UNIVERSITY OF TEXAS
SOUTHWESTERN MEDICAL CENTER AT DALLAS
DEPARTMENT OF PSYCHOLOGY
GROUP PSYCHOTHERAPY COURSE

WINTER 2004

Wednesday 8:00 AM - 12:00 PM

The community stagnates without the impulse of the individual.
The impulse dies away without the sympathy of the community.

William James

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COURSE DESCRIPTION

This course will expose you to the basic theory and practice of group psychotherapy. The course work combined with supervision will give you the knowledge needed to lead and understand a psychotherapy group. The course will address the first three of the following four important areas of learning:

1. **ACADEMIC LEARNING:** Through textbooks, journals, lectures and discussion.

2. **EXPERIENTIAL LEARNING:** Through participation in an experience group led by Dr. Malcolm Bonnheim. Your participation and Dr. Bonnheim's evaluation of you in the group will have no influence on your grade. Experiential learning about group is often obtained by membership in a training group in which professionals come together to use their experience in a study group to understand first hand how a group works. Dr. Leonard Horwitz in his article, "Exciting opportunities ahead" in the *International Journal of Group Psychotherapy*. (1999) *49*, 87-90, provides an excellent introduction to this type of group. **READ THIS ARTICLE BEFORE THE FIRST CLASS.** You will be asked to visit Dr. Bonnheim's group on the first day of class to determine whether you will choose to be a part of it on a regular basis. This group is voluntary and participation in the group will have no effect on your grade

   Experiential learning can also come from your own therapy. How one decides whether to choose group, individual or family therapy for oneself is a question worth exploring.

3. **OBSERVATIONAL LEARNING:** Through videos and role playing in class. Hopefully your placements will provide opportunities to observe experts run group.

4. **SUPERVISORY LEARNING:** This type of learning will not be obtained in class but will come when you lead groups of your own under supervision.

REQUIRED TEXT

1. Rutan, J. S. & Stone, W. (2000) *Psychodydamic group psychotherapy.* (**PGP**)
   (3rd Edition) New York: Guilford.

2. Kennard, D., Roberts, J., & Winter, D.A. (1993) *A work book of group-analytic interventions.*(**WB**) London: Jessica Kingsley.

3. Ormont, L. R. (2001) *The technique of group treatment: The Collected papers of Louis R. Ormont.(***TGT***)* Madison, Conneticut:Psychosocial Press.

RECOMMENDED TEXTS

1. Alonso, A. & Swiller, H. T. (1993). *Group therapy in clinical practice.* Washington, D.C.: American Psychiatric Press.

2. Kaplan, H.I. & Sadock, B.J. (1993). *Comprehensive group psychotherapy.* (3rd Edition). Baltimore: Williams & Wilkins.

3. Ormont, L. R. (1992). *The group therapy experience: From theory to practice*. New York: St. Martin's Press.

4. Yalom, I. D. (1995). *The theory and practice of group psychotherapy.* (4th Ed.) New York:Basic Books.

5. Vinogradov, S. & Yalom, I. D. (1989). *Concise Guide to Group Psychotherapy*. Washington, D.C.:American Psychiatric Press.

6. *International Journal of Group Psychotherapy*. This is available by joining the American Group Psychotherapy Association (AGPA).

YALOM'S OEUVRE

Irving Yalom, M.D. has made a significant contribution to the world of group psychotherapy. I have chosen not to use his textbook because you will receive exposure to his work in watching his video series in class. The following is an annotated bibliography to encourage you to further explore his writing.

Yalom, I. D. (1995). *The Theory and Practice of Group Psychotherapy*. (4th Ed.) New York: Basic Books. (First Edition, 1970).

Now in its fourth edition, Yalom's work deservedly draws the highest praise from even his critics and competitors.

Lieberman, M. A., Yalom, I. D. & Miles, M. (1973). *Encounter Groups: First facts*. New York: Basic Books.

A study of the 1960's encounter group movement. The most successful leaders were seen to be moderate in stimulating the group emotionally and in setting limits. They were high in the caring and understanding they offered.

Yalom, I. D. & Elkin, G. (1974). *Everyday Gets a Little Closer: A twice told therapy*. New York: Basic Books.

Yalom treats a young writer who kept a journal of her sessions with him. He kept a journal as well and they exchanged and read one anothers journals every six months. A fascinating and often contradictory picture of what is healing in the psychotherapeutic process.

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

A very readable exposition of existential psychotherapy organized around the themes of death, freedom, isolation and meaninglessness.

Yalom, I. D. (1983). *Inpatient Group Therapy*. New York: Basic Books.

This is an excellent addition to his outpatient volume. It offers two very usable models for inpatient work. If you are running inpatient groups the modifications from his outpatient format are imperative.

Yalom, I. D. (1989). *Love's Executioner and Other Tales of Psychotherapy: For anyone whose ever been on either side of the* couch. New York: Basic Books.

Writes in a revealing way about the therapist and the therapeutic process. We begin to see his movement toward the telling of truth through fiction that is fully developed in his ***Nietzsche Wept***.

Vinogradov, S. & Yalom, I. D. (1989). *Concise Guide to Group Psythotherapy*. Washington, D.C.: American Psychiatric Press.

A sort of group psychotherapy book of lists. Their excellent summaries are best appreciated after you know the literature.

Yalom, I.D. (1992). *When Nietzsche Wept*. New York: Basic Books.

A fascinating culmination of Yalom's life efforts. Strands of his interest in group, existentialism, the person of the therapist, are all evident in this novel in which Breuer, the therapist, may end up changing more than his patient Nietzsche.

Yalom, I. D. (1996) *Lying on the Couch : A Novel*. New York: Basic Books.

Lying of every kind is going on here as Yalom makes another effort to describe the lay of the land in the area of truth telling.

COURSE REQUIREMENTS

1. Read assigned texts and attend class.
2. Lead and participate in discussions. See ***TEACHING AND LEARNING BY DISCUSSION***.
    a. Choose topic and one article.
    b. Raise discussion questions for the article.
    c. Annotated bibliography of 3-5 references.
    d. Design role-play related to the article.
    e. All of the above must be handed out in class 1 week before your discussion.

f. See sample, ***THERAPEUTIC USE OF THE SELF*****,** which is our first discussion that I will lead on 1/28/04. **READ AND STUDY THIS ARTICLE FOR THE THIRD DAY OF CLASS.**
g. The discussion leader will need to raise two questions worthy of further exploration after the discussion is completed and email these two questions to all class participants and the instructor within 48 hours of the completion of the discussion.

3. Visit self-help group and distribute 1 page summary to class on or before 4/14/04. You can do this by visiting an on line list of ***SELF-HELP GROUPS*** or visit one in person by calling the Mental Health Association of Dallas at 214 871-2420. An example is given in ***SELF HELP FOR THE HARD OF HEARING.***

4. Mid-term and final exam, which will be taken as a group.

5. Evaluate teaching modules.***SEE STUDENT EVALUATION FORM.***

GRADING

- Leading and participating in discussion. 50%
- Mid-term, taken as a group 20%
- Final, taken as a group 20%
- Self-help 10%

Since discussion is the primary way in which you will be evaluated it is very important to be present and be on time to class. You can't discuss if you are not there. We meet 15 times so if you miss once you have missed 6.6% of the class. You can still get an "A". If you miss twice you have already missed 13% of the class and the best you can get is a "B". If you miss five times you have missed 33% of the class and have failed.

It is easy to get an A in this class. Come and participate. Read the paper that is part of your syllabus on Teaching and Learning by Discussion and follow the suggestions given there.

You may also want to look at Stephen D. Brookfield and Stephen

Preskill's book *Discussion as a Way of Teaching: Tools and Techniques for Democratic Classrooms.* (1999, San Francisco: Jossey-Bass Publishers.)

In their book they say for discussion to go well in the classroom that all the participants need to practice certain dispositions in each class. They name the most important dispositions as hospitality, participation, mindfulness, humility, mutuality, deliberation, appreciation, hope, and autonomy. Give each of these some thought and come to class intentionally trying to emulate them.

During the discussion I will be looking for material from your own experience, information from the textbooks, learning from other class work and reading, as well as frequent reference to the article we are discussing.

Brookfield and Preskill (1999) additionally frame the following assumptions, from which I quote, that apply to the group course which you are about to begin:

1. That participating in discussion brings with it the following benefits:

- It helps students explore a diversity of perspectives.
- It increases students' awareness of and tolerance for ambiguity or complexity.
- It helps students recognize and investigate their assumptions.
- It encourages attentive, respectful listening.
- It develops new appreciation for continuing differences.
- It increases intellectual agility.
- It helps students become connected to a topic.
- It shows respect for students' voices and experiences.
- It helps students learn the processes and habits of democratic discourse.
- It affirms students as co-creators of knowledge.
- It develops the capacity for the clear communication of ideas and meaning.
- It develops habits of collaborative learning.
- It increases breadth and makes students more empathic.
- It helps students develop skills of synthesis and integration.

- It leads to transformation.

2. That students attending will have experiences that they can reflect on and analyze in discussion.

3. That the course will focus on the analysis of students' experiences and ideas as much as on the analysis of academic theories.

4. That the chief regular class activity will be a small group discussion of expereinces and ideas.

5. That I as teacher have a dual role as a catalyst for your critical conversation and as a model of democratic talk.

So Please take note of the following "product warnings"

If you don't feel comfortable talking with others about yourself and your experience in small groups, *you should probably drop this course.* [An alternative to this would be to bring up the issue in the experience group with Dr. Bonnheim, or find an individual therapist to examine the difficulty with.]

If you don't feel comfortable with small group discussion and think it's a touch-feely waste of valuable time, *you should probably drop this course.* [An alternative to this would be to read Plato's *Symposium.* If the Plato's record of a small group on love doesn't convince you of the value of discussion, I doubt if my course will.]

If you are not prepared to analyze your own and other people's experiences, *you should probably drop this course.*

INFORMATION ON GROUP

1. Journals
    a. *International Journal of Group Psychotherapy*
    b. *Group Analysis*
    c. *Group*

2. Organizations

a. American Group Psychotherapy Association (AGPA)
25 East 21st street, 6th floor
New York, NY 10010
(212) 477-2677

b. Group-Analytic Society (London) (GAS)
Group-Analytic Society
258 Belsize Road
London
NW6 4BT
United Kingdom

c. International Association of Group Psychotherapy (IAGP)

d. American Psychological Association (APA)
750 1st Street N.E.
Washington, D.C. 20002
(202) 336-5500

After joining APA you may join:
Division 49: Group Psychology and Group Psychotherapy

e. Southwestern Group Psychotherapy Society
Edmundo J. Ruiz, M.D., CGP, President

1103 Seymour Avenue
Laredo, TX 78040
Office: (956) 722-2115
E-mail: lrdoejruiz@hotmail.com

f. Dallas Group Psychotherapy Society
Marti Kranzberg, Ph.D., CGP, President
5217 McKinney Avenue, Suite 102
Dallas, TX 75205-3324
Office: (214) 528-1815
Fax: (214) 528-1686
E-mail: mkr950@airmail.net

g. Mental Health Association of Dallas
2929 Carlisle Street, Suite 350
Dallas, Texas 75204
Self help Clearing House
(214) 871-2420

3. Internet Sites

Dallas Group Analytic Practice www.dgapractice.com. Under links you will find addresses for all of the major group sites.

SCHEDULE FOR GROUP COURSE

CLASS	DATE	READING	LECTURER	VIDEO	DISCUSSION
1	01/14/04	**PGP** 1&2 **WB** 1,2,&3	Dr. Godby	Corey	Dr. Godby
2	01/21/04	**PGP** 3	Dr. Godby	Rioch/Bion/Flies	Dr. Godby
3	01/28/04	**PGP** 4&5	Dr. Godby	Yalom O/P 1	Dr. Godby
4	02/04/04	**PGP** 6	Dr. Bennett	Yalom O/P 2	Traci, Maryann Confidentiality
5	02/11/04	**PGP** 7&8 **WB** 4	Dr. Bennett	Yalom O/P 3	Gretchen, Dani Money
6	02/18/04	**PGP** 9 **WB** 5	Dr. Kranzberg	Yalom O/P 4	Jason Good Group
7	02/25/04	AGPA	NO CLASS	NO CLASS	NO CLASS
8	03/03/04	**PGP** 10 **WB** 6		Yalom I/P 1	Kristen, Ty Spirituality
9	03/10/04	**PGP** 11 **WB** 7		Yalom I/P 2	
BREAK	03/17/04	SPRING BREAK	BREAK	BREAK	
10	03/24/04	**PGP** 12 **WB** 8	Dr. Nelson	Roller	Anna, Katie Toxic
11	04/07/03	**PGP** 13 **WB** 9	Dr. Little	Piper/Grief	Sean, Sara C/T

12	04/14/03	**PGP** 14 **WB** 10	Dr. Nelson	Coche/Couples	
13	04/21/03	**PGP** 15 **WB** 11 & 12			
14	04/28/03	**PGP** 16 **WB** 13	Dr. Binnig		
15	05/05/03	FINAL	Dr. Godby		

TEACHING AND LEARNING BY DISCUSSION

How often in hearing a lecture or participating in a discussion is your thinking really challenged or significantly developed? Not often enough if you are like many in academia, yet we continue to attend lectures. Why do we do this? Applebaum (1972) in her provocative paper, "On hearing, presenting and discussing scientific papers,"suggests the reasons range from the superficial to the unconscious and from the infantile to the mature. A careful reading of her article may offer you a rich reward in that you have many lectures and discussions ahead of you. Her paper helps to clarify the purpose of different formats, thus increasing the likelihood of benefit. A major responsibility for this class will be for you to lead and participate in discussion. I have written the following guidelines to facilitate your assignment.

The primary goal in our discussions is to learn from one another. In order to do this best we need to create an atmosphere that promotes free discussion and facilitates ***"two way talk".*** We are interested in discussions that will promote an enlarged understanding of ideas and values rather than discussions that simply increase our knowledge or develop our skills. For a discussion to work well, a group needs to develop something akin to a therapeutic alliance. We need to develop a "discussion alliance" or a discipline of discussion. I will summarize some points that I hope will enhance our discussions further. I will be quoting and adapting freely from Dr. Mortimer J. Adler's book, *How To Speak And Listen*. Dr. Adler is well suited to write about how best to conduct intellectual discussions. He has led seminars at the Aspen Institute for Humanistic Studies for the past thirty years. He is Chairman of the Board of Editors of the *Encyclopedia Britannica*, editor of *Great Books of the Western World* and author of numerous books, the most successful of which is *How To Read A Book*, written over fifty years ago and selling over 8 million copies. If you haven't read it I suggest you do so before finishing graduate school. Perhaps because I am still learning to read, I will include another work on reading by Harold Bloom, the leading literary critic of our time and a Shakespeare scholar. In his *How to Read and Why* he inspires one to read deeply and read well, arguing that "ultimately we read to strengthen the self, and learn its authentic interests."

Discussion Leader or Moderator

For our meetings to be successful, they are best considered as a discussion among equals with the leaders or moderators superior only in the sense that they have done more reading and thinking on the issues at hand by virtue of their advanced preparation. Socrates provides a good example in which he saw himself simply as the principal inquirer, "the first among equals". With this in mind, I am asking our leaders to do the following:

First of all I am asking our discussion leaders to carefully select and examine one article on your chosen topic and raise a series of questions that will be used to give direction to our discussion. Along with the questions the leader should also distribute a critical annotated bibliography of 3-5 articles on the chosen topic. In developing your annotations, place them in a critical dialogue with the chosen article. Sometimes

just one question will be enough; sometimes three or four will be needed. It will be best to use questions that raise issues. The best questions are ones that occur to you after a thorough study of the article. These questions are ones you frequently can not adequately answer. They should be questions that will raise further questions when first answers are given. It is likely that the questions raised by the moderator will lead the discussants to raise further and perhaps more focused questions of their own. They will be questions that can seldom be answered yes or no, and may be hypothetical questions that present suppositions, the implications of which will be examined. It may be useful for the moderator or discussants to use clinical vignettes to illustrate or clarify their responses to the questions at hand.

Secondly, I am asking our discussion leaders to examine the answers given to the questions by trying to evoke the reasons for the answers and the implications they have. If the question being answered is not understood, the discussion leader may need to repeat the question in a number of different ways using a variety of concrete examples to get the question clear.

Thirdly, I am asking our moderators to engage the participants in ***"two way talk"*** with one another when the views they have advanced appear to be in conflict. To perform the second and third tasks, the moderator must be as active in ***listening*** as in questioning. Adler says that from his long experience, this is the moderators most important obligation and the one most difficult to discharge well. The energy required to listen to each participant is very tiring. Adler says it is possible to give two or three good lectures (one way talk, teaching by telling) in one day, but he doubts if anyone has the energy to conduct more than one good seminar in a day.

The purpose of our discussions will not be to reach conclusions about which we all agree. Rather, it should leave us with an understanding of the questions to be answered and the problems to be solved. In the succession of discussions that we have planned, whatever understanding has been achieved in the earlier meetings should be used in dealing with questions or issues raised in later meetings. If this is what we hope for from our discussion leaders, what is necessary on the part of our discussion participants.

Discussion Participants

The state of mind we bring to the meeting is of primary importance. First of all the participants need to come prepared to discuss. To do this well the article that is chosen by the discussion leader should be read ***TWO TIMES*** and you should raise some questions of your own as well as think about the questions that the leader has raised. All participants, including the moderator, should come with open minds and be prepared to change their mind as a result of the discussion. We should be open to views that are new, neither stubbornly resistant nor passively submissive. Adler points out the fact that although many educated people have had courses in reading, writing and speaking that few, if any, have ever had courses in listening. To listen and understand what our colleagues are saying will perhaps be our most difficult task. You might say that this shouldn't be that difficult for a group of therapists who have been trained to listen, but the type of listening most of us have been trained to do differs markedly from the type that makes for good discussion. In fact, listening for unconscious meanings may at times interfere with what can make for good discussion.

The first rule to be followed is: do not agree or disagree until you are sure you understand the position the other person is taking. "To disagree before you understand is impertinent. To agree is inane". To insure we understand one another before agreeing or disagreeing is often time consuming and requires patience and persistence, but it is necessary if we seek to have a genuine meeting of minds.

Adler suggests that if you find yourself in genuine disagreement that you should be able to explain the grounds of your disagreement by saying one of the following things. I will quote Adler directly:

1. "I think you hold that position because you are ***uninformed*** about certain facts or reasons that have a critical bearing on it". Then be prepared to point out the information you think the other lacks and which, if possessed, would result in a change of mind.

2. "I think you hold that position because you are ***misinformed*** about matters that are critically relevant". Then be prepared to indicate the mistakes the other has made, which, if corrected, would lead the other to abandon the position taken.

3. "I think you are sufficiently well informed and have a firm grasp of the evidence and reasons that support your position, but you have drawn the wrong conclusions from your premises because you have made ***mistakes in reasoning***. You have made fallacious inferences". Then be ready to point out those logical errors, which if corrected, would bring the other person to a different conclusion.

4. "I think you have made none of the foregoing errors and that you have proceeded by sound reasoning from adequate grounds for the conclusion you have reached, but I also think that your ***thinking about the subject is incomplete***. You should have gone further than you did and reached other conclusions that somewhat alter or qualify the one you did reach". Then be able to point out what these other conclusions are and how they alter or qualify the position taken by the person with whom you disagree.

Let me finish by further quoting what Adler says seminar teaching by questioning and discussion is not:
It is not a quiz session in which a teacher asks Yes or No questions and says right or wrong to the answers.
It is not a lecture in disguise in which the teacher asks questions and, after a brief pause or after listening to one or two unsatisfactory responses, then proceeds to answer his own questions at length, thus in effect giving a lecture that is punctuated by the questions asked.
It is not a glorified "bull session" in which everyone feels equally free to express opinions on the level of personal prejudices or to recount experiences that the narrator of them regards as highly significant of something or other.
None of the foregoing counterfeits of the seminar provides the kind of learning that a seminar should afford when it is properly conducted by questions and answers and by the discussions of their significance.
The primary focus of the discussion you are to lead and participate in will follow the seminar approach just described. However, since this is a group psychotherapy course I have included an article by Bader (1993) that provides an example of how to include an experiential component. His article on running a workshop will be useful in preparing for this assignment. Kennard (1993), is included as a reference here as an example of how to design the group role-play that you are responsible to design and lead prior to your discussion.

REFERENCES

Adler, M. J. & Van Doren, C. (1972) *How to read a book*. (rev. ed.) New York: Simon & Schuster. (Original work published 1940).

Adler, M. J. (1983). *How to speak and listen*. New York: MacMillan.

Applebaum, A. (1972). On hearing, presenting and discussing scientific

papers. *Bulletin of the Menninger Clinic*, *35*, 546-550.

Bader, L. J. (1993). How to run a group psychotherapy workshop.

In A. Alonzo & H. I. Swiller (Eds.), *Group Therapy in Clinical Practice*. (pp.547-561). Washington, D.C.: American Psychiatric Press.

Bloom, H. (1999) *How to read and why.*New York: Scribner.

Kennard, D., Roberts, J., and winder, D. A. (1993) *A work book of*

group-analytic Interventions. London:Routledge.

DISCUSSION TOPICS IN GROUP PSYCHOTHERAPY

1. **Therapeutic Use of the Self**

   Rosenberg, P.P. (1993). Qualities of the group therapist. In H.I. Kaplan & B.J. Sadock(Eds.), *Comprehensive Group Psychotherapy.* (pp. 648-655). Baltimore: Williams& Wilkins.

2. **Experiential Learning in Groups**

   Day, M. (1993). Training and supervision in group psychotherapy. In H.I. Kaplan *&* B.J. Sadock (Eds.) *Comprehensive group psychotherapy.* (3rd Ed.) Baltimore:Williams & Wilkins.

3. **Self Help Groups**

   Lieberman, M.A. (1993). Self help groups. In H.I. Kaplan & B.J. Sadock (Eds.), *Comprehensive Group Psychotherapy.* (pp. 292-304). Baltimore: Williams & Wilkins.

   Golden, S., Halliday, K., Khantzian, E.J. & McAuliffe, W.E. (1993). Dynamic group therapy for substance abuse patients: A reconceptualization. In A. Alonzo & H.I. Swiller (Eds.), *Group Therapy in Clinical Practice.* (pp. 270-287).

4. **Anger**

   Special Section on Anger and Agression in Groups (1995). *International Journal of Group Psychotherapy, 45,* 271-338.

5. **Bridging - Strengthening Emotional Connections**

   Ormont, L. R. (1990). The craft of bridging. *International Journal of Group Psychotherapy, 40,* 3-17.

6. **Combined Individual and Group Psychotherapy**

Porter, K. (1993). Combined individual and group psychotherapy. In H.I. Kaplan & B.J. Sadock (Eds.), *Comprehensive Group Psychotherapy.* (pp. 314-324). Baltimore: Williams& Wilkins.

7. **Money**

Gans, J. S. (1992). Money and psychodynamic group psychotherapy. *International Journal of Group Psychotherapy, 42,* 133-152.

8. **Intimacy**

Ormont, L. R. (1988). The role of the leader in resolving resistances to intimacy in the group setting. *International Journal of Group Psychotherapy, 38*, 29-45.

9. **Confidentiality**

Roback, H.B., Moore, R.F., Bloch, F.S. & Shelton, M. (1996). *International Journal of Group Psychotherapy, 46,* 117-135.

10. **Immediacy**

Ormont, L.R. (1996). Bringing life into the group experience: The power of immediacy. *Group, 20,* 207-221.

11. **Countertransference**

Ormont, L. R. (1970). The use of objective countertransference to resolve resistance. *Group Process,* 96-111.

Ormont, L. R. (1991). The use of the group in resolving the subjective countertransference. *International Journal of Group Psychotherapy, 41*, 433-447.

Roth, B. E. (1980). Understanding the development of homogenous identity impaired group through countertransference phenomenon. *International Journal of Group Psychotherapy, 30,* 405-426.

Roth, B. E. (1990). Countertransference and the group therapist's state of mind. In B. E. Roth, W. N. Stone & H. D. Kibel (Eds.). *The difficult patient in group,* (pp. 287-294). Madison, Connecticut: International Universities Press.

12. **Withstanding toxic stimuli while letting nutrients through**

Ormont, L. R. (1994) Developing emotional insulation. *International Journal of Group Psychotherapy, 44,361-376.*

13. **Religion and Spirituality**

Aspects of religion in group analysis. (1993). [Special section]. *Group analysis, 26,* 5-79.

14. **Shame**

Alonzo, A. & Rutan, J. S. (1988). The experience of shame and the restoration of self-respect in group psychotherapy. *International Journal of Group Psychotherapy, 38,* 3-14.

Responses to the Alonzo and Rutan article were written by the following authors:

Reijzer, H. M. (1988). Shame can be treated in group, If only the patient wants it: A discussion of Alonzo and Rutan. *International Journal of Group Psychotherapy, 38*, 15-21.

Pigott, C. (1988). Comments and associations around Alonzo and Rutan's article "The Experience of Shame". *International Journal of Group Psychotherapy, 38*, 23-27.

Blay-Neto, B. (1988). Commentaries regarding Anne Alonzo and Scott Rutan's paper. *International Journal of Group Psychotherapy, 38,* 253-257.

Alonzo, A. & Rutan, J. S. (1988). Rejoinder to the critiques of "The experience of shame in group psychotherapy". *International Journal of Group Psychotherapy, 38,* 387-388.

Roth, B. E. (1989). Critique of A. Alonzo and J. S. Rutan "The experience of shame and the restoration of self respect in group psychotherapy" (January, 1988), and their rejoinder (July, 1988). International Journal of Group Psychotherapy, 39, 543-545.

15. **Envy**

Kreeger, L. (1992). Envy preemption in small and large groups. *Group Analysis, 25,* 391-408.

Sharpe, M. (1992). Response to lecture by Lionel Kreeger. *Group Analysis, 25,* 408-412.

Stone, W. N. (1992). A self psychology perspective of envy in group psychotherapy. *Group Analysis, 25,* 413-428.

Maratos, J. (1992). Response to paper by Walter Stone. *Group Analysis, 25,* 428-431.

16. **Preoedipal, Axis II, BPD, NPD**

Ormont, L. R. (1989). The role of the leader in managing the preoedipal patient in the group setting. *International Journal of Group of Psychotherapy, 39,* 147-172.

Klein, R. H., Orleans, J. F. & Soul, C. R. (1991). The axis II group: Treating severally characterologically disturbed patients. *International Journal of Group of Psychotherapy, 41*, 97-116.

17. **Metaphor**

Gans, J. S. (1991). The leaders use of metaphor in group psychotherapy. *International Journal of Group of Psychotherapy, 41,* 127-143.

ALTERNATE DISCUSSION TOPICS

18. **Populations**

A. Children	B. Adolescents	C. Elderly	D. Couples
E. Multifamily	F. Inpatient	G. Men	H. Women
I. Aids	J. Incest Survivors	K. Incest Perpetrators	
L. Racial Issues	M. Substance Abuse	N. Eating Disorders	
O. Medically ill patients			

19. **Theories**

A. Group as a whole	B. Self psychology
C. Object relations	D. Gestalt
E. Cognitive behavioral	F. Existential

THERAPEUTIC USE OF THE SELF
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Clinical Psychology Group Course
January 28, 2004

Rosenberg, P.P. (1993). Qualities of the group therapist. In H.I. Kaplan & B.J. Sadock,(Eds.). *Comprehensive Group Psychotherapy* (Third Edition). pp. 648-656.Baltimore: Williams & Wilkins.

Role Play

In a group that has been together for 2 years, with the last new member joining 10 months ago, a series of meetings develops in which some members begin to express judgments about the moral behaviors of some of the others. Tension and conflict develop around fundamentalist religious beliefs and the group wants the therapist to settle the dispute.

DISCUSSION QUESTIONS

1. What does this saying mean? "A river can't rise higher than its source" Is it useful to think about the therapist patient relationship in light of this aphorism? How so?

2. Do you agree or disagree with Grotjahn that the therapist must be able to tolerate many contradictions in herself? She has to be patient and impatient at the same time. She has to be able to love and to hate, to be a friend and an opponent to the same person. Only when she does not deny her feelings will the patient be able to trust her. Why or why not?

3. How important is spontaneous responsiveness to effective psychotherapy? What are the dangers? How is this different in individual and group psychotherapy?

4. Is patienthood necessary to develop into a good therapist? If so, what type, individual, family, group? Do you agree a therapist should consider herself her own favorite patient?

5. Grotjahn argues for a bipolarity between the "blank screen" and "transparent humanity". Towards

which side of this polarity do you find yourself leaning? Which is hardest for you to express? What type of balance do you strive for and how do you imagine the balance you currently have effects your therapeutic outcomes?

ANNOTATED BIBLIOGRAPHY

Ekstein, R. & Mayman, M. (1957). On the Professional Identity of the Clinical Psychologist. *Bulletin of the Menninger Clinic 21*, 59-61.

Early article on professional identity. Later Ekstein published an excellent book on the *Teaching and Learning of Psychotherapy*.

Grotjahn, M. (1977). Profile of the Group Therapist, Chapters 10-12 in *The Art and Technique of Analytic Group Therapy*. New York: Aronson.

Grotjahn wrote the Rosenberg article in the first two editions of *Comprehensive Group Therapy*. His entire book on group psychotherapy is well worth consulting.

Guy, J. D. (1987). *The Personal Life of the Psychotherapist: The Impact of Clinical Practice on the Therapist's Intimate Relationships and Emotional Well Being*. New York: John Wiley and Sons.

Very thorough discussion from factors leading to career choice to retirement. Includes section on career satisfaction and burnout.

Heath, S. (1991). *Dealing with the Therapist's Vulnerability to Depression*. Northvale, NJ:Aronson.

Details the patient's impact on the therapist. Includes a chapter that focuses on group.

Jacobs, T. J. (1991). *The Use of the Self: Countertransference and Communication in the Analytic Situation*. Madison, CT: International Universities Press.

A subtle and searching analysis of how our understanding of ourselves can be used to foster the progress of our patients. It takes some courage to face ourselves as honestly as Jacobs does.

Menninger, K. (1957). Psychological Factors in the Choice of Medicine as a Profession. *Bulletin of the Menninger Clinic 21*: 51-58, 99-106.

A fascinating account of the dynamics behind our choice of specialty. He examines a number of medical specialties as well as psychiatry.

Rippere, V. & Williams, R. (1985). *Wounded Healers: Mental Health Workers' Experiences of Depression*. New York: John Wiley & Sons.

First person accounts of therapists who write of their own internal struggles.

Sussman, M. B. (1992). *A Curious Calling: :Unconscious Motivations for Practicing Psychotherapy*. Northvale, NJ: Aronson.

An outgrowth of his doctoral dissertation and some work at the Menninger Clinic. He includes a section on women therapists.

Ticho, E. A. (1972). The effects of the analyst's personality on psychoanalytic

treatment. *Psychoanalytic Forum, 4*, 135-172.

Ticho's article is responded to by a group of therapists, Ralph Greenson, perhaps the best known. He offers much on a very neglected topic. Although written 26 years ago, you still seldom hear the therapist's personality discussed.

Welt, S.R. & Herron, W.G. (1990). *Narcissism and the Psychotherapist*,

New York: Guilliford Press.

This work focuses on the narcissism of the therapist. It outlines its negative aspect as well as its creative potential for the therapeutic situation.

Self Help for the Hard of Hearing

Melissa Black

Contact: Richard P. O. Box Nelly
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(214) 528-3416

When: Third Wednesday of each month. Begins at 7:00 p.m. and lasts approximately 1 & ½ hours

Location: Northway Christian Church
7202 W. Northwest Hwy (between Central and Hillcrest)

Fees: Annual membership is $12.00 for the local chapter.
Includes monthly newsletter that gives information about local chapter and national organization.

General Information: This is a group designed to educate, support and advocate for those people who experience some level of hearing difficulty. This is the Dallas Chapter of the national organization which is a powerful lobbying force for the hard of hearing. The Dallas chapter numbers around 60 members, with 20 to 30 people regularly attending meetings.

At the national level, this is a very politically active organization. They publish a monthly magazine which focuses on new issues in treatment of hearing loss and keeps an eye on the legislation which may effect the disabled, especially the hard of hearing. The national organization played a key role in getting the 1990 Americans with Disabilities Act passed.

The general format of the meetings may take several different tracks. At times, a guest speaker is present who will discuss some relevant topic, usually in a formal presentation. This is followed by a question and answer period for the speaker. The meeting then adjourns for an informal discussion session and refreshment time. Approximately every other meeting is devoted to group round table sessions which focus on supportive interactions between group members. Other meetings will focus on how the group can foster community awareness and may include designing or evaluation training programs such as videos for use in the community or making presentations at schools or hospitals.

STUDENT EVALUATION FORM

Group Psychotherapy UTSWMC

Instructor: _____

Your instructor will present at the beginning and close of the session the educational objectives for this event. List briefly the most valuable items of "learning you acquired.

Item 1_____

Item 2_____

Item 3_____

In reviewing the stated goals of this session, and in considering the nature of what you learned, please respond to each of the following statement by circling one number on the five-point scale that best reflects your opinion.

	Strongly Disagree	**Disagree**	**Neutral**	**Agree**	**Strongly Agree**
1. This session was relevant to the course objectives.	1	2	3	4	5
2. The stated educational objectives for this session were fulfilled.	1	2	3	4	5
3. The format for this presentation was effective.	1	2	3	4	5
4. The knowledge I gained from this class will add to my clinical practice or professional work.	1	2	3	4	5
5. Class interaction enhanced the session.	1	2	3	4	5
6. The level of the material was appropriate.	1	2	3	4	5
7. I'd recommend this class to colleagues.	1	2	3	4	5
8. The instructor was skillful and effective.	1	2	3	4	5

List any outstanding features.

List any aspects that need improvement.

Comments (especially if you rated any items lower than 3) use back of this form.

Daily Class Evaluation Log

What's the most evocative statement you've heard today?

What is the most important point that’s been made today?

What question would you most like to have answered regarding the topic today?

What do you know or can you do as a result of participating in this discussion that you didn’t know or couldn’t do last week?