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**Instructor's Manual**  
for  
**GROUP THERAPY:  
A LIVE  
DEMONSTRATION**

with

**IRVIN YALOM, MD AND  
MOLYN LESZCZ, MD**

Manual by

Ali Miller, MFT with Melyn Leszcz, MD  
& Victor Yalom, PhD



The *Instructor's Manual* accompanies the DVD *Group Therapy: A Live Demonstration with Irvin Yalom, MD and Modyn Leszcz, MD* (Institutional/Instructor's Version). Video available at [www.psychotherapy.net](http://www.psychotherapy.net).

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150 Shoreline Highway, Building A, Suite 1

Mill Valley, CA 94941

Email: [contact@psychotherapy.net](mailto:contact@psychotherapy.net)

Phone: (800) 577-4762 (US & Canada)/(415) 332-3232

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Miller, Ali, MFT with Leszcz, Modyn, MD & Yalom, Victor, PhD

*Instructor's Manual for Group Therapy: A Live Demonstration with Irvin Yalom, MD and Modyn Leszcz, MD*

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Instructor's Manual for

**GROUP THERAPY: A LIVE  
DEMONSTRATION WITH  
IRVIN YALOM, MD AND  
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# Tips for Making the Best Use of the DVD

## 1. FACILITATE DISCUSSION

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

## 2. ENCOURAGE SHARING OF OPINIONS

Encourage viewers to voice their opinions; no therapy is perfect! What are viewers' impressions of what works and does not work in the sessions? We learn as much from our mistakes as our successes; it is crucial for students and therapists to develop the ability to effectively critique this work as well as their own.

## 3. SUGGEST READINGS TO ENRICH VIDEO MATERIAL

Assign readings from **Related Websites, Videos and Further Reading** prior to or after viewing.

## 4. ASSIGN A REACTION PAPER

See suggestions in the **Reaction Paper** section.

## 5. CONDUCT A ROLE-PLAY

The **Role-Plays** section guides you through exercises you can assign to your students in the classroom or training session.

## PERSPECTIVE ON VIDEOS AND THE PERSONALITY OF THE THERAPIST

Psychotherapy portrayed in videos is less off-the-cuff than therapy in practice. Therapists may feel put on the spot to offer a good demonstration, and sometimes move more quickly than they would in everyday practice to demonstrate a particular technique.

Despite these factors, therapists and clients on video can engage in a realistic session that conveys a wealth of information not contained in books or therapy transcripts: body language, tone of voice, facial expression, rhythm of the interaction, quality of the alliance—all aspects of the therapeutic relationship that are unique to an interpersonal encounter.

Psychotherapy is an intensely private matter. Unlike the training in other professions, students and practitioners rarely have an opportunity to see their mentors at work. But watching therapy on video is the next best thing.

One more note: The personal style of therapists is often as

important

as their techniques and theories. Therapists are usually drawn to approaches that mesh well with their own personality. Thus,

while

we can certainly pick up ideas from master therapists, students and trainees must make the best use of relevant theory, technique

and

research that fits their own personal style and the needs of their clients.

# Yalom's Interpersonal Approach to Group Psychotherapy\*

## THEORY

### Interpersonal Learning

One key assumption of the interpersonal approach to group psychotherapy is that patients' presenting symptoms and underlying difficulties are to a large extent the result of maladaptive patterns of interpersonal relationships. A major therapeutic factor in group psychotherapy occurs in the form of interpersonal learning—that is, group members become more aware of and modify their maladaptive interpersonal behaviors and beliefs. Through the course of a successful group therapy, patients obtain direct and repeated feedback about the effects of their behavior on others—honest feedback, which they are unlikely to receive in a constructive and supportive manner anywhere else in their lives.

With the therapist's active promptings, members will increase their awareness and understanding of how their behaviors impact other group members: which behaviors elicit positive reactions, such as compassion, empathy, attraction, and a desire for increased emotional closeness, and which provoke negative reactions, such as anger, hurt, fear, and a general desire to withdraw. They then have the opportunity to "try out" new behaviors in the relative safety of the group, learning how to develop social relationships that are more fulfilling. Success begets success, and patients begin to internalize these experiences, altering some of their negative self-images. Finally, they apply these new social skills and internalized identities in their relationships outside the group.

### Other Therapeutic Factors

Although Yalom's model places a heavy emphasis on interpersonal learning, other therapeutic factors contribute to the efficacy of group therapy as a treatment modality. These include: instillation of



hope, universality, imparting information, altruism, the corrective recapitulation of the primarily family group, development of socializing techniques, imitative behavior, group cohesiveness, catharsis, and existential factors.

### Group as Social Microcosm

A basic assumption underlying this process of change is that the group is a “social microcosm”—that is, that the types of relationships patients tend to form in their daily lives will eventually be re-created within

the group itself. Thus the concept of transference from individual psychotherapy is broadened to include the “parataxic distortions,”

as coined by Harry Stack Sullivan, which occur in all relationships. Because of the variety and number of group members, the opportunity to work through the multiple transferences or distortions that develop is much richer than in individual therapy.

The most powerful and efficacious way to learn from these recapitulated relationships is to focus on them as they continuously recur during the course of therapy. This is referred to as the “here-and-now,” because the focus is here (in the group) and now (interactions that occur during the therapy session). Accordingly, past events or relationships outside the group are used primarily as jumping-off points, which then guide the here-and-now work in the group rather than remaining the central focus.

For example, if a group member complains of repeated conflicts with his or her boss, it is usually of limited benefit to hear a lengthy recounting of these conflicts, since the patient’s report is undoubtedly a skewed one, biased by the member’s needs and distorted perceptions. Attempts to interpret or make suggestions about the work situation are often unproductive because the patient always has the upper hand, being privy to infinitely more information about the situation than the other group members or leader. Instead, the therapist draws attention to the manner in which the group member engages in, or avoids, conflict with other group members—with the assumption that in some way his or her troublesome relationship with the boss will

be reenacted here. Because all the group members can witness his or her exchanges in the group, they are able to give feedback that is more accurate and compelling.

## TASKS OF THE GROUP THERAPIST

### Reformulating the Problem

Given the premise that interpersonal learning is maximized in a group that operates largely in the here-and-now, what must the therapist do for this to occur? First and foremost, the therapist must actively assist patients in translating their presenting complaints into interpersonal issues. For example, a patient who initially requests therapy because of a feeling of depression would be urged to explore the interpersonal context of his or her depression—for example, the depression might be triggered by feelings of rejection by a lover, with subsequent loneliness or humiliation. This initial reformulation of the problem must then be broadened so that it can be addressed in the group. With additional effort the therapist might help the patient restate the complaint as, “I feel depressed when others don’t give me the attention I want, and yet I am unable to state my needs directly.” In this manner the complaint has been transformed into one that can be addressed in the here-and-now of the therapy group: the patient can explore how he or she experiences similar feelings of rejection by other group members and yet has difficulty in letting them know what he or she wants from them.

### Focus on the Interpersonal Dynamics

The other main task of the therapist is to help the group continuously attend to the interpersonal dynamics that occur within the group. This can be broken down into two sub-tasks. The first is to help plunge the group into the here-and-now, allowing the members to interact with each other as much as possible. The second is to help them reflect on these interactions and learn from them.

The therapist must, in a very active manner, help the group members to interact directly with each other and to share their observations and

feelings about one another. During the initial session, it is common for the members to take turns talking about themselves, including their reasons for seeking therapy and the areas in which they would like to change. From this very first meeting, the astute therapist will look for every opportunity to direct the interactions toward the here-and-now. For example, if a patient states that he or she is feeling quite anxious, a few probing questions may reveal that the patient invariably compares himself or herself with others and usually concludes that they will look down on him or her because of lack of education and sophistication. The therapist can bring this general concern into the here-and-now by asking, "Of the people in this group, which ones have you imagined are having critical thoughts of you?"

Although the group members may initially resist the leap into the here-and-now, with time and reinforcement they will begin to engage with each other more spontaneously. This is not to suggest that the therapist can relax and expect the group to internalize these norms enough to be a self-correcting mechanism; members are far too preoccupied attending to the issues that brought them to the group. The leader must continuously attend to the group process and seize upon or create opportunities to steer the group into productive here-and-now exchanges. But, over time, productive working groups should require less guidance into the here and now if the therapist consistently reinforces this norm.

The experiential element of these interactions is crucial but by itself is insufficient. Experience, like catharsis, rarely by itself leads to personal change. It is necessary for the here-and-now experience to be linked with some mechanism that helps patients understand and learn from these interactions. In other words, the patients need to be able to look back and reflect upon the encounters they experience in the group.

## The Illumination of Process

To facilitate this, therapists must first have a clear understanding of group process. Process can be most easily defined in contradistinction to content: Whereas content consists of the actual words or topics discussed, process refers to the meaning that these conversations have in terms of the relationships between the group members. Thus, from

a process orientation, the same utterance by a patient will have vastly different connotations depending on the manner in which it was delivered, the timing, and the context of the group discussion.

Therapists thus must find ways to help the group reflect back on its own process. Again this is an area where therapists must be very active, since group members themselves are unlikely to initiate this type of activity. Process comments can range from simple observations by the therapist of specific incidents (e.g., "I noticed that when you said that your fists were clenched") to more generalized interpretations (e.g., "You seem to instinctively challenge whatever the other men say in the group; I wonder if you feel the need to be competitive with them?"). Over the course of therapy, process comments serve to heighten patients' awareness of how their behavior appears to others in the group. Ultimately, patients become aware of how they determine the quality of the interpersonal world they live in, and with this awareness comes the possibility for true behavior change, leading to more satisfying relationships.

\* Adapted from Yalom, V.J. *Group Psychotherapy: An Interpersonal Approach*, in *Psychologist's Desk Reference* (2nd Edition) (2004). G. Koocher, J. Norcross & S. Hill, Oxford: University Press.

# Summary of the Two-Session Reenactment of The Schopenhauer Cure

In this two-disc series on group therapy, the characters from Irvin Yalom's 2005 novel, *The Schopenhauer Cure*, come alive in front of an audience of therapists. The sessions are not scripted. The actors were all familiar with the book and their characters, but they do not follow the exact lines or sequences as Yalom wrote it. Therefore, the sessions--including the therapist's interventions--evolve organically as the group members interact with each other in the here-and-now.

## Background

Molyn Leszcz, co-author with Irvin Yalom of *The Theory and Practice of Group Psychotherapy* (5th edition), plays **Julius**, an experienced group therapist who recently got diagnosed with malignant melanoma. According to his doctor's prognosis, he has approximately one year left of relatively good health. Upon receiving this news, Julius asks himself: Am I living my life in such a way that I'd want this exact same life to be repeated over and over again? He realizes that he wants to go on living the rest of his life exactly as he did the previous years, and that continuing to facilitate his therapy group is a very important part of that life. He plans to continue leading the group and to terminate the group in one year.

Julius wants to make the most of his last year, and begins to

wonder

about contacting old patients whom he believes he failed to help. Julius

recalls his work with **Philip** and thinks: If ever there were a

failure,

that was it. He saw Philip, a sex addict, for at least three years,

two-to-three times each week, twenty years ago, and Philip hadn't

budgeted an

inch. He wondered what happened to Philip and became

determined

to get in touch with him. Maybe he had helped him after all, or if

not,

perhaps he'd have a chance to redeem himself now.

Julius got in touch with Philip and the two arranged to meet. As

it

turned out, Philip had become a philosophical counselor,

inspired by

Arthur Schopenhauer. However, Julius did not see a changed

man:

Philip still seemed aggressive and uncaring. Philip asked Julius to supervise him in his path towards becoming a therapist, and Julius thought: He's about the worst candidate for being a therapist I've ever seen; he's a hater. But the idea of redeeming himself was very appealing to Julius, and he decided to offer Philip a bargain: I'll supervise you in your work if you'll spend six months in my therapy group. This was the last thing Philip wanted to do. Philip was a clone of Arthur Schopenhauer, in that being close and intimate with others was his version of hell. Nevertheless, he agreed, and became a member of Julius's therapy group.

Philip joined the group three weeks before the first session that is enacted in this video. To Julius's surprise, Philip ended up being popular in the group, with group members valuing his wise philosophical contributions and helpful advice. This dynamic created a growing competition between Philip—a young counselor—and Julius—an older, established, experienced, but dying, therapist.

**Pam**, a well-liked key group member who had been “the life of the group,” just got back from being at a meditation retreat in India for a couple of months. Before the first session begins, Julius announced Pam might be coming back. Pam has just walked in to the room when the session starts.

Prior to the group, Melyn Leszcz summarizes the essential characteristics of each group member as follows:

**Philip** is schizoid, robotic, wants to make himself completely devoid of any emotion or feeling that links him to people or creates an attachment. Emphasizes vulnerability as a recipe for his destruction. There's a problem with his sexual addiction that he has dealt with by withdrawing completely from human interaction and human feelings.

**Bonnie** is a woman who has always seen herself as the frumpy, overweight girl; never part of the central circle; always feeling that any time she was a friend to someone, it was an imposition upon them. She is someone who prefers to stay on the margins of life. She often presents as self-devaluing, undercutting. She has difficulties with her daughter, and is divorced.

**Tony** is a kind of archetype of a man's man: primal and driven. As distant as Philip is from his primal instincts right now, Tony is right in there knee-deep. He has a kind of animal quality that some of the women in the group quite like, and some of the men might even envy a bit. However, he sees himself in a kind of two-dimensional way.

**Pam** is just coming back from a meditation retreat in India. She is a university professor. She is angry at men, in particular at men who disappoint and exploit, and men who fail because of their own deficiencies. Her anger is a powerful and formidable force.

**Gill** does not really make a big presentation of himself in the group. He is more present by virtue of his absence. He is soft and presents as rather weak or feeble. He is unwilling to own his emotions and unwilling to speak his own mind in any kind of substantive way.

**Rebecca** is a woman who came into therapy because, at the age of 30, she recognized that for the first time, people were not stopping to eat when she would walk into a restaurant. She'd grown up all of her life feeling that her beauty was a key that would open any door. And, when she began to age and lose a sense of her unique beauty, she looked inside and didn't like what she saw. She has a sense of herself as only being the outside.

**Stuart** is a pediatrician who is in therapy because his wife said to him, "If you don't get into treatment, I'm leaving." He is a decent man, but lacking emotional motivation, emotional conviction. Stuart is identified in the group as the group historian and the group camera-not a real participant, but someone who recalls the details without a lot of emotion.

## Summary of First Session

The group begins with Pam expressing shock and dismay in response to seeing Philip in the group. The group has been a safe haven and sanctuary for Pam, and, as it turns out, she knew Philip fifteen years ago. Not only does she know him, but she had a very upsetting sexual encounter with him when she was 18 and he was her assistant professor. She tells the group that she feels threatened by Philip's presence.

This creates a very challenging situation for the group therapist. What do you do when two group members have a history that you didn't know about? What do you do when a long-term group member feels threatened by a newer group member and is considering leaving the group? As we see, Julius handles this by keeping the focus on group cohesion. And, he begins by being transparent about his own feelings:

*Look, Pam, I'm really sorry about this. I know you came back already with a loss to deal with. I want to say I'm delighted to have you back. I'm stunned at this. It hasn't happened to me ever before in 40 years of practice. And it's clear you and Philip have had this history. I'm not sure how we should proceed. But I do very much want you to stay.*

Rebecca and Stuart chime in and tell Pam no one wants her to leave, and that Philip has made some interesting and helpful comments. Hearing this appreciation for Philip triggers Pam into more anger. Philip responds in a detached manner, telling her, "I'm not affected by your hatred. I'm only affected by my own perception of the world."

Thus the session begins with a heated conflict between Pam and Philip. Rather than keeping the focus on the two of them for an extended period of time, Julius invites other group members to get involved. He brings the group's attention to the here-and-now by asking:

*I've got to ask you guys, how are you experiencing what's happening so far?*

We start to get to know the other characters by how they respond to this question. Pam is obviously still distraught, and Julius responds supportively with more transparency about his feelings:

*Look, Pam, this is awful. I know how important this group has been for you. I want you to know how glad I was that you were coming back. I had no idea about this. I hope you know that.*

Many members express that they are worried about Julius and try to shift the focus to talking about Julius and his illness. Julius, on the other hand, wants to make sure that the group will remain intact, and so he brings the focus back to what he considers to be the priority:



group cohesion:

*And, talking about me, obviously we're going to do that. We have to do that. But I don't know right now if that's the priority...I'm alert to it. I know that you have a lot of feelings about it. But I think the first thing we need to do, to determine, is whether we're going to be able to work together as a group, whether you're going to be able to work through this. You know, there have been many times we have used these kinds of awful events as opportunities. What do you guys think?*

Pam responds by saying she's not leaving her group. Some other interactions among group members occur, and then Philip notes that no one has asked whether he will be staying in the group, but that this doesn't affect him because, "I do not take my personal worth from the views of others." Several interactions occur after that, as we get to know how other group members relate to one another, and Julius remains quiet for an extended period of time. Finally, he jumps in with an intervention that illuminates the process and brings attention to Philip's feelings:

*Let's try to reflect on what's been happening so far, because I think if we back up a little bit, I think, Tony, you were right in your comment about Philip having a feeling. In fact, if we go back a few minutes, Philip, you said that no one has considered whether you would choose to stay in this meeting. And to me, that's the first thing that smells like a feeling from you. That this is upsetting for you. This is hard for you. That there's something going on with Pam's reaction that is causing you to feel frustrated.*

The focus turns to Stuart trying to help Philip express his feelings before Julius jumps in, one more time bringing the group's attention to the here-and-now, and emphasizing the importance of group cohesion and safety by asking for a commitment from both Pam and Philip to continue to work with their conflict in the group:

*I'm going to jump in again, because there is a lot going on here, and I think it would be useful if we could reflect on that. And I'm hoping -- obviously, we're not going to resolve, Pam, your obvious distress with Philip -- what happened 15 years ago, 18 years ago -- right at*

*this moment. But do we have a commitment from you, and from you, Philip – because I think it's important for the group to know this – that we're going to try to continue to work with this? Because I think it's very unsettling for the group if people are concerned that one of you is going to drop out.*

This inspires Tony to comment on Julius's impending departure, when he says, "We're already concerned enough with you dropping out." This highlights the presence of Julius's imminent death in the group. Julius stays steadfastly focused on group cohesion when he presses Pam and Philip for a direct response as to whether or not they have a commitment to stay in the group, to work together through their conflict. Both Pam and Philip respond that they will stay. This commitment frees the group up to focus on other people and other dynamics, and Julius now starts to comment on Tony, Bonnie, and on his own prognosis.

Another significant series of interactions occur when Pam tells Gill that she did not think of him at all while she was away. Julius comments on the importance of this feedback for Gill, and the attention shifts to interpersonal feedback for Gill. Julius conveys to the group that he values interpersonal feedback among members by saying to Pam:

*I think we should respect the fact that you're feeling tapped out, but your feedback to Gill about him not having any kind of place in your internal world, where everybody else in this room did, is very important feedback.*

Julius then returns the focus to Gill by asking him,

*What kind of place would you like to have in Pam's internal world?  
How would you like to be known?*

Then Julius elicits feedback from other group members:

*Any feedback for Gill? Any help for Gill?*

When Bonnie begins to speak to Gill and her own interpersonal issues start to arise in the here-and-now—i.e. how she apologizes for speaking—Julius notes the importance of exploring these issues further by saying:

*Could we flag that and come back to that in a moment?*

Julius encourages Bonnie to push Gill, keeping the focus on Gill and also letting Bonnie know that what she has to say is important. He then incorporates the “group as a social microcosm” concept and encourages more here-and-now feedback for Gill when he says:

*We don't have Rose here. We only can imagine what Rose is like.*

*But let me ask you this question – Rebecca, Bonnie, Pam – if you were married to Gill, based upon what you know of Gill through this group, what would it be like to be his wife? How would that feel?*

Gill gets feedback that it would be like screaming at a wall, trying to get through to him, but that no one is home. Julius reflects back this feedback and then asks Gill a poignant question that leads Gill to reveal something he'd been keeping from the group: that he's been dealing with an alcohol problem for a long time. This surprises many group members and gives the group more information about why he is having difficulties in his marriage. Group members begin to interrogate Gill with questions about his drinking, and Julius remains mostly quiet, until he brings the focus back to the here-and-now of people's personal reactions to this news. He asks:

*What's it like for people to hear this now?*

Rather than keeping the focus on Gill's drinking, Julius turns the focus to the process of Gill having held this secret in for so long and how he finally revealed it in this session:

*What's it been like, Gill, to come here session after session after session, thinking that tonight's the night, I'm going to talk about this very important part of my life, and never do it? What's it like? What's it been like?*

*But I think right now what we need to look at is you being able to bring this to us today. What's made it possible today? You know, months and months of not, and tonight, you've been able to.*

Soon after Gill's revelation, Philip reveals that he struggled with sex addiction, which highlights how when one member takes a risk in a group and reveals something shameful about him or herself, it often makes it safer for others to reveal their shameful parts as well.

This sense of universality, or “we’re all in the same boat,” has been identified by Yalom as an important therapeutic factor in group therapy.

Bonnie is also apparently inspired to take a risk—she speaks up to defend Gill against Pam’s judgment, without apology, and reveals that she feels judged by Rebecca.

Various other interactions occur, and Julius ends the group by attempting to foster emotional safety within the group by acknowledging the significance of Gill’s revelation:

*I would hate, Gill, for you to leave this meeting feeling criticized for finally speaking to us. It’s very important that we be able to recognize how important it is for you to bring that here, and not punish you for not having been able to do it before. That’s really an important point.*

## Summary of Second Session

The second session is of the same group, four meetings later. It begins with Stuart revealing his concern for Julius by saying, “I think that we all think about you quite a bit. And your situation.” Julius promptly intervenes with a question directing Stuart back to his feelings in the here-and-now:

*How do you feel about that?*

Julius’s next intervention is with Tony. Tony makes a pretty benign comment that could have easily been overlooked: “I’m fine with whatever we say as long as it is not confusing.” Julius responds:

*You have been feeling confused?*

When Tony responds that he doesn’t want to talk about it, Julius pushes him a little:

*You say you don’t want to talk about “it” right now. What is the “it?”*

This question leads Tony to disclose a shameful part of himself when he reveals to the group that sometimes he feels dumb, especially when Philip uses terminology he doesn’t understand. Rebecca and Julius

both offer Tony reassurance that it's hard for them also to wrap their minds around cancer.

Julius then brings the attention back to Stuart. Notice that rather than asking him more about his concern, Julius asks Stuart a process question:

*What is it like for you to tell me that you are concerned about me?*

Soon after, Tony speaks up again, this time sharing how helpful the group has been for him. Julius elicits feedback from the group about Tony's progress:

*How is Tony doing?*

Soon the attention moves to Philip, and Tony and Rebecca both give him negative feedback. Philip responds defensively, telling the group, "I have a different way of being in the world. And...I think strongly it has been of great benefit to myself." Other group members chime in with their opinions about Philip's way of being. Stuart defends him, and Pam criticizes him for not taking risks. Philip defends himself more, and we see that Bonnie has something to say, but hesitates. Julius intervenes with a simple here-and-now question to the group:

*How are people feeling?*

Bonnie turns the attention back to Philip by asking him about how he feels about himself. Philip responds by defending his behavior, and Julius interrupts him and calmly restates Bonnie's question:

*Philip, I think you may be missing something here. People are not asking you...I think Bonnie is asking a question about...how you make sense of your behavior toward Pam 15 years ago.*

Philip's response stimulates anger in Pam, and the conflict between Pam and Philip takes center stage again. Rebecca speaks up: "I'm feeling really uncomfortable," and Julius is faced with a decision about where to keep the focus. He encourages Rebecca to stay with her feelings, but does not stay with her. Instead, he turns attention to Tony, who challenges Pam on what he considers to be her lack of self-responsibility. Pam passionately defends her position and expresses what's at the heart of her anger: "What I am so angry about is that this

man is not taking any responsibility and shows no remorse for his actions.” Bonnie asks Philip a poignant question: “Can you apologize to her?” and the room goes silent for a few moments. Then, Julius addresses Philip:

*What do you think about that? Don't respond yes or no, Philip.  
What do you think about that as an idea?*

Philip's response is not satisfying for Julius, and he interrupts Philip in a way that calls attention to the fact that their time together is limited due to his fatal illness. Here we see Julius's drive to make a positive impact on Philip and thereby redeem himself. He confronts Philip directly with what he sees:

*And I've got to tell you, I recognize in pushing this forward, I guess I am more and more aware of the passage of time and you not making, Philip, the best use of time. And time, because of what I am aware of, is becoming more and more precious. And I don't want to burden you with that, but I feel I am not really being honest if I don't speak my mind about that. And the way I kind of look at this, Philip, is that you spent the first half of your life addicted to sex, and the second half of your life addicted to not being addicted to people....It is kind of like you swapped one compulsion for another. Where is your free will? Where is your choice?*

Philip states that he doesn't feel heard and that he believes he has grown a lot. Rebecca strongly disagrees, and calls the group's attention back to the topic of apology, “You can disagree all you want but everything you are saying right now is bullshit. I'm sorry but all [Pam] is asking for is an apology and an answer to a question.”

Julius continues to challenge Philip:

*Can you appreciate what it means for Pam to know that you understand the impact of what happened?*

Another dynamic in the group gets revealed when Bonnie says to Pam, “I wouldn't really want to apologize to somebody who just said that to me.” Julius appreciates Bonnie for speaking up, and turns to another group member for more feedback for Pam:

*Gill, what do you think? Do you think Bonnie is on to something*

about Pam?

Gill, Rebecca, Tony, and Stuart challenge Pam. Rebecca says, "But Pam do you expect him to call every one of those women and apologize to each and every one?" Pam reminds the group of how difficult it is for her to have lost the safe haven of her group when she says, "No, and I don't expect him to be in the same therapy group as them either." All become silent.

Philip and Pam continue to argue and defend their positions. Julius interrupts Philip again, challenging him to open to his emotional world and to take responsibility for his behavior:

*Philip, how are you feeling right now? I'm going to ask you to put aside Schopenhauer because I am aware that both you, and you Pam, have experienced a great deal of distress and are experiencing a great deal of distress right now. It is a lot easier for us, Pam, to see it with you. But I have to believe that it is no less evident somewhere inside of you, Philip. And I want us to – I know it is not easy for you to keep coming here every week and face this barrage. But you have to recognize that you are doing some things here that are really inflaming the situation. Now we can't change you, but we can give you feedback and hopefully you will take that under advisement, your personal counsel to use your phrase, and see what you want to do with it.*

Rather than keep the focus on Philip and Pam, Julius encourages Philip to think about what he said without responding right now. Julius then transitions the group to focus on the other important issues in the room, including his cancer:

*I am aware also that we have been giving this a lot of time and there is other stuff that we may need to look at today. I'm also conscious of the fact, Stuart, that you commented about the group's concern about my cancer. And I want to make sure that if that is on somebody's mind that we can speak to that, too.*

In Julius's next intervention, he directly speaks to the reality of the impending ending of the group and, by implication, the ending of his life:

*Well, I will tell you how I would like us to speak to this. And that is that we, I think what happens here is precious. And I would like us to make the best use of our time together. I don't want this group to end, but it is going to end. We have a number of sessions left. I think I am going to be able to fulfill my commitment. But when this group ends, I want us to have as few regrets as possible about what we did together. It is not usual for me to speak like this. So I need to check that out with you and see how you are experiencing me. But I think it is the best way I know of dealing what I am dealing with. So when this group ends, I would like for you guys to have as few regrets as possible about what we have done. And I have to confess, Philip, maybe that is part of what is driving me with you. But in some ways only because you have been so stuck and I see other people making real movement.*

Perhaps Philip feels defensive, because he responds by challenging Julius to reveal more about his own personal feelings related to his cancer. Pam steps in to defend Julius's right to reveal as much or little as he wants. Rebecca and Tony side with Philip on this, and there is more pressure on Julius to reveal what his personal feelings are about his cancer. Julius does not give in to the pressure, but instead makes a process comment with regards to a dynamic between Pam and himself and Pam and the other men in the group:

*I don't want to avoid the question, but do you know what just struck me, Pam, is that you are always quick to look out for me. I feel that you don't give some of the other men in the room a break, but that you are always looking out for me. There is a part of me, obviously, that likes that, but another part of me that says we have to make sense of why that is.*

He asks Gill directly:

*And when Pam says, "Julius, you are the best," what is that like for you?*

Gill responds by saying, "Makes me feel a little less of a person. Not that...I think you are great, too." This triggers a concern for Julius that he shares with the group transparently:



*I need to check something out with you because I am very concerned right now. Am I doing something that makes you need to tell me I'm great?...Because I have to tell you, it makes me feel uncomfortable. It makes me concerned that I am not being seen in a fully three-dimensional way.*

Rebecca quietly says to Julius, "I feel like that a lot." Julius does not respond verbally right away to this, but tracks it and comes back to it later. Philip continues to challenge Julius by saying things like, "Should there be this difference between the role of the counselor and the role of the group members in group therapy? Is there a difference?" Julius answers Philip's question indirectly, while returning his attention to helping Pam gain insight into her interpersonal behavior, namely her tendency to judge people, including Philip:

*I'm not going to evade your question...But you see Tony you are able to do something with Philip that I think Pam can't right now, and that is see him as more than just two dimensions. And that is why I am concerned also about me being called great. Because if I am two dimensions on that side, it is not real. It is not human. And I want to be human here. That doesn't mean that I am going to tell you everything about me, but I am going to tell you what I feel right here with you guys about being here with you. And I am concerned that if I am great, and Gill feels like he is chopped liver, then that is not good for him, nor me, nor you, Pam. It is kind of like you categorize people. And saying that, you have been terribly, terribly hurt and injured by Philip and your anger in many ways is justified. I don't want you to misunderstand me about that for one second. But your anger is something that I think is a very powerful force in your life. And I have been shielded from it.*

Pam defends herself, and returns the attention to how she has not yet heard an apology from Philip. Tony and Rebecca help facilitate an apology from Philip, and he says the words: "I apologize." "For what?" asks Pam. Julius cheers Philip on:

*You've got a chance here, Philip.*

Philip goes on to reveal his remorse, and begins to encounter his emotional world in a new way. Julius supports him in staying with his

feelings by saying:

*That is a powerful statement. You look like there is a fair bit of feeling still there.*

Then, Julius acknowledges Philip's progress:

*You may be out of your element, but it feels a lot more real and accessible than when you are in your element.*

Aware of the passage of time, Julius then turns the attention back to Rebecca's earlier comment, but makes sure that Philip is okay with moving on. In this way, Julius demonstrates his care and concern for both Rebecca and Philip, thus creating emotional safety in the group. Julius says:

*And you said something, Rebecca, that I think we shouldn't miss. It seemed the idea of being two-dimensional, three-dimensional, kind of really captured you; you said something. Let's pursue that. I just need to check with you, Philip. Are we okay parking this with you here right now? Can we move onto Rebecca?*

With Philip's consent, Julius pursues some one-on-one work with Rebecca for a little while, and then opens it up to the whole group again by asking everyone:

*What's it like to hear that?*

This opens up an opportunity for Bonnie to share how profound it was for her to hear that she and Rebecca have more in common than she realized. Julius helps Bonnie go deeper by asking:

*And to recognize that there is more that you have alike, what is that like, Bonnie?*

A touching moment occurs when Bonnie and Rebecca connect over their similarities, displaying one of the therapeutic factors of group therapy: universality. Julius ends the session by acknowledging Stuart's concern that was expressed at the start of the meeting, and also by revealing his own feelings about this session:

*I said earlier that Stuart...I hope I haven't evaded your question completely about my cancer. And we are out of time right now for today's meeting. But what I will say, what I do want to say before we*

*stop, is that I feel very much alive right now working with  
you all  
in the way that you have been working today. And we will  
see what next week brings.*

# Reflections on The Schopenhauer Cure by Melyn Leszcz, MD

I can say with certainty that the opportunity to use the characters that Irvin Yalom described in such fine and rich detail in *The Schopenhauer Cure* as a way to bring group therapy to life stands as one of the highlights of my professional career. The AGPA's hosting of this demonstration group as a Special Institute in the 2006 Annual Meeting in San Francisco created excitement as well as anxiety on my part. The combination of the elements of leading a group in front of several hundred observers and having that group also be watched, scrutinized and discussed by Irv Yalom added some additional and unusual pressures to the facilitation of this group. Added atop this, I was working in the persona of Julius, the accomplished group leader who must confront his own mortality because of the poor prognosis attached to his diagnosis of malignant melanoma. Julius became a remarkable and rich character in which to address the existential aspects of therapy, group leadership, therapist transparency and life in general. How to make use of time with the recognition that it is limited--to engage the challenge that living life as mortal beings creates--infuses every aspect of Irvin Yalom's writings, and I believe is an element of every effective and meaningful group therapy experience.

The pressure of bringing Julius to life added to my

apprehension,

coupled with leading a group of professional actors who each assumed the persona of one of the seven characters in *The*

*Schopenhauer Cure*.

We met for only a few minutes prior to the actual group and, although all of the actors (who were phenomenal in their roles) were very familiar with *The Schopenhauer Cure*, the group itself was completely impromptu, other than beginning with the set scene of Pam's

return

to the group. Pam returns after a long absence, only to find Philip a prior life sexual exploiter--present as a new and popular

member of

the group that had been her sanctuary. Everything that followed the next two hours of group unfolded from that scene without

further scripting.

One of my many reflections on that group is that once we got launched, the large audience watching the group as well as Irv's scrutiny dissipated from my mind, and my focus concentrated on the here-and-now of the group. I recall how amazed I was at the way in which the actors embodied the personae of the characters described in the novel and how that allowed me to be guided by the principles that I find useful in conducting group therapy at all times. Let me highlight what these key principles are.

The first relates to the importance of the cohesion and integrity

of the

group. Notwithstanding Philip's demeanor and the challenge Julius felt to his authority by Philip's highly regarded pronouncements,

a

critical moment powerfully arises in the group when Pam discovers Philip being present. All other considerations become secondary to the importance of trying to create some semblance of safety, at least of the ability to work towards safety, which would allow

the

group to be an environment where there is a willingness to take risks. Without this sense of safety, the group could be saddled

with

the anxiety of members dropping out at any instant. In the role of Julius, I also articulated in my behavior and interventions that although I had a significant responsibility for helping the group to develop a sense of cohesion, it was not my duty alone and that

other

members of the group are important players in this regard as well. Sharing the authority and sharing the responsibility is essential

in

effective leadership of a group. Recognizing that a crisis also may be an important therapeutic opportunity can help the therapist

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manage

these challenging times.

Another important principle guiding my activity in the group was

attention to process. Process refers to the overarching way in which how what happens in a moment-to-moment fashion in the group

is

determined by multiple factors, some overt and conscious and more subtle and unconscious. Asking oneself, "Why is this

happening

in this way at this moment in time?" is a very useful way to focus attention to process. Part of the group leader's responsibility is to create working space so that members of the group can step back from

the heat of what they are feeling or from the content of what they

are

talking about and be able to reflect upon its meaning and the context in which it is being brought forward. Important elements of the group process include: where the group is developmentally; what roles people are enacting in the group; whether people are engaged in the group in a way that is addressing their core difficulties and concerns or whether they are being avoidant and shutting down; and people's sense of the group leader's presence, availability or responsiveness.

Groups often get stuck in the content, and it is the therapist's responsibility to help move the group back into a reflection on its own experience. It is only at those points in time that the group is able to really move into the important exploration of interpersonal processes and the provision of feedback that are the mutative aspects of the group therapy experience.

An excellent illustration of this occurs near the end of the first hour

and also reflects another important principle that I felt was a useful guide in this group. It relates to the idea that the social microcosm of the group provides people with an opportunity in the here-and-now of the interaction to present themselves as they are in the world at large.

The concept of the cognitive interpersonal schema is very useful for group leaders. The schema, or the roadmap, is really the link between the beliefs people hold about themselves that arise from early life experiences and particular kinds of reinforcements that then shape the

behavior of that individual in the contemporary world. Harry Stack Sullivan referred to this as *parataxic distortion*. Contemporary writers have referred to this as the *misconstrual-misconstruction* sequence or the *maladaptive transaction cycle*, or the *self-fulfilling prophecy*,

but in essence what it reflects is that beliefs shape interpersonal behavior and that behavior recruits responses that are self-perpetuating. What

this means in the group is that in a moment-to-moment fashion, people are engaged in the work of the group in ways that either challenge their pathogenic beliefs and illuminate opportunities for new behaviors through feedback and risk taking or, alternatively, group members are reconfirming these pathogenic beliefs and re-entrenching old, and likely maladaptive, behavior.

The group leader's chosen occasion for opportunities to bring

roadmap to life in the context of the here-and-now of the group. Perhaps the best example of this occurred in the meeting when Pam noted that she thought of everyone when she was away except for Gill. The recognition that Gill had no place in her internal world while she was away was obviously painful for Gill to hear, but created a tremendous opportunity for Gill to examine what a small imprint he makes in his world. His avoidance, passivity and submissiveness keep him outside of the meaningful relationships that he aspires to have with his wife and with others in the world. He is also able, in the group, to respond to the challenge of what kind of impact would he like to have and how would he like to be known. With great courage, he addresses Pam with feedback about her role as chief inquisitor. He reveals that her judgment shuts him down; whereas, in turn, his passivity draws more disregard from her. In interrupting this maladaptive loop, Gill was able to share some things with the group that he had not done before, leading to the exposition of his difficulties with alcohol and fleshing out more of the relationship with his wife. When we were working in this zone in the group I was reminded of an earlier segment described in the novel that was referenced by members in the group: that Phillip encouraged Gill to leave his wife without really knowing the context. This is always one of the concerns in group psychotherapy, which is the group putting pressure on an individual to take some sort of action without really knowing all that is happening in that person's external world.

Groups do their work best when they are deeply engaged in the here and now and they have full access to information about one another within the microcosm of the group. The fact that this was true in this kind of group, with so many potential artifacts interfering with our ability to come together, underscores how relevant and true this is in all of our group work.

I have previously used raw video footage of these two groups for teaching purposes, and have found them to be extremely useful and well received. I am pleased that they have now been professionally edited and distributed, and am hopeful that they will similarly be of use to those teaching and learning about group psychotherapy.

# Reaction Paper Guide for Classes and Training

**Video:** *Group Therapy: A Live Demonstration with Irvin Yalom, MD and Modyn Leszcz, MD*

- **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. 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 Yalom's approach to group therapy? What stands out to you about how Yalom and Leszcz work?
- 2. What I found most helpful:** As a therapist, what was most beneficial to you about the model presented? What tools or perspectives did you find helpful and might you use in your own work? What challenged you to think about something in a new way?
- 3. What does not make sense:** What principles/techniques/interventions did not make sense to you? Did anything push your buttons or bring about a sense of resistance in you, or just not fit with your own style of working?
- 4. How I would do it differently:** What might you have done differently from Leszcz in the sessions in the video? Be specific about what different approaches, interventions and techniques you might have applied.
- 5. Other questions/reactions:** What questions or reactions did you have as you viewed the therapy sessions with Leszcz and



the discussion with Irvin Yalom? Other comments, thoughts or feelings?

## Related Websites, Videos and Further Reading

### WEB RESOURCES

Irvin Yalom's webpage

**[www.yalom.com](http://www.yalom.com)**

American Group Psychotherapy Association

**[www.agpa.org](http://www.agpa.org)**

Articles and a wealth of resources on group therapy assembled by Haim Weinberg

**<http://group-psychotherapy.com/>**

### RELATED VIDEOS AVAILABLE AT WWW.PSYCHOTHERAPY.NET

*Understanding Group Psychotherapy – 3 Volume Set with Irvin Yalom*

*Irvin Yalom: Live Case Consultation with Irvin Yalom*

*The Gift of Therapy: A Conversation with Irvin Yalom*

*Death, Dying and Grief in Psychotherapy – 2 DVD Set with Milton Viederman*

*Encounter Groups for Addictions – 3 DVD Set with Rod Mullen*

### RECOMMENDED READINGS

Leszcz, M. and Kobos, J.C. (2008). Evidence-based group psychotherapy: Using AGPA's practice guidelines to enhance clinical effectiveness. Wiley Periodicals, Inc. *Journal of clinical psychology, In session 64*: 1238-1260.

Leszcz, M., Bernard, H., Burlingame, G., Flores, P., Greene, L., Joyce, A., Kobos, J., MacNair-Semands, R., Piper, W., McEaney, A., & Feirman, D. (2008). Clinical practice guidelines for group psychotherapy. *International journal of group psychotherapy, 58* (4).

Yalom, I.D. (1980). *Existential psychotherapy*. New York: Basic Books.

Yalom, I.D. (1983). *Inpatient group psychotherapy*. New York: Basic Books.

Yalom, I.D., Vinogradov, S. (1989). *Concise guide to group psychotherapy*. Washington DC: American Psychiatric Press, Inc.

Yalom, I.D. (2002). *The gift of therapy*. New York: HarperCollins Publishers.

Yalom, I.D. (2005). *The Schopenhauer cure*. New York: HarperCollins Publishers.

Yalom, I.D. and Leszcz, M. (2005). *The theory and practice of group psychotherapy*, Fifth Edition. New York: Basic Books.

Yalom, I.D. (2008). *Staring at the sun*. New York: Jossey-Bass/Wiley.

## Discussion Questions

Professors, training directors and facilitators may use some or all of these discussion questions, depending on what aspects of the video are most relevant to the audience.

### FUNDAMENTALS OF GROUP THERAPY

1. **Interpersonal model:** As Irvin Yalom describes in the initial interview, a key assumption behind his interpersonal model of group psychotherapy is that most people come to therapy because they can't establish and maintain nurturing, ongoing interpersonal relationships. Do you agree with this central assumption? If so, how does this assumption influence how you run groups? If not, what do you think is the reason most people come to therapy?
2. **Social microcosm:** What do you think of the concept of the therapy group as a social microcosm? Is it a concept that makes sense to you and that you apply to your groups? Why or why not? What did you see Julius do or not do that helped create an environment where members could be genuinely themselves and therefore see their interpersonal tendencies reenacted in the group?
3. **Here and Now:** Yalom stated that the therapist's main task is to keep the group focused on the here-and-now--what is happening in the group between the group members. What do you think of the principle of focusing on the here-and-now of the group process? As a group therapist, is this a principle you incorporate (or think you will start to incorporate) into your interventions? Why or why not?

### INTRODUCTION

4. **Failure:** Yalom spoke in the introduction about therapeutic failures. What does "failure" mean to you in a therapeutic context? When you reflect on your clinical work so far, what are examples of failures you have experienced, and what have you learned from them?
5. **Leading a group:** Do you currently or have you ever led therapy groups? If so, what kind? What were some highlights and lowlights of your experiences leading groups? What

were some challenges you faced as a group therapist?

How did you deal with these challenges? How does your style as a group therapist compare with Julius's style?

6. **Participating in a group:** Have you ever been a member in a therapy group? If so, what kind? What were some highlights and lowlights of your experience in the group? What did you learn about yourself from your group experience? How was your group therapist similar to and different from Julius?

## GROUP THEMES

7. **Presence of death:** What did you think of how Julius handled the issue of his terminal illness and the presence of death within the group? Do you think he gave this "elephant in the room" sufficient space or do you think he should have encouraged the group to focus more on it? Have you ever worked with a therapist who was very sick or who had a terminal illness, or have you heard of this situation occurring with colleagues or acquaintances? If so, what were the circumstances, and how did it impact the therapy? If you found out you had a terminal illness, how do you think you would handle it with respect to your clients?

8. **Philip:** What were your impressions of Philip? Was there anything you liked about him? Did he remind you of any clients you have worked with or anyone you know personally? Did you find it difficult to empathize with him? How do you think it would be for you to work with him, either individually or as a member of your group? What did you think of how Julius worked with him? Do you think you would have selected him to be a member of your group or do you think it would have been too risky?

9. **Conflict:** What feelings came up for you as you watched group members engaging in conflict? For example, how was it for you to see Pam express anger towards Philip? How comfortable or uncomfortable do you tend to feel when there is conflict in groups you are either leading or of which you are member? As a therapist, how do you tend to respond when anger is directed towards you?

10. **Surprise!:** What did you think of the conversation about Gill's

drinking? Did you like how Julius reacted? How do you think you would have responded if you found out a group member had a drinking problem (or some other significant issue)

that you hadn't known about? Has this ever happened to you in your work with groups? If so, how did you handle it?

## THE THERAPIST'S INTERVENTIONS

**11. Style:** What do you think of Julius's therapeutic style? If you were describing his style to a friend or colleague, what three adjectives would you use? What did you like and dislike most about him as a group therapist? How would you feel about having him as your group therapist? Do you think he would be effective with you? Why or why not?

**12. Intervening:** What are your thoughts on the amount of intervening Julius did? Did you think he intervened enough? Too much? Were there times when he wasn't intervening that you would have? Do you think he left out anything significant that you would have called the group's attention to or followed up on more? Or were there times when he did intervene that you wouldn't have? How active do you tend to be as a group therapist?

**13. Therapist transparency:** Leszcz stated that he was walking a tightrope around the issue of transparency, and that he tried to be transparent about what he felt in the here-and-now in the group but was cautious about sharing deeply about his feelings related to his cancer. What was your reaction to Julius's degree of transparency? Did you think that his self-disclosures benefitted the group? If so, how? Did you think he was avoiding the question (in the second session) posed by several group members about his feelings related to his cancer? In your work with groups, do you tend to be more or less transparent than Julius? Why? As a therapist, how comfortable are you with self-disclosure?

**14. Prioritizing:** What did you think of how Julius told the group members (in the first session) that it is important to discuss their concerns about his health but that the first priority was to decide if the group was going to be able to work through the Pam-Philip conflict and stay together. Did you agree that

focusing on group cohesion was the first priority? Would you have kept the attention on the Pam-Philip issue to the same degree that Julius did if you were the therapist? Why or why not?

**15. Interruption:** What did you think of how Julius interrupted Stuart when he was giving the play-by-play of the occurrences in the group? Did you like how he interrupted him? Did you think he did it in a respectful way? What experiences have you had interrupting group members or clients in individual or couples therapy? Do you find it challenging? If so, why? What are some of your favorite ways of interrupting people in group?

**16. Use of self:** What reactions did you have when Julius asked the group if he was doing something to elicit comments about his greatness? Did you think this intervention was fruitful? Why or why not? How comfortable are you making interventions like this, where you call attention to yourself and what you might be doing to impact the group?

## GROUP DISCUSSION

**17. Silences:** Yalom shared that he is not a great fan of silences in group and won't let them go on too long. How do you feel about silences in group? How do you handle them? If you were the therapist in this group, do you think you would have encouraged more or less silence? Why?

**18. Choice point analysis:** Leszcz spoke about how the group therapist is always making decisions about the costs and benefits of focusing on one theme or member as opposed to another. How successful do you think Julius was in making sure no members were left behind and all were included? Were there any choices Julius made that you disagreed with? What different choices do you think you would have made if you were the therapist? Why?

**19. Curative factor:** Yalom stated that it is not the psychodynamic formulation that is the curative factor in group therapy, but that it is the caring nature of the relationships of the people involved in the group that is the curative factor. Do you agree or disagree? If you disagree, what do you believe

are the most important curative factors in group therapy?  
How do you facilitate this with your own groups?

20. **Other moments:** Were there any interactions in the group sessions that have not yet been mentioned that stood out to you? If so, share why these moments struck you and what your thoughts and feelings are about them.

21. **The model:** What are your overall thoughts about Yalom's approach to group therapy? What aspects of his approach can you see yourself incorporating into your work? Are there some components of this approach that seem incompatible with how you work? What in particular would you do differently from Leszcz/Julius if you were the therapist in this group?



## Role-Plays

After watching the videos and reviewing **Yalom's Interpersonal Approach to Group Psychotherapy** and **Summary of the Two-Session Reenactment of The Schopenhauer Cure** in this manual, ask your class for eight volunteers to role-play a therapy group in front of the class. This session will be an imagined follow-up to the two sessions presented on the videos, and should incorporate principles from Irvin Yalom's interpersonal approach to group therapy.

Participants should choose (or be assigned) which character from *The Schopenhauer Cure* they will role-play: Julius (the therapist), Philip, Bonnie, Rebecca, Tony, Pam, Gill, or Stuart. They can review the brief character descriptions included in the **Summary of the Two-Session Reenactment of The Schopenhauer Cure**. Remind participants that they don't need to play the characters perfectly; the idea here is to loosely play the roles based on their understanding of the characters from watching the two sessions on the videos and to see what might happen in the next session. The person who is playing Julius, the therapist, should focus as much as possible on facilitating interpersonal feedback among the members, making comments about what is happening in the group in the here-and-now, and to look for how group members' behavior in the group is a microcosm of the way they relate outside of the group. Another main task of the therapist is to help the members make sense of what is happening and to maximize interpersonal learning. The therapist can focus their attention on process by holding two questions in mind: 1) "What do the explicit words, the style of the participants, and/or the nature of the discussion tell about the interpersonal relationship of the participants?" and 2) "Why, from the relational aspects, did a group member make a statement at a certain time in a certain manner to a certain person?"

If there are more than eight students in the class, have the remaining students sit around the group in "fishbowl" fashion and act as observers. At any time the person playing the therapist or one of the members can say "time out" and one of the observers can take their

chair. Alternatively, any of the witnesses can say “tag in” when they want to step into a role. Or, the instructor can act as director and make decisions when substitutions should be made. This will give everyone in the room an opportunity to participate actively in the therapy group.

An alternative is to have the same students play the same role for the entire group, while the students who are not in the group are observers throughout. The observers should be encouraged to silently play the role of the group therapist, listening for opportunities to make here-and-now interventions based on what is happening on a process level in the group. At random moments, the professor can say, “Freeze,” and the observers can share what they are noticing about the process and offer a brief here-and-now intervention. This will give students an opportunity to practice tuning into the here-and-how and articulating interventions about the group process.

After the role-play, have the class come together to discuss their experiences. What did people observe about this group and the way members related to each other and to the therapist? Was the therapist successful in getting members to relate to each other in the here-and-now, or did group members fall back into discussing outside content? What did the therapist’s interventions elucidate about the way members were relating to each other? What times did the group feel most alive and engaging? What did they find most surprising or informative?

Then invite the group members to talk about what it was like to role-play their character and how they felt about the therapist’s interventions. Next, invite the therapists talk about their experiences; how did it feel to facilitate this group session using an interpersonal model? Finally, open up a general discussion of the strengths and the challenges in applying Yalom’s interpersonal approach to group therapy.

## Video Credits

This video is a joint production of Psychotherapy.net  
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Special Thanks to Irvin Yalom and Modyn Leszcz for

their  
participation.

Interviewer: Victor Yalom

Cast:

Julius: Modyn Leszcz

Phillip: Michael Sommers

Pam: Deborah Ben-Eliezer

Stuart: Ben Yalom

Gill: Alex Aschinger

Bonnie: Laley Lippard

Rebecca: Angela Bush

Tony: Brian Livingston

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## About the Contributors

### VIDEO PARTICIPANTS

**Molyn Leszcz, MD, CGP, FAGPA** is the Psychiatrist-in-Chief at Mount Sinai Hospital and Professor and Head of the Group Psychotherapy Program, Department of Psychiatry, University of Toronto. Dr. Leszcz co-chaired the American Group Psychotherapy Association's Science to Service Task Force, the working group that published AGPA's Clinical Practice Guidelines for Group Psychotherapy in 2007. He has been awarded Fellowship in the Canadian Group Psychotherapy Association, and has been the recipient of a number of teaching awards at the University of Toronto. Dr. Leszcz has co-authored with Dr. Irvin Yalom the 5th edition of *The Theory and Practice of Group Psychotherapy*.

**Irvin Yalom, MD** is a psychiatrist and author and 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 *Love's Executioner and Other Tales of Psychotherapy*. He has written three novels on psychotherapy: *When Nietzsche Wept*, *Lying on the Couch*, and *The Schopenhauer Cure*, and released his latest work, *Staring at the Sun*, on death anxiety in January 2008. His works, translated into over 20 languages, have been widely read by therapists and non-therapists alike.

**Victor Yalom, PhD** is the founder, president, and resident cartoonist of Psychotherapy.net. He also maintains a part-time psychotherapy practice in San Francisco and Mill Valley, CA. He has conducted workshops in existential-humanistic and group therapy in the U.S., Mexico, and China, and also leads ongoing consultation groups for therapists.

## MANUAL AUTHOR

**Ali Miller, MA, MFT**, is a psychotherapist in private practice in San Francisco and Berkeley, CA. She works with individuals and couples and facilitates therapy groups for women. You can learn more about her practice at [www.AliMillerMFT.com](http://www.AliMillerMFT.com).

**Molyn Leszcz, MD, CGP, FAGPA** is the Psychiatrist-in-Chief at Mount Sinai Hospital and Professor and Head of the Group Psychotherapy Program, Department of Psychiatry, University of Toronto. Dr. Leszcz co-chaired the American Group Psychotherapy Association's Science to Service Task Force, the working group that published AGPA's Clinical Practice Guidelines for Group Psychotherapy in 2007. He has been awarded Fellowship in the Canadian Group Psychotherapy Association, and has been the recipient of a number of teaching awards at the University of Toronto. Dr. Leszcz has co-authored with Dr. Irvin Yalom the 5th edition of *The Theory and Practice of Group Psychotherapy*.

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|                 |                      |
|-----------------|----------------------|
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| Sue Johnson     | Ernest Rossi         |
| Jeffrey Kottler | David & Jill Scharff |

Arnold Lazarus

Peter Levine

Rollo May

Martin Seligman

Irvin Yalom

...and more

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