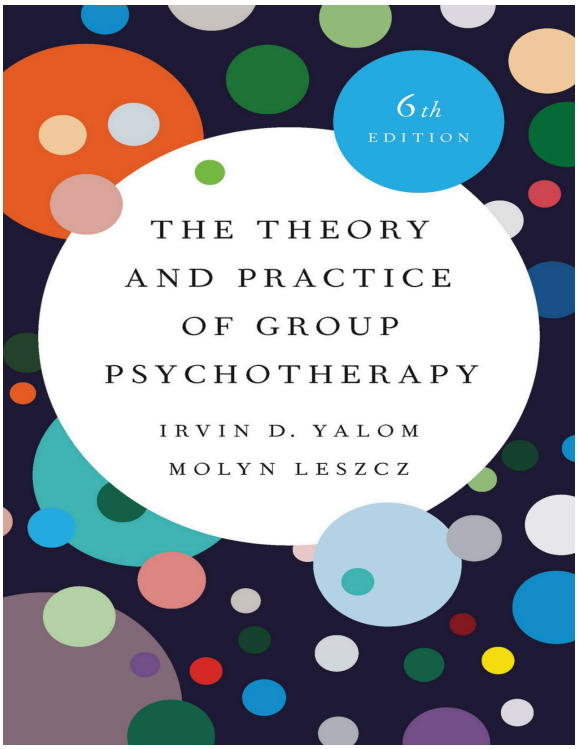


ebookbig.com

or scan the QR code to access the digital study portal.

3 GROUP COHESIVENESS
The Importance of Group Cohesiveness
Mechanism of Action
Summary

4 THE THERAPEUTIC FACTORS: AN INTEGRATION
Comparative Value of the Therapeutic Factors: The Client's View
Comparative Value of the Therapeutic Factors: Differences Between Clients' and Therapists' Views
Therapeutic Factors: Modifying Forces

5 THE THERAPIST: BASIC TASKS
Creation and Maintenance of the Group
Building a Group Culture
How Does the Leader Shape Norms?
Therapeutic Group Norms

6 THE THERAPIST: WORKING IN THE HERE-AND-NOW
Definition of Process
Process Focus: The Power Source of the Group
The Therapist's Tasks in the Here-and-Now
Techniques of Here-and-Now Activation
Techniques of Process Illumination
Helping Clients Assume a Process Orientation
Helping Clients Accept Process-Illuminating Comments
Process Commentary: A Theoretical Overview
The Use of the Past
Group-as-a-Whole Process Commentary

7 THE THERAPIST: TRANSFERENCE AND TRANSPARENCY
Transference in the Therapy Group

The Psychotherapist and Transparency

8 SELECTING CLIENTS AND COMPOSING GROUPS
Criteria for Exclusion
Criteria for Inclusion
Summary: Client Selection
Group Composition
The Prediction of Client Behavior in the Group
Summary: Predicting Client Behavior
Principles of Group Composition
Homogeneity or Heterogeneity?
General Clinical Considerations
Summary: Group Composition

9 CREATING THE GROUP
Setting and Structure
Brief Group Therapy
Pregroup Meetings and Preparation for Group Therapy

10 IN THE BEGINNING
Formative Stages of the Group
The Impact of Clients and Other Factors on Group Development
Membership Problems

11 THE ADVANCED GROUP
How Interpersonal Learning Works
Subgrouping
Conflict in the Therapy Group
Self-Disclosure
Termination

12 THE CHALLENGING GROUP MEMBER
- The Monopolist
- The Silent Client
- The Boring Client
- The Help-Rejecting Complainer
- The Acutely Psychotic Client
- The Schizoid Client
- The Characterologically Difficult Client

13 SPECIALIZED FORMATS AND PROCEDURAL AIDS
- Concurrent Individual and Group Therapy
- Combining Group Therapy and Twelve-Step Groups
- Co-Therapy
- Dreams
- Audiovisual Technology
- Written Summaries
- Monitoring Group Therapy Outcome and Process
- Structured Exercises
- Group Therapy Record Keeping

14 ONLINE PSYCHOTHERAPY GROUPS
- VTC Groups: Early Findings
- Guidelines for Group Psychotherapists
- VTC Group Challenges and Opportunities

15 SPECIALIZED THERAPY GROUPS
- Modifications for Specialized Clinical Situations: Basic Steps
- The Acute Inpatient Therapy Group
- Groups for the Medically Ill
- Adaptation of CBT and IPT to Group Therapy
- Self-Help Groups and Online Support Groups

16 TRAINING THE GROUP THERAPIST
Observation of Experienced Clinicians
Clinical Supervision
A Group Experience for Trainees
Personal Psychotherapy
Summary
Beyond Technique

DISCOVER MORE
APPENDIX: GROUP THERAPY INFORMATION AND GUIDELINES FOR CLIENTS
ABOUT THE AUTHORS
NOTES
ALSO BY IRVIN D. YALOM
PRAISE FOR *THE THEORY AND PRACTICE OF GROUP PSYCHOTHERAPY*

Irv Yalom:

I would like to dedicate this book to Marilyn, my beloved wife of sixty-five years, who died in 2019

Molyn Leszcz:

To the next generation: Sid, Pete, Lucy, and Margot

Explore book giveaways, sneak peeks, deals, and more.

Tap here to learn more.

BASIC
BOOKS

Preface to the Sixth Edition

FIFTEEN YEARS HAVE PASSED SINCE THE FIFTH EDITION OF this textbook was published. Our task in this sixth edition is to describe the new and significant innovations in group therapy that have emerged during these years. We are pleased and grateful to continue our long collaboration, which began forty years ago at Stanford University. We have approached our work together as seasoned co-therapists and in writing this edition have sought to support and challenge one another. We write largely as "we," with an interweaving of both voices. At certain points, to identify an experience personal to one of us, we switch to first person and include a parenthetical abbreviation to indicate which of us is taking over the narration (IY or ML).

Our aim is to provide our readers with a synthesis of new knowledge and accrued wisdom in the practice of group therapy. We make extensive use of clinical illustrations to bring these concepts and principles to life and make the book both practical and instructive. Like previous editions, this one is intended for students, trainees, and frontline practitioners as well as supervisors and teachers.

Since group therapy was first introduced in the 1940s, it has continued to adapt to reflect changes in clinical practice. As new clinical syndromes, settings, and theoretical approaches have emerged, so have corresponding variants of group therapy. The multiplicity of forms is so evident today that it makes more sense to speak of "group therapies" than of "group therapy." The evidence is consistently strong, across all ages and clinical needs, that group therapy is effective, generally with outcomes equivalent to those of individual therapy, and far less costly. This is true both for mental health and for substance use disorder treatment as well as for the medically ill.

The Internet makes group therapy far more accessible today than it was in the predigital world. Geography is no longer the barrier to therapy that it once was. New technological platforms create new opportunities and

challenges for group therapists: What is the same and what is different as group therapy moves from the group room to the group screen? These are questions we will address in this volume in a new chapter focused on online psychotherapy groups (see Chapter 14).

Now, as clients from diverse ethnocultural backgrounds access group therapy, whether in North America or elsewhere, it is important for therapists to develop a multicultural orientation as well as sensitivity and expertise in cultural adaptation. Therapy groups have always been settings for "difficult dialogues" and discourse; race and gender identity issues can be effectively addressed in a responsive therapy group environment (see Chapter 16). Group therapy is a powerful vehicle for working with traumatized and displaced individuals.

Paradoxically, however, professional training for group therapists has failed to keep pace with the widespread clinical application of the group therapies. Fewer and fewer training programs—whether in psychology, social work, counseling, or psychiatry—provide the depth of training and supervision that future practitioners require. All too often and in too many settings, therapists are thrust into action—and asked to lead groups of clients with complex histories and diverse needs—with little training or supervision in group therapy. Economic pressures, professional turf wars, and the current dominance of biological explanations and pharmacotherapy in mental health have all contributed to this situation. Each generation believes naively that it has discovered the true solution. Mental health is a field uniquely subject to an oscillation between zealous overvaluation and zealous devaluation, even by its own practitioners. We are therefore heartened that the American Psychological Association has recently recognized group psychotherapy as a designated specialty. This decision will encourage greater investment in education and training, and we hope it elevates group therapy to the status that its ever-widening practice warrants. We know that training can be transformative.

Today's group therapists are influenced by the demand for greater accountability in practice. Evidence-based practice is a standard to which we must all adhere. For many years, practitioners resisted this emphasis on using research, measurement, and data as guides to effective practice as an intrusion into their work—one that impinged upon their autonomy and thwarted creativity. But it is anachronistic to think of evidence-based

practice as narrowly prescriptive. We believe that a more effective approach is to embrace evidence-based practice as a set of *guidelines and principles* that enhance clinical effectiveness. Throughout the text we elaborate on the hallmarks of the evidence-based group therapist: building cohesive groups and strong relationships, effectively communicating genuine and accurate empathy, managing countertransference, and maintaining cultural awareness and sensitivity. Being reflective about our approach to our work and making our continued professional development a deliberate focus of attention are aspects of being an evidence-based group therapist. Data collection from our ongoing groups provides us with timely and relevant feedback about what is actually happening session to session, client by client (see Chapter 13).

We recognize that group therapists are now using a bewilderingly diverse set of approaches in their work. Cognitive-behavioral, psychoeducational, interpersonal, gestalt, supportive-expressive, modern analytic, psychoanalytic, dynamic-interactional, psychodrama—all of these, and many more, are used in group therapy today. Group therapists are also bringing advances in our understanding of human attachment and the neurobiology of interpersonal relationships to bear in group therapy in an effort to integrate mind, body, and brain into their work (see Chapters 2 and 3).

Although addressing *all* these group therapies in a single book presented challenges, we believe that the strategy guiding the first edition was still sound. That strategy was to separate "front" from "core" in discussions of each of the group therapies. The *front* consists of the trappings, the form, the techniques, the specialized language, and the aura surrounding any given ideological school; the *core* means those aspects of the experience that are intrinsic to the therapeutic process—that is, the *bare-boned mechanisms of change*.

If you disregard the "front" and consider only the actual mechanisms of effecting change in a client, you will find that the change mechanisms are limited in number and remarkably similar across groups. Therapy groups with similar goals that appear to be profoundly different if judged only by their external forms may rely on identical mechanisms of change. These mechanisms continue to constitute the central organizing principle of this book. We begin with a detailed discussion of eleven therapeutic factors and