiness.*

Yalom: Happiness can't be, right, exactly. The meaning kind of flows from a series of encounters or engagements. And I think I've been very much engaged with all of these particular issues: Writing has been a great passion of mine. I can hardly envision living without it. Maybe I would like to be able to find out how to live without being able to write. I don't know how to do that right now. Therapy is... You know, I've reached an age where I've been doing therapy for a long, long time. I feel that I'm really good at it. I feel I can do things in therapy that I couldn't do many years ago. So I'd like to keep doing it. Right now I cut down my number of hours quite a bit. But I still see, maybe a fourth of my time doing, doing therapy, maybe a bit more than that. And I do it because I love to do it. It gives me a tremendous amount of satisfaction.

KEEPING THERAPY ALIVE

Wyatt: *You really make a point of advocating that therapists throughout their career at different stages get personal psychotherapy. And you've done the same yourself. What did you learn about being a therapist by being a patient yourself?*

Yalom: I think it's just essential. You're quite right: I do emphasize this very strongly. I think it's the most important part of one's own therapy education. You know, you learn what it is to sit in the patient's seat, you learn things like how we imbue therapists with perhaps greater wisdom than they might have. You learn how difficult it is to disclose; you learn about transference, you learn about countertransference. You know, I had my first experience in therapy while I was in my training. Everyone in my generation entered therapy while we they were a training student or a resident. But after that I found it necessary for me or useful for me to go back into therapy. There are things that you encounter in different areas of your life that you may have never talked about in therapy. For me a big decision had to do when I started to... For many years I worked quite extensively with patients with cancer. I started doing groups with patients, as I mentioned, with breast cancer. So I spent several hours a week doing that and it stirred up a great deal of anxiety and thinking about death, things I really had not really at all talked about in my first analysis when I was just embarking on my career. And I went back into about three years of therapy where we talked about some of these issues.

So I feel we encounter different kinds of stresses at different times of our life, and it's not only that it's essential to do that but one would want to do it because it's a way of educating yourself. You're always learning. It's one of the great advantages of being a therapist in that you don't stagnate. You have to keep learning about yourself in order to be effective in your own work. And for me that's a great benefit of being a therapist.

Wyatt: *You mentioned that you still enjoy being a therapist. You don't feel burned-out.*

Yalom: No.

Wyatt: *How have you avoided that in your work? You haven't avoided the big*

issues: You did patient care, existential issues, breast cancer, groups, so on and so forth. How have you avoided becoming burned out? And still staying so vital about your work?

Yalom: Well, that's a very interesting question. The first thing that comes to my mind is that I'm not seeing nor have I ever seen 50 hours a week. And I know some of my colleagues that do that. They will see patients back to back without even any kind of a break in between. I've never ever really done that. Perhaps that's one of the advantages I've had being in an academic institution where I wasn't really pressed to see 40 hours of patients a week. So I always had time during the rest of the day for reading and reflection. I always scheduled patients... I always give myself more than the ten minutes between patients simply to write down, dictate a summary, think about the session. So think about it as a mine of possible ideas for my own theorizing and writing, as well. So perhaps that's one. Generally when I see patients I'm fairly eager to see what happens, what's going on. Maybe just the sheer volume has been an important factor.

Wyatt: *You also mention that you look forward to seeing them; there's a curiosity that's stayed alive.*

Yalom: Right, I want to see what's the next chapter in the story, and how it's going to evolve and how there're doing this, and what the work we did last week, how has that been useful to them, what have they made of it.

Wyatt: *You have spoken a great deal at different times of your career about the problems with the symptom focus. And you critiqued managed care and empirically validated treatments, or so called empirically validated, as you may have called them. Can you speak to that and your current opinion on these issues?*

Yalom: You know, earlier on you asked me about some of the reasons why I wrote this book, and I really should have answered that question at that point because that is one of the important reasons why I wrote this book. I have so much concern about what's happening in the field. The field in some ways it's almost like there is some kind of systematic destruction of the field of psychotherapy that of course is being driven by this economically based machine of managed care. So I have a lot of concern about it, and the biggest concern I have of all is where the next generation

of therapist are going to be trained because psychiatric residencies have just about given up for the most part in teaching psychotherapy. Therapists... psychiatrists are graduating now with a very, I think, skeletal notion of what psychotherapy is all about. That would leave obviously clinical psychology programs to pick up the slack, but many of them have not done that at all because psychological graduate schools are under the same pressure of teaching great deal about brief therapy because that's what they're being reimbursed for. So where is the clinician of the future going to be trained? This field is over a hundred years old now and there's a great deal of wisdom that's accumulated in the field and we need to preserve that. So I feel that working superficially, working with reimbursing only the minimally trained therapists who haven't had the chance to be in therapy, to be supervised by therapy for a long period of time is ultimately doing the field a great disservice. I wrote this book in a way as trying to keep the therapy field alive.

Wyatt: *And what do you feel most passionate about? What is most important for new and younger therapists?*

Yalom: I think maybe to learn to use yourself in therapy: To use the power of the relationship in therapy. I don't think the real answer to most people's problems lies in trying to work with symptoms or giving advise of how to deal with certain kinds of symptoms, or simply changing the thinking about some of their symptoms. I feel that there's so much more powerful material to gain from an authentic encounter with a patient; that's what we ought to strive to do that. If a patient can really have an intimate deep relationship with another person, that can be terribly helpful to them. We can help them to do that by virtue of our own relationship, to begin to relate to others, we'll give them tools that will last them a lifetime.

Wyatt: *I really appreciate your talking with me today.*

Yalom: It's been a great pleasure. Thank you very much.

Wyatt: *Thank you.*

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Irvin Yalom, MD, Featured Therapist, has been a major figure in the field of psychotherapy since he first wrote *The Theory and Practice of Group Psychotherapy* in 1970 (now in its 5th edition). Other significant contributions have included *Existential Psychotherapy*, *Inpatient Group Psychotherapy*, and *NY Times* Bestseller *Loves Executioner and Other Tales of Psychotherapy*. He has also written three novels on psychotherapy: *When Nietzsche Wept*, *Lying on the Couch*, and his latest, *The Schopenhauer Cure*. Dr. Yalom's works, translated into over 20 languages, have been widely read by therapists and non-therapists alike.

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