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PREPARING THE PATIENT FOR GROUP PSYCHOTHERAPY

By Leon Hoffman, PhD

Lee Hoffman is a Chicago based group psychotherapist and a long time friend of C.G.P.A.

The purpose of this interview is to review the necessary and salient issues of an adult patient's entry into an open, outpatient psychotherapy group. What follows is an unedited, transcribed interview, the result of an unrehearsed, spontaneous conversation elucidating those elements essential for a patient to know and agree to before entering such a group. Complete historical data have been obtained during earlier sessions with the patient and are assumed here (see addendum). An actor plays the role of the prospective patient. Psychotherapists conducting groups using different approaches or in different settings may choose to modify selected aspects accordingly to best suit their group needs.

INTERVIEW

Dr. Hi, Mary, how are you?

Pt. Hello, Dr. Hoffman. I'm fine, thanks. How are you?

Dr. Great. So much has been going on these last few weeks, especially with planning for the best timing for you to join the therapy group we've been talking about, which group, and exactly when you might enter it.

Pt. Do you think we'll do that soon?

Dr. Do you mean actually going in and starting group?

Pt. Right.

Dr. I think we could even start in the next week or two, although there should never be an urgency about group psychotherapy since it's never an emergency room treatment. But you and I have been meeting, originally twice a week and thereafter in the last several months, once a week for 45 minutes a week during the past ten months. And more recently we've been talking about how working in the psychotherapy group would augment and develop much that you've been focusing on in individual therapy. The kind of therapy we were talking about is sometimes referred to as "combined therapy," which refers to the same therapist conducting both the individual and the group psychotherapy, and is what we'd be doing here. So, in combined therapy with me, patients move into group therapy at the appropriate time, usually after six to nine months of individual therapy. I have been, and will continue to be, your individual therapist, as well as your group therapist.

Pt. But I'd still see you individually, too, is that right?

Dr. Yes, for a while. The third step might involve working in the group alone. So it would really be individual therapy first, then individual with the group, and then the group alone until the work that brought you to therapy is brought to a reasonable close, satisfactory to you. How does what I am saying sound to you?

Pt. What do you think we can accomplish in group therapy that we're not doing in individual? I have a little bit of apprehension about going into a group.

Dr. Sure. A lot of people do. Actually some people have comfort in group and apprehension in individual therapy. Different people have varying responses.

Pt. Oh, really?

Dr. Yes. I think there's a universal social anxiety, generally. It doesn't matter who a person is. Just moving into a group of people creates a kind of anxiety for many people.

Pt. Yeah. I do smaller, I do better in smaller groups, I think, though, so I have some concern. And all these people already know each other, right? I would just be coming in new.

Dr. Yes. The groups that we're talking about are frequently referred to as continuous groups. They are open groups, meaning that from time to time where appropriate, a new member may be added to the group. About group size: I prefer not to have a group larger than eleven, preferably no more than nine. There may be as few as three or four. The exact number is not crucial but is not expected to be larger than nine. The group that we're thinking about your joining is likely to have between six and nine members with a rather stable membership. I don't tend to add more than one or two members every year or two because we spend a fair amount of time, as you and I have done, getting a sense of how to work together in the kind of individual therapy that we've been doing, and also in the kind of group that you'd be going into. So there aren't usually any big surprises, and there shouldn't be cause for anxiety, other than that which people have when doing something new or meeting new people.

Pt. Won't they resent having a new person come into their group?

Dr. Perhaps, sometimes some unconscious, or even conscious, resentment may be experienced. It's like a sibling who becomes aware that there's going to be a new baby in the family. The parents pay attention to how to help that child, or in this case help the group members feel that the new addition will be an addition that will help them all get nourished better, rather than to feel that there will be less time or some loss for the members.

Pt. Well, what do I have to know about going into the group? It's all such a new experience. I don't really know what I'm supposed to do or how I'm supposed to act.

Dr. Do you mean in addition to the things we've talked about from time to time such as the contractual kinds of understandings?

Pt. Well, yeah, but maybe we could go over that too, since we're talking about going into a group really soon.

Dr. Yes. I think that's a good idea. You've probably read several of my articles that I passed along to you about contracts and group psychotherapy, and a related one that I wrote about extra-group fraternizing and group psychotherapy. But I think we should take some time to review what we've talked about in recent weeks or months about the elements of the contract, by which I mean the agreement. This agreement is not necessarily a written one, but a verbal one between you and me, having to do with the group that we have been talking about your joining pretty soon, possibly in the next few weeks. I've already begun to talk more or less definitely with members of one group in particular, although nothing specific has been revealed, except that it looks likely that we will have a new member joining in the next few weeks. Of course, they'll have adequate notice and so will you, so that everyone will feel more comfortable.

Pt. So they won't be completely surprised by my just showing up?

Dr. No, the members of the group will not be taken by surprise. It's my practice to prepare group members because I don't think it's a good idea for people to be surprised about things of such importance.

Pt. I don't want to be a party crasher or something in a group that already exists.

Dr. Yes. I can well understand that you feel you are a "gate crusher" with people who you believe know each other well and might resent you. Sometimes it can feel a little like that. We talked about a few different groups that I run in which you would certainly work well and in which your therapy goals would probably be well met. We're finally settling on this one particular group that I think makes the best sense based upon age, background, socioeconomic, and the kind of language that's spoken. I think that you will probably find the best fit and they with you in that particular group.

Pt. Okay.

Dr. Of course, any decision we make about joining a group isn't set in stone. We will be flexible. I listen carefully to what I hear from you, and I want to be sure things sound clear from me to you as well. I've found that some people say that having been in an effective psychotherapy group is the best experience they've ever had in their life. I would expect it to be an outstanding experience for everybody. I certainly wish that for you. I think the group experience will permit you to continue to pursue the goals that we've begun to work on that you originally brought into therapy. Those goals generally have to do with basic self-esteem and relationship issues that you experience in your work and personal life, things which are sometimes associated with mild depression, even some heightened anxiety, lowered self-assurance and self-confidence. You doubt yourself even when you know you have high skills and don't think you are actualizing them. Does that seem to fit pretty closely with your understanding?

Pt. Yeah, that's the kind of thing we've been talking about.

Dr. Yes. So you are in agreement with what I am proposing for your joining the group?

Pt. But I'm not really clear about how going into a group will help that sort of thing. I feel like my self-esteem is sort of really on the line in a situation like that. You know, I feel very vulnerable and the idea of a group situation where I don't really know the people. Do you know what I'm saying? Like with you, we've established kind of a relationship, and I feel like we talk about a lot of things, and you wouldn't do anything to hurt me or be destructive. But these are people I don't know, and I feel like it's hard to trust what might happen there.

Dr. That alliance that you describe between you and me, which is called the therapeutic alliance, is, of course, important. I should point out that not all therapists think one has to have a therapeutic alliance. I think such an alliance essentially means that we speak the same language. I took the model that we're talking about here from an Eastern psychotherapy organization, the Postgraduate Center in New York, that does a lot of group therapy practice and training. This three-step model initially resembles the developing mother/child relationship. After the connection with the mother is established, and a good alliance exists, the child moves on into pre-school or kindergarten. The mother is still there at that point. There's not just the child with the mother, but the child in the social situation as well. Eventually the child lives, as most of us do, largely in the social world thereafter. That's pretty much the model that I use here in combined therapy: individual, individual and group, and then group. Of course, there is some anxiety in all transitions. I think that is what you and I are dealing with now. It's important that you talk about these feelings that you have. I would like you to feel as comfortable as possible, knowing that all will be all right. The group will be safe, a good holding place, a kind of a sanctuary. Gradually you will develop a sense of increasing comfort, trust, and safety within it. It will be a good place for you to continue your therapeutic work. You may have discovered that at times I function as a mirror for you; the group functions like a tailor's mirror, a three-way mirror, where and you can see yourself from multiple perspectives.

Pt. Oh, yeah. I see what you're saying.

Dr. Yes. You can get a look at yourself from a lot of different angles. The poet Robert Burns said

in Gaelic what amounts to, "I wish that I had the gift to see myself as others do." That's probably the most cited group therapy quote. Many people don't have a sense of themselves as experienced by others. That's what a meaningful group therapy experience provides.

Pt. That's really the hardest thing to get, isn't it, to see yourself as other people see you?

Dr. It can be difficult because people often don't want to hurt others' feelings, or they may dissemble, or hold things in, not telling people quite how they feel. But in a therapy group, where people are encouraged to express their sincere feelings, the members can be the beneficiaries of accurate, valuable insights and feedback from the other members.

Pt. So what if I go into this group and nobody likes me?

Dr. Well it's not likely that'll happen because you're 47 years old and you've had a couple of marriages that were satisfying in different ways for a period of time. You've now been single for over a decade. You live very well in the world of others in many, many ways. You're always in groups if you stop to think about it. Since you were little, you were in some form of group. Some people just don't think of themselves as skilled in groups. But they're in groups nonetheless. Whether they're sports groups, church groups, athletic groups, people are in all kinds of groups.

Pt. Well, I guess all through school and so forth, you're in groups of different types. Or your work colleagues and so on. I do have to confess to feelings of anxiety about being in group. I feel that I puts me in a very vulnerable situation. I can't really describe why that is, but it does seem as if you can't go into your, go into the group in the same way as your group of colleagues at work and so forth.

Dr. Of course, your awareness of those anxieties is an important recognition.

Pt. And you sort of have an obligation to be more open and yet I'm not sure I'm always convinced that's the best way to behave with people.

Dr. Yes. And it's important to remember that there's no urgency. And should you feel unduly uncomfortable, we certainly can wait. There's no requirement to join the group this week or the next or ever at all, actually. This is an important decision, and the way we proceed must make sense to you.

Pt. But I suppose it never will feel comfortable till I go ahead and start doing it. I mean, is that true?

Dr. I think that there'll be a readiness that you'll experience and that you'll feel it's a good time to begin. I think that's what you've been saying recently which is why we are reviewing this now. The courage and fortitude you are alluding to is an important recognition. Your awareness of this need is a positive sign. It is one of the indications that to me suggests you are ready to enter a group.

Pt. So why do you think I might be ready now?

Dr. I think it's a natural progression from what you've been dealing with in therapy with me individually, with matters pertaining to how you see and experience yourself. And it seems to me that a group of dispassionate others will add a lot. People who are compatriots, fellow colleagues, people who are in similar situations, can broaden and deepen the experiences you already have gained with me.

Pt. Well I suppose, too, I mean, I have the thought that being in a group, the other people in the group, I suppose, don't feel any particular obligation to me, so, I mean I guess I would say whatever their responses to me are. they should be straightforward and valid, right? Because they don't have any reason not to be.

Dr. In theory that sounds good. We can never be sure of the motives and aspirations of any other person, but part of what happens in a group is that after a period of time, we get to see the patterns, not only yours but those of others too. That's one of the reasons why regularity and continuity is so important. We get a sense of whether what they're saying sounds like it fits and is true. So over a period of time it would be difficult for anybody to fake responses or to hold back significantly.

Pt. Certainly not the whole group anyway, right?

Dr. Of course. that's the value of having a number of people because of the diverse responses. There's a kind of distilling experience which occurs.

Pt. Well, how long typically does a person stay in a group?

Dr. That can vary. In psychodynamic groups such as we're talking about here, where we use words to describe what's going on in our lives, many people think, and I agree, that it may take as long six months to feel like you speak the language of the group. These are verbal groups with pretty high functioning adults.

Pt. So that makes sense.

Dr. I don't think it makes a lot of sense to think that anything less than a year represents a significant amount of group psychotherapy in such a group. That's not always the case but something like that. Sometimes group therapy may extend for many years as some people discover things as they move along that they need to or wish to work on. Some people don't get all their psychotherapy needs met at once either; sometimes they will participate in a group, psychotherapy group and complete much of their work, and for one reason or another may bring that work to a close and then continue another time, for other reasons or to deepen experiences as well, in other words, the psychotherapy group is not just a support group; it's not just to make you feel good but to help you. The kind of group we've been talking about is exploratory, insight-oriented, and one that asks you to be self-reflective and curious about yourself.

Pt. I suppose it's like our therapy, doesn't necessarily make you feel good after every session.

Dr. Yes, of course. In fact it's been said, and I think it's true, that if you always feel good in your psychotherapy group, you're probably in a support group. It's typical of support groups to get people to feel good most of the time. That is their intended purpose; such groups tend to be shorter-term, for example post-train wreck, post-divorce, etcetera. They make use of the concept of bridging these people in the group help each other recognize that they share a number of matters in common, they feel good about that, and they look forward to it. However in the psychodynamic group such as the one we're talking about, while it's not our intention to cause pain anymore than it's a dentist's intention to make your tooth hurt when he probes a nerve, the experience of exploration may sometimes cause you to feel uncomfortable. But it's unlikely for you to feel any real loss or casualty or anything of the sort. Such losses occurred to you many, many years ago. But you might experience, or I might say re-experience, some familiar pains. Sometimes feedback evokes feeling which may cause you to feel discomfort and even pain. This should not be equated with injury, harm, or casualty.

Pt. I think I understand. What else do I need to know about going into the group?

Dr. Of course there are thoughts that will occur to you as you approach your first group session. But it makes sense to review the contract. The contract is important because it gives people something to draw upon when things are unclear. And there's only one reason one ever needs a contract, Mary, and that's to interpret deviations from it. That can be true for a marital contract or for any contract for that matter. One cannot unilaterally change elements of a contract. Penalties

are always imposed when one unilaterally decides to change what has been agreed upon, whether a MasterCard arrangement, a car payment, a mortgage payment, or an agreement with friends.

Pt. Sure. Just like in the legal profession.

Dr. Yes. And you as an expert attorney would certainly know what that's like. Although I have no expertise as a lawyer, my understanding is that it's very similar. In the contract that makes sense for you and me, let's review the elements we need to be clear about. These are really not rules. In fact, there's only one rule I insist upon in this or any group I am associated with at no time is any person permitted to hurt himself or herself, physically or emotionally. That's the only rule. The other things we'll talk about are elements of the contract (nowadays also known as agreement), rather than rules. Make sense so far?

Pt. Okay. Sure.

Dr. I think you will bring much that will be of value to the group-as-a-whole, although your goal isn't to be helpful to the group. Your goal is to get your treatment needs met. We do that using the group process. But we're not treating the group, we're treating you.

Pt. Yes. But I like to think I could offer something.

Dr. Yes. I know that you do. This is an important consideration I make for bringing anyone new into a group. As the people in the group get to know you, they will recognize this too. I'm quite certain it won't take long. It's important to know that the group we're talking about meets Wednesday nights, from 5:00 to 7:00 in the evening. This happens to be a two-hour group, although some of the groups that I lead are 1 1/2 hours. The group meets in this room. Members in the group understand that they're expected to be on time for all sessions and to stay throughout the group for each session. On those occasions when I take vacations, I try to let the group know as much in advance as possible, to minimize any disruption. In this particular group a process known as the alternate group, meaning the group meeting without the leader, frequently occurs. So, even if I'm out of town, the group sometimes meets. Lest that be of any concern to you, please understand that if it looks like the people in it are not comfortable, or that it doesn't seem well advised, there's no reason that we have to do that. But the group typically has met and functions quite smoothly and comfortably.

Pt. Okay.

Dr. Every Wednesday. Does that sound okay?

Pt. Yeah. That's fine. Well, if you're not going to be here, you know ahead of time.

Dr. I want to be sure you are clear about the time structure and can agree with it.

Pt. Yes. Sure, that time's okay for me.

Dr. Okay. Great. Another element of the group that we need to discuss is that this is a therapeutic group, not a social group. In other words people are here for psychotherapeutic reasons and not to develop friends. It does happen that strong feelings occur while you're in the group, and you might feel very friendly, or sometimes maybe the opposite. Sometimes you might want to extend your contacts beyond the group session.

Pt. Uh-huh.

Dr. I am referring to opportunities to meet for coffee or drinks, to fix houses, to go to weddings, bar mitzvahs, and that sort of thing. It's important to pay careful attention to boundaries. We've

frequently discussed in individual therapy the crucial need for meticulous scrutiny of boundaries.

Pt. Right.

Dr. And while it's certainly understandable that people want to take material out of the group, it makes sense that all work be done wherever possible within this room, in the consultation room, which is where I consider that group psychotherapy takes place. Many important contacts may occur in the waiting room or in the hallway, and so forth, but those don't constitute group psychotherapy. Those are not activities I observe. You are paying me to be an expert observer about events that we together can see. In group therapy that's referred to as equal access, where all of us have an opportunity equally to observe behavior that's occurring among us. But if members take behavior outside the group, then we're sort of relegated to hearing third-hand stories, frequently distorted, about what occurred. And I don't think you need to pay me to listen to somebody's accounting of what occurred.

Pt. So you mean whatever interactions we have, they should really occur here, and not someplace else, is that what you're saying?

Dr. Well, it's not a rule and it's not really a "should," but it's an element of the contract. My clinical experience and extensive research in group psychotherapy shows that at least in this kind of work, it's best when all members in the group can observe what's going on right in front of us in the treatment room. Other experienced group therapists agree with this understanding. If I had my wish, I would prefer that somehow in a magical way, at the beginning of the group, a helicopter would drop everybody into the room comfortably and at the end of it would remote everybody. People would then use the experiences they discovered during the group and extrapolate those learning's to people not in the group. Group members agree to keep the group sacrosanct, a special trusted place that they don't violate, so that they can develop the level of intimacy crucial to do the work needed.

Pt. Uh-huh. I understand.

Dr. Now, Mary, closely related to the element of the contact that the group is a therapeutic group, not a social group, is the issue of confidentiality. Members in the group understand that at no time do members talk about issues outside of the group with people not in the group or about anything that in any way identifies a group member. That's crucial for patients to develop a sense of safety, like peeling off layers of an onion, to get to deeper, more important delicate and vulnerable feelings that people are sometimes hesitate or resistant to explore.

Pt. So the kinds of things I would say in the group, other people won't talk about to other people?

Dr. Well, I can't say that they won't, but they agree not to do so. You can only go so far in this world to tell people the things that are expected and to create agreements and contracts. It should be obvious to you, as a lawyer, that I don't have any way of controlling somebody when they're not in this room.

Pt. No, of course.

Dr. Initially we must take people at their stated word. That's why, I think, developing a sense of deepening intimacy takes a little bit of time. Don't feel hurried to do anything before you want to. And when the time feels right to you, you'll say the things that are important. That's why some therapists say that in group psychotherapy, work doesn't actually get done until patients begin telling their secrets. But I consider each person in a group to be his or her own chairperson, and so please say whatever it is you wish whenever you want, as soon as you want. I'm not likely to ask you to say something that you haven't said or don't want to say. I expect that when you're ready or want us to know, you'll say your thing. And the group is also a place where you can't be forced to say what you don't want to say. That's another reason I'm there, to make sure it's fair

and safe. I won't let anybody be abusive or punishing to you or demand that you say something when you say you don't want to.

Pt. See, because I feel you and I have a relationship and I could say anything to you. You wouldn't go out and repeat it to other people, but I don't know who these people are, and I suppose they don't have that kind of professional obligation. But I suppose when I get to know them, maybe I would feel differently.

Dr. I would hope for that, and I would expect that. My experience typically bears that out. It is true that they don't have the professional obligation what I do, but they sort of share the same ethics that I espouse. They've all had the same discussion with me that you and I are now having, and they understand and have agreed to it. Now we've talked about confidentiality and its significance. Closely related is the concept of extra-group fraternizing, that is, social contacts outside of the group with group members or the therapist. And now, Mary, let's discuss this issue a bit more fully. I apologize if this seems so wordy, even 'a hit of a lecture, rather than a discussion at the moment. But it's so important to be clear about this phenomenon .

Pt. Right. And I really want to know what it's all about, and what I'm getting into.

Dr. Of course. The extra-group fraternizing element suggests, and again it's not a rule, but an understanding that group work is best done in our consultation room. And when people do, either wittingly or unwittingly, have outside-the-group contact, it becomes the mandate of each member to report back as soon as possible to the group the nature of the contacts. In that way we can observe together what exactly went on, ensuring equal access. So, this helps us understand any changes in the interpersonal relationships between those involved. Is this clear to you?

Pt. Yeah, I think so.

Dr. All right. So we understand that we do our work in the group room, and as we have previously discussed, we understand that such behavior may involve acting out, when members take something out of the group without the other group members knowing about it. That goes along with the other elements we talked about: therapeutic group, not social group; and confidentiality. It becomes clear then that extra-group fraternizing represents a matter of considerable importance. Now I do have some esteemed colleagues whom I respect highly and who operate differently. They often encourage contact with their patients according to a different rationale. This isn't a comment for or against them. Sometimes in different settings, such inpatient group psychotherapy, extra-group fraternizing is not only unavoidable but often therapeutic. But most psychodynamic group psychotherapists that I know dealing with outpatient groups such as what we're doing here operate according to the framework I'm describing. So we've discussed the following elements of the contract: meeting here Wednesdays 5 to 7; the group as a therapeutic group, not a social group; confidentiality; and extra-group fraternizing. Do you have any questions about these?

Pt. No, that sounds fine. That sounds fine. I'm a little apprehensive, but I'm up for it.

Dr. Do these things make sense to you, and do you feel comfortable agreeing to them?

Pt. Yes. Yes. All of that makes sense to me.

Dr. All right. Then let's discuss another element. This is a verbal group, not an action group. So in this particular group patients are asked to put their feelings into words, not into action.

Pt. So you mean we won't hit each other, right?

Dr. Oh, for sure, we wouldn't expect any of that. But there are groups that are action groups in which members are asked to put their experiences into action and not into words. We happen to

use a different approach, again not better or worse, but this is the way that we function: it's a verbal, not an action group. Any tendency to action, or possibly even acting out, would be important to put into words.

Pt. Okay. Well, being a small person, I'm more comfortable with words than action anyway. (Laughs.)

Dr. Yes. Well, you may discover yourself to be bigger than you think. (Patient laughs.) I think another element that's sometimes hard to grasp at first is that members are encouraged to interrupt whenever they want. The word "interrupt" may be an unfortunate one in our language. Here members understand and agree to say whatever they want, whenever they want, at any time, not cleansing or editing, and trusting to the group process to make sense of things as they come out. In our group's context it is better to interrupt, even though it may sometimes feel socially awkward to do so, than to keep things in too long, waiting for a proper time to say things, doing all the work internally. There will probably be some tendency to do that anyway because you're human. But if you could just blurt stuff out spontaneously, gradually trusting to the group process, you'll see what sense can be derived from our free associations.

Pt. But how can you have a discussion if people are interrupting each other?

Dr. Well, we're not really just having a discussion. You need to recognize that we are not talking about everyday conversations, for example in your law office, or in a public forum. We're trying to make sense of the ways in which we relate and so it isn't a discussion group but a group of people with bubbling-over experiences. Freud said that the unconscious is a seething cauldron that never sleeps. It just bubbles over. I think we shouldn't try to put partitions on soup; rather, just keep stirring it, sample it, and dip the spoon in wherever we wish.

Pt. Okay, I'll try to remember that.

Dr. Does it make sense? Is that okay and something you can agree to?

Pt. Yes, I can agree to it.

Dr. All right. Now another important element which is difficult to nail down specifically is that patients coming into this group agree to stay in the group until the reasons bringing them into the group are done with. Basically this rationale says that you have your issues to work on and that you agree to stay with them until things are pretty well eased and clarified.

Pt. I guess so. I guess I'm not exactly sure what that means in this case.

Dr. Or course we're never really sure ahead of time what it means. It may help you to understand that if somebody comes in to group and thinks that a week or two later all's well, that's probably not the case. So the members agree to stay with the group even if they feel a little frustrated or troubled; they agree not to just change course on themselves and the group precipitously.

Pt. Well, we'd talk about it anyway, right, if there were some problems?

Dr. Of course. This element suggests that we'd not only talk about it, but that you would see it through and stay with it, in addition to talking about it. Stay with it until your treatment issues are completed.

Pt. Okay, I guess I understand now.

Dr. Does this sound acceptable?

Pt. I guess so.

Dr. What I have been telling you is not meant to be coercive.

Pt. No, well, I'm sure I'll understand that better when I get involved in the group.

Dr. It's important that you understand it clearly now. Or before you get in the group. Because by "now," I don't mean today.

Pt. What if I get into tile group and I find that it's a really, really uncomfortable situation?

Dr. You may find it uncomfortable at times.

Pt. What if it makes me feel miserable?

Dr. You may at times feel bothered.

Pt. Well, I guess I'm not saying now and then. Would we be able to discuss that?

Dr. Yes, and that's why we will continue to meet individually and if need be even extra, if we need to, but I don't anticipate that. You'll do just fine. Everything's quite on course.

Pt. I guess based on what you know, you're not expecting that that would be a situation in which I'm miserable or really very overly uncomfortable, right?

Dr. I can see you being uncomfortable, but I think that's grist for the mill and that's group material and perfectly workable within the group.

Pt. I see. I mean, you've chosen this particular group based on our relationship and what we've already discussed, is that right?

Dr. Well, yes, I think it's the best fit.

Pt. Okay.

Dr. Yes, and not just a good fit, but the best one for you. I'm very hopeful and encouraged about the possibilities for the work that you'll continue doing in that group.

Pt. Okay, well, I think you have better judgment in that area than I.

Dr. Well, what we want to be sure about now is not just my judgment but whether the things that I'm saying to you in terms of the elements of the contract are clear and whether you agree to them.

Pt. I just don't know in terms of agreeing in the future. I guess it's hard to agree when you don't understand what the future's supposed to be. How you can agree to something, not knowing what it is.

Dr. I understand your concern.

Pt. But I do understand that you don't believe there's any reason to have anxiety about that, I mean, and I accept that and I respect your judgment about that so I guess in theory I can agree.

Dr. Well, it's important to agree in more than theory, in practice, because you're going to be entering a group that has people in it who are expecting that members will be there, stay there, and will work things through, and who won't in any way surprise them with sudden exits based upon an interpretation or a feeling of the moment.

Pt. Oh, of the moment? Well, if that's what you're asking, I think I can agree to that. I'm certainly willing to give everything due consideration, I think, and not respond to some particular specific event. So, if that's what we're talking about

Dr. Yes. What we're talking about is that you agree to stay in the group until the reasons that brought you into therapy and into the therapy group are actually dealt with. Not just to give consideration to it, that's certainly assumed, but to stay in the group until you're done with your work. I know that this may seem vague. I don't know how to make it more specific. I'll have a sense about how things are going for you. And so will you.

Pt. Well, if it's an issue of a mutual decision, I think I can agree to that.

Dr. But if you're not certain, that's not actually an agreement.

Pt. You know, as a lawyer, it's hard for me to agree to something in the future that's not something specified.

Dr. That is one of the reasons you came to me for therapy in the first place, wasn't it? To experience parts of yourself that you are not certain about, the nonprofessional parts of yourself, the emotional parts, for example. I know that in your work as a lawyer you find it hard to work with others generally and to permit them to structure a situation.

Pt. Well, I have to. I have to consider the various contingencies that could arise.

Dr. But I am not treating a lawyer. I am treating somebody that has described lower self-esteem and poor relationships in many parts of her life, long before she was ever a lawyer.

Pt. Well, that's true. That's certainly true. What else do we need to talk about?

Dr. Well, I don't know that we've agreed to anything with respect to this element yet.

Pt. But let's look at the other issues and we can come back to that.

Dr. I think it's important to stay with this for the moment. The other elements are not directly related to this one. But this element can sometimes seem puzzling. People coming into the group agree to sit: with the group until the reasons that brought them there are dealt with.

Pt. Okay, so you're saying, in other words to agree to stay in the group until we've, until we've addressed those issues, is that right'?

Dr. Yes. Well, not just addressed them, we'll be addressing them all along, but until they're treated. Until you're making better sense of them in your life.

Pt. Okay.

Dr. Is that okay with you?

Pt. Yeah.

Dr. We've talked about where the group meets, Mary, and that it's a therapeutic and not a social group. We've talked about confidentiality and extra-group fraternizing. We've talked about this being a verbal group, not an action group. We've talked about interrupting, and putting feelings into the moment. We've talked about staying with your issues until they're brought to completion or closure.

Pt. Right.

Dr. We should also pay attention to fee responsibility and who would be paying for the therapy. As we discussed, the fee for this group is \$X per month.

Pt. Right .

Dr. This fee is paid monthly, and patients pay a month in advance besides that when they begin. It's like paying a security deposit, although it's not exactly that. So, as you begin group, let us say next month, at the beginning of the month, you would pay the monthly fee and you would pay for one month extra at that point. Then at the end of the next month, you would pay for one month, which would be for the next following month. This arrangement may help buy time for the patient and/or the group in the unlikely event of a sudden, premature termination from the group. If we can in this way encourage the patient to remain for the four or five weeks (or eight to ten treatment hours) of that month, it is often possible to work through whatever impulsive or acting-out aspects may be involved. There are, of course, no guarantees, but I've discovered that such an arrangement serves to protect the patient and the group.

Pt. Okay. I understand.

Dr. Does that make sense to you?

Pt. Sure. Right.

Dr. And you would be paying me directly? There are no relatives or third parties in this case?

Pt. Oh, yes. It's my own funds.

Dr. All right. Should there be any reason for anybody else to be involved, then you and I would talk about what issues might arise with respect to disclosing information pertaining to your treatment.

Pt. Okay.

Dr. Basically I think that would be pretty much it. That's essentially the whole contract that I find helps us in the group. I haven't got much more to add at the moment, or to delete. I think this will help to keep things clear for you. The elements of the contract are intended to provide a clear structure to facilitate your therapeutic work in the group. I am confident that this discussion will help to smooth your entry into the group.

Pt. Okay. Great. So then I'll start the first Wednesday of next month, right?

Dr. Do these things sound clear? Do you agree to them?

Pt. Yes. Yes.

Dr. I think the Wednesday night group makes sense. Why don't we start on the first Wednesday of next month?

Pt. Okay.

Dr. Fine. And I would like to add a recommendation.

Pt. What's that?

Dr. This is sometimes hard to remember, but it's worthwhile. When you come into the group, it's

such a special moment. Imagine yourself being a little fly on your shoulder, watching yourself as you're in the group. You know, we've talked about the observing ego, watching ourselves as we function, keeping an eye on ourselves. Developing an observing ego is an important function of maturity. And entering a new group, particularly such a special one as this, is so rare in life, you can't ever get it again. You can only have one first moment entering a new group. Even though you may have anxieties and concerns, try to use a little energy to pay attention to what it's like for you, perhaps just before you come in, or during that day, or in the waiting room, or as soon as you enter the group room, and then what it's like for you during that session. If you can be that little fly on your shoulder, pay special attention not to lose that very special, virgin moment, that can never be had again. There's only one first first.

Pt. Okay, I'll try to remember -

Dr. Yes. I know I've been saying a lot. It may be difficult to remember all of this. But I can assure you that it will make more sense as soon as you're there. You will see people that are within ten or fifteen years of your age, men and women, married, single, most all of them with college-plus education, and coming from various socioeconomic backgrounds. But they all talk the same language and have pretty much the same interests. It's a rare occasion in life to be in a place where you can assume that the people in that room, unlike most places in our world, are willing to listen to just about anything you have to say, for two hours, every week. No matter what.

Pt. It sounds exciting.

Dr. Yes. Very exciting.

Pt. Thank you

Dr. I'm delighted. I'm looking forward to it. I think you'll be an asset to the group. Are there things you want to ask? That's probably an inhibiting question in itself. Anything you want to ask that I didn't touch on? I've been exhaustive, actually exhausting, probably.

Pt. Well, I don't have any questions right now, but I guess if I think; of anything in the meantime, we can always talk about it next week, right?

Dr. Of course. We have several weeks left. All sounds fine, and I think we're all set. I'm looking forward to your joining the group and, with your permission, I will begin to be a little more specific with them next week. I will let them know that we'll have a new person, although no details, of course, will be disclosed, although they may ask questions. This group has learned not to even do much of that. They'll likely just say, "We'll wait," and be curious and let the fantasies roam. They've learned to be able to wait and work with their feelings and thoughts. The group will be eager to meet you.

Pt. Okay. Good. I'm looking forward to the opportunity.

Dr. That's great. And we'll see you next week.

Pt. Okay. Bye.

Dr. Good-bye, Mary.

ADDENDUM TO INTERVIEW

The above interview is a simulated, condensed assessment and preparation for group psychotherapy conducted with an actor, Mary, who plays the role of a patient who has been in individual psychotherapy with me once weekly for ten months for treatment of depression. Our continuing treatment plan which is on schedule, is to have her join a specific one of my adult,

continuous (open) outpatient psychodynamic psychotherapy groups. Primary areas of focus deal with her chronic pervasive sense of low self-esteem, and associated mild depression and anxiety, with special attention being paid to her less-than-fulfilling interpersonal and occupational relationships, and fears of intimacy, which are at the core of her resistances.

In the previous months, and particularly in the three-session consultation for psychotherapy which I typically conduct when first meeting a patient, a complete history was taken. The simulated assessment above assumes that historical background and knowledge. Typical information I find helpful includes a complete family and medical history, the latter detailing all significant illnesses, hospitalizations, allergies and surgeries, sleep and eating habits, hectic routines, use of alcohol, caffeine, and all prescription and non-prescription medications. Educational, social, sexual, religious, civic, recreational, vocational, financial, and legal histories are detailed. Tendencies toward impulsivity and acting out are noted, as are the patient's group experiences from early childhood in, both successes and failures. An evaluation of the patient's chief complaints, symptoms, goals, objectives, present and past experiences with the psychotherapies, and fantasies, hopes, and expectations for the anticipated therapy are discussed. Since patients usually are referred to me for psychotherapy generally, it is my practice to inform such prospective patients during those early first session that, should we decide to work together, I conduct psychotherapy groups, and it is likely that later in treatment, but probably not before nine months, a psychotherapy group (led by me or someone else) may be indicated. This assessment, then, is the natural evolution of psychotherapy begun almost a year earlier, and it is assumed for assessment purposes here that I have considered issues of selection and group composition for balance and to create the most nourishing environment for the patient.