



NSGP

Northeastern Society for Group Psychotherapy

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Letter from the President



Dear Friends,

This is my first President's column, and I'll open by simply saying hello. I'm pleased to be in this role. I've been active in NSGP for many years,

care very much about this organization, and plan to work hard over the next two years. I'm a great believer in group therapy! I think that group therapy gets at the heart of interpersonal difficulties in a way that individual therapy often cannot. I also believe that learning about oneself in a group is about the most valuable psychological learning there is. My group therapy training has been the most important influence on my clinical work, and NSGP and AGPA have been my professional homes for many years.

Right now, I have the anticipation that group leaders experience when they begin a new group: excitement, curiosity about what lies ahead, and certainly some anxiety. Although NSGP is quite familiar to me, and I am starting my sixth consecutive year on the board, nevertheless the organization looks different from this position. I am fortunate to be following in the footsteps of Barbara Keezell under whose superb leadership NSGP celebrated its 50th birthday, renovated its website, and developed new member benefits such as the listserv and the Consultation Benefit. I am blessed with the best board a President could hope for — an energetic mix of old and new members with a wide variety of talents. And our new Office Manager, Todd Morse, has done an amazing job of learning the myriad tasks required by the various components of the society.

This will be a year of challenge and change for the society. For the first time in many years we have a deficit operating budget. We are in no immediate danger, since we have adequate cash reserves, but we need

to do some good old-fashioned looking at ways to increase our income and cut our expenses. The board will be working hard on this over the coming months. Also, we do not have a first year Training Program class this year due to low enrollment. The Training Committee will use this year as an opportunity to offer different kinds of training opportunities and to examine the current program. The last time this happened, the Training Program morphed from a weekly program to the intensive weekend model which has been very popular for some years now. So these things happen, and I am confident the Training Program will come up with something new and creative.

Planning for next June's conference is underway. Jim Leone, the senior co-chair, has successfully negotiated with Jonathan Shay, MD, to do our Special Presentation. Dr. Shay (no relation to "our" Dr. Shay) is a 2007 MacArthur Fellow, a psychiatrist at the Jamaica Plain VA Hospital, and has written extensively in the field of PTSD. This should be a superb presentation. And, although we have a long history with Wellesley and it is a beautiful setting, we have a site search committee actively working to find us a less expensive and more T-accessible site.

In June, I attended the AGPA Affiliate Assembly and enjoyed meeting other affiliate presidents. I returned filled with gratitude for what we have in NSGP. We are the second largest affiliate society (only Eastern has more members); we have incredible energy; and we have a culture of respect and compassion for one another. We are a friendly group, and while surely we have an inner circle (some of us have been here for a long time!), the boundaries are permeable. Join a committee and see what happens! As we think about what to change, it is crucial that we acknowledge and hold on to what is good in our organization.

In that connection, this summer I re-read the history of NSGP. I recommend this

document (A History of the Northeastern Society for Group Psychotherapy, available on CD-ROM through the office) to everyone. It is the story of NSGP but also the story of group therapy during the second half of the 20th century. It is remarkable how the same themes reverberate throughout the years: change versus stasis, inclusion versus exclusion, and the effects of powerful personalities on the group. I'll close with a quotation from the history that provides some perspective and guidance for present times: "It is the story of a vision held steady through many twists and turns: enlivened by the dynamic tension between conservatism and change, maintaining what is and what was, while adapting to new learning, ideas, and demands."

I welcome your comments about this column or any other concerns.

Eleanor Counselman, EdD, CGP, FAGPA
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The goals of this newsletter are two-fold:

- To promote the objectives of the Northeastern Society for Group Psychotherapy, an affiliate of the American Group Psychotherapy Association.
- To be a forum for the exchange of ideas and information among members.

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Monday-Friday 9 am to 5 pm

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Letter from the Editor

Warning: post-hypnotic suggestion coming. When you finish reading this column, some of you are going to contact me or our new President, Eleanor Counselman, at groups@nsgp.com.

So, who are you going to vote for in November? You don't have to tell us when you email. But, admit it. When you were watching the party conventions, especially of the party you don't favor, didn't you have the thought, how could anyone believe this [expletive deleted]? Ah, the wondrous power of groups.

By the time you read this, the political conventions will be over, as will be the Olympics. However, as I write the column, I am in the midst of enjoying these events—but not without reservations. Reservations about groups, to be precise. While we all love groups, once again it becomes evident that groups can be bad for you as well.

First, the Olympics. For many in the world, it is doubtless exciting to have your tiny country not only represented, but also victorious over larger and wealthier countries. Witness the remarkable success of the gold-medal Jamaican track teams, from a country of less than 3 million people. And when a swimmer wins the sole gold medal for a country in turmoil, Zimbabwe can forget, if only for a moment, that 1 in 7 of their people is HIV positive. Groups can celebrate the successes of their own, be inspired by them, and experience a bond with one another—even when from different sub-groups—not often given to them.

This is the best of groups: identification, collaboration, inspiration, and belonging.

But don't we also see represented in the Olympics the worst of groups?

Every day, we had the medal count. So, China won more gold medals than the US, but we won more total medals. Surely this must mean something important. Symbolically, however, this reflects one of the worst aspects of groups. It is one thing to be competitive and desire to win, it is quite another to desire fervently for the other to lose. To cheer the success of your group is not the same as glorying in the injury or defeat of the "other" group.

Group membership can also inspire destructive competitive strivings.

Which brings me back to the two political conventions. Again you may have felt identification, collaboration, inspiration, and belonging—but only during one week, I imagine, with one party. And you may well have felt frustration, anger, and even disgust with the other party. Perhaps, you felt as well those destructive competitive strivings. Wouldn't it be wonderful to see the other side experience ignominious defeat? In your heart, did you want the "surge" to succeed or fail?

You are familiar with the idea of *schadenfreude*, meaning to take delight in the misfortunes of others. I prefer the cognate concept of *morose delectation* which means "the habit of dwelling with enjoyment on evil thoughts"—which the medieval church made a sin, but the Marquis de Sade made a career

No need to feel ashamed of these sadistic thoughts either, because when we share them with a large group of others we can feel insulated against the experience of shame. But shouldn't this insulation itself give us pause?

Throughout this political season, I've had the superior—and shameful—thought, "how could any thoughtful person vote for him?" But can it truly be that the beliefs of 50% of the nation are actually superior to those of the other 50%? What am I to make of the fact that I treasure democracy, diversity, and freedom of speech and thought, yet in my lived reality I can be particularly intolerant of a sizeable group of people who think so differently than I do? As Jon Stewart said of one of the two sides, "they always speak of how much they love America. They just hate half the people in it."

What has happened to us that we have regressed to being two nations? When did partisanship become polarization?

Isn't there some group out there that doesn't take morose delectation as its byword?

Warning: shameless plug coming. I have always found NSGP to be such a group. I shift here from the global to the local, which can be an antidote for us. In my years in NSGP—but not until after having

the deep recognition that the (polarized) enemy to my sense of belonging was me—I have met astoundingly generous, creative, and caring people who welcomed me in. For those of you who are not yet in, I want to extend this welcome. There are many opportunities to connect more deeply, to belong more actively, to enjoy the benefits of the camaraderie which this organization does offer.

Truly,

All you have to do is email me or Eleanor at groups@nsgp.com and say, for example, "I don't know why I'm writing, but something compelled me. What's next?"

We'll take it from there.

Joe Shay, Co-editor
NSGP Newsletter

Co-editors Joe and Lise will alternate the Letter from the Editor in this space.

NSGP Spring Retreat

May 2008



**Steve Haut, Karin Hodges,
& Eleanor Counselman**



Steffen Fuller

Help support group therapy training through

On-line Auction and Shopping

- Are you wondering when to begin your holiday shopping?
- Are you questioning how to lend support to your group therapy community?
- Are you considering getting yourself a special treat this year?
- Are you contemplating who to vote for in the upcoming election?

The answers to the first three questions are just around the corner at the **NSGP Foundation's new On-line Auction Event!** The on-line auction will kick off early in November, just in time to start your holiday shopping.

Whether you are making a purchase for yourself or as a gift for someone else, there will be something for everyone in this auction. And the funds we raise will help to support the mission of the Foundation—to promote group therapy practice, training, research and community awareness. Its funds also support the activities of NSGP.

What is particularly unique about this type of auction is that you will be able to offer meaningful support in four valuable ways:

- 1) by introducing your friends, colleagues, and family to the auction site;
- 2) by making donations of items for the auction;
- 3) by inviting sponsors to support the event; and/or
- 4) by bidding on items yourself.

Remember, we will be auctioning off a variety of fun, practical, and special offerings including weekend getaways, adventure trips, sports and celebrity collectibles, cooking and houseware gifts, artwork and crafts, entertainment packages, and many more unique items.

You will be able to soon visit the auction on the internet at **NSGPF.cMarket.com/NSGPF-2**. Keep an eye out for a follow-up e-mail announcement which will inform you when the site is live and available to explore. We will also be sending your further information on how to best navigate the site for your enjoyment and for your contributions.

Remember—going once, going twice...sold to the highest NSGP bidder!

Reflections on Attending a Psychodynamic Institute

by Greg Chilenski, PhD

This Annual Conference was the 6th or 7th I've attended over 20 years, but never before had I joined a Psychodynamic Institute. Instead, Special Interest Institutes were always my choice. While I have 25 years of experience leading groups, I never thought of myself as a psychodynamic group leader. When I registered for this Institute I wondered if I belonged in it. This concern lasted until the chairs filled for the opening of session one. I realized then we were all going to be members. "Someone else is leading; she's responsible for how this goes. I can choose freely to pay attention to myself, to someone else—or to nothing in particular. I'm not working!"

This Institute was to be an important start for my real working weekend. There was real work to come for me because the next day I would be making my "debut" as a workshop leader at an NSGP Annual Conference. I knew I wanted to talk about this in my Institute, but I wasn't sure how I would. It felt awkward to be a senior clinician among other senior clinicians, but also to feel like a novice: a novice member of a psychodynamic group and a novice workshop leader the next day.

In retrospect, I can see that I experienced several emotionally important moments in my Institute and, upon reflection now, that I had hoped for them before going. Much of this hope was felt but I had few words attached to the hope then. I'm sure I could only vaguely have indicated these as personal "goals" before the

Institute met; and usually I'm a therapist who works toward "goals." I am grateful that I was able to recognize these moments when they happened and that the leader and the group members created an atmosphere where it could happen at all.

Disclosing to my group my approaching debut, I felt encouraged by the quiet support they gave me. But also I sometimes felt challenged by some members. I had to question the congruence between my ideas of myself (as a clinician, as a group leader, and as a group member) and my actual emotional presence in the room as others experienced me. This happens to me a lot in life, too, usually under very challenging circumstances. But these challenges in the group worked for me because it occurred in a group whose interpersonal boundaries and group-as-a-whole boundary were negotiated. The implicit and explicit processes of negotiation, while sometimes a little anxiety-provoking, made the eventual group environment a safe one for experiencing these challenges. I value my memories of this Institute, the comfortable and the difficult, because I experienced genuine

warmth among members, and, I hope, I expressed it as well. Without this, the challenges would be remembered as too challenging, maybe mildly traumatic. Our warmth helped create in me a sense of confidence that the conference milieu had potential to take good enough care of me that weekend.

I have observed for many years that group therapy provides to group members the opportunity to "understand ourselves and others," the Conference theme. But prior to this Institute my idea that self-knowledge would contribute to my being a better leader was mostly an intellectual understanding. This Institute experience taught me that there is a limit to my own growth when I can only observe myself as a leader of a group, as "the Doctor." Becoming known to myself in group also required becoming known to others and required me knowing others personally, member-to-member, outside the provider role.

I'm looking forward to being a member of another psychodynamic process group.



Jim Leone & Kim McNamara



David Hawkins, Carolyn Stone, & Alan Witkower



Greg MacEwan, Jenn Ragan, Ben Banister, & Rowell Levy



Massomeh Namavar, Terri Halperin-Eaton, Amanda Frank, Sasha J, Elaine Allen, & Felix Fernandez Pizzi

The Eyes Have It: Capturing the Spiritual Moment in Group

by Steffen Fuller, PhD

What can a group leader learn from gazing into the eyes of another person? Or listening to the chirping of the birds on a late spring morning? Or trying to wrest one's fingers from a Chinese finger trap?

These are all experiences I had and learned from during participation in Mark Sorensen's workshop titled "Lessons from Buddhist Psychology for the Group Therapist," offered during our June, 2008 conference "Excellence in Leadership: Understanding Ourselves and Others in Groups."

Looking back with some perspective on the workshop, I think that what I carried away from the experience was congruent with the theme of the conference: I learned that excellence in leadership starts with being open to a new experiencing of self and a willingness to approach others with both curiosity and trust.

I registered for the workshop with some curiosity and limited trust. Buddhism is not something I practice nor have I considered my therapy practice to be particularly spiritual. Yet the pull toward understanding more about spirituality and leadership drew me in. What Mark's workshop did for me was to provide a series of experiences which brought spiritual matters to immediacy and helped me focus on how important worshipping the power of the intrapersonal and interpersonal moment is in developing trust in the power of the group. And isn't that the "spiritual" component of what an effective group leader does?

After Mark provided a brief overview of Buddhist teachings, he launched us into working with self and others through experiences which included trying to free one's fingers out of a "finger trap" (the only way out is, paradoxically, to "push in gently" rather than pull out with force.) This served as a metaphor for how to "lean into" personal and interpersonal conflicts rather than respond "head on." Mark then led us in discussion about how these principles can relate to our work as group leaders. I thought about how, time and time again, I have needed to develop trust in the group process to respond to conflict and to resist my urges to respond in knee-jerk fashion. The implication of these issues for leadership at many levels and in various systems applications is compelling.

What I remember most, though, is gazing into the (beautiful!) eyes of one of our conference's co-chairs (Jim Leone) during a minute when he wasn't running around the Wellesley Academic Quad. During that minute, his leadership and mine were focused on eyes and souls and the chirping of birds. The conference and its business resumed — after the immediacy and the spirituality of our shared group encounter.



Jenn Geppert & Ann Koplou



10 Past Presidents!



Kathy Ulman & Greg MacColl



Eleanor Counselman, Jerry Gans, & Barbara Keezell



Ken Gilman, Carol Crosby, & Rick Lynch



Richard Kaufman & Vicki Putz

Infected by Trauma

by Sara Emerson, LICSW, CGP, FAGPA

This year's Rice Memorial Fund Special Event, *Infected by Trauma: A "group process framework" for helping therapists address the traumatic impact of working with traumatized patients from a Northern Irish experience,* was a collaborative effort between the Fund committee, NSGP, and The Institute for the Study and Promotion of Race and Culture (ISPRC). In the spirit of the foundation, the daylong event held at Boston College was an effort to explore the impact of trauma on people's lives as well as issues of race and culture.

The main presentation featured Dr. Robert Moore from Belfast, Northern Ireland, and the team which accompanied him, Mary Corry, Martin Dorahy, and Ann McSharry, also from Northern Ireland. In the morning, Dr. Moore's presentation of the model was followed by reflections of the team members and questions from the participants. Dr. Moore has developed an interdisciplinary model of supervision for clinicians working with trauma survivors which he describes as a "process framework for supervision." This model was developed, according to Moore, to "help the practitioner manage high emotional impact work in a more healthy way, to help supervisees enhance their reflexive capability, for supervisors to function more clearly as facilitators of learning and to resist the temptation to offer therapy to the supervisee or to the client by proxy and for multi-disciplinary teams to have creative conversations about their shared experiences." The model was developed within the context of a culture with a legacy of intense inter-community conflict, violence, and long-term civil strife — a legacy which continues to impact people in their daily lives. For clinicians working with a traumatized patient or population, the feelings and responses evoked in the clinician can result in secondary traumatization. Clinicians often need help in acknowledging, accepting, and managing these disturbing and distressing affects. Supervision is one of the primary means of addressing and containing these experiences.

Lunch was included as a part of the event as a means of enhancing conversation and connection among the participants

and presenters. Participants, reflecting a broad range of disciplines and experience levels, were assigned to tables comprised of a member of the team from Northern Ireland, a representative from ISPRC, and a conference committee member. Discussion at the tables enhanced and enriched the process of the day by introducing people who might otherwise not find their way to one another. For example, one participant from Northampton, MA attended because of her own connection to Northern Ireland which she visits to work with artists who create murals reflecting the Troubles. Not only did she share her work with us, but she made some valuable and important connections which she will utilize in her next trip to Belfast. Also participating were a number of students from the graduate program at BC who are connected with the Institute and who brought their own perspectives.

Following lunch, we reconvened for a demonstration of the supervision model. Dr. Moore led the team just as he would when they actually work together. This was followed by the final segment, a presentation by Angela DeSilva, a PhD candidate in the Boston College counseling psychology program. She spoke of the impact of our clinical work on members from various cultural settings as well as offering a description of "response trauma," that is, the ways in which trauma impacts people of different races and cultures. Her presentation offered a bridge between the work done in a setting of trauma, like Northern Ireland, and the US where the cultural context may not be as overtly traumatic, but the cultural biases and context contribute to people's traumatic experiences. DeSilva's presentation focused on helping clinicians develop an awareness of the discriminatory practices which impact and can traumatically effect people's experiences.

In the discussion period that concluded the day, participants offered a range of questions and reflections from their own practices and work experience providing additional richness to the day. I was very pleased to have been part of the committee to organize the event, along with Patricia Doherty and Betsy Gaskill, as well as to have been a participant who enjoyed the day immensely.



Violence in Peru and The Healing Power of the Group

by Kathy Ulman, PhD, CGP

As I looked out of the window of our 14 seater plane onto the brown barren Peruvian Andes and the city of Ayacucho, I wondered what I would observe that day that could possibly alleviate the suffering of the inhabitants of this Andean city that had been the seat of the terrorist group "The Shining Path." The Shining Path was a communist group that grew into a guerilla terrorist organization bringing violence to many parts of Peru. The innocent citizens of Ayacucho suffered not only at the hands of the guerillas, but also from the military who attempted to suppress the hostilities by killing any inhabitants suspected of collaborating with the Shining Path. The legacy of these years of violence is a country experiencing various levels of post traumatic stress disorder, serious domestic violence, and drastically increased birth rates among very young teenagers.

I went to Peru with another psychologist under the auspices of the Harvard Program in Refugee Trauma's "Project of Strengthening Integrated Health Care for the Population Affected by Violence and Human Rights Violations in the Republic of Peru." Our task was to teach faculty from the University of San Marcos Medical School and officials from the Ministry of Health about the psychological effects of trauma and the effects of violence on women and teenagers, and to observe the progress of the Project. They, in turn, worked in teams to create educational modules to be taught to the health care workers in the field.

First, we were graciously welcomed by the project representatives in Peru, Dr. Victoria Pareja and Dr. Pedro Mendoza and by all the officials we met in Lima. At the sites we visited, we observed the



Mothers and infants in Lima

dearth of resources but also the creative efforts of health care workers to reduce teen pregnancy and domestic violence. In the Maternal Child Hospital we saw the stark reality of the effects of the violence: drab but clean wards of very young scared pregnant girls ages 11 to 15 in labor. Of all the poverty and suffering that I observed on this trip, witnessing these scared young girls in labor had the most profound effect on me.

In our visit to the University of San Marcos Medical School, we consulted with the teams of faculty and health officials who were creating the modules and participated in the weekly progress meeting. In the field, we observed these teams as they taught the modules to the health care workers at the Huaycan Hospital and in Ayacucho, and watched the students make group presentations related to various aspects of the modules. At Huaycan Hospital, the students were engaged and excited about their presentations and about the program as a whole.

As part of our preparation to go to Ayacucho, we were told that all the health care workers had been directly affected by the violence either by having been a victim themselves or by having a family member murdered. We wondered how these health care workers, who most likely had experienced primary or secondary post traumatic stress disorder, would fare in studying the modules and in providing health care to a community of individuals so affected by violence. I was reminded of our dilemma in the US after 9/11. How can the helpers assist others when they themselves are traumatized? What we saw spoke to the healing power of the group.

In Ayacucho, in addition to didactic presentations of the modules, the teams designed skits to demonstrate the effects of and treatment for the social effects of violence. To our delight, we observed

students passionately engaged in presenting skits, costumes and all, that portrayed families grappling with problems such as physical violence, racism, and pregnancy. Embedded in the scenarios were consequences and solutions such as visits to court and social agencies and family conversations about the dilemmas. These skits were presented with pride and accompanied by joy and laughter. The teams were planning to present the skits to the community in the upcoming months. The camaraderie, pride, creativity, and productivity of the teams at Huaycan and Ayacucho reflected the success of the Project.

After our visit to Ayacucho, my thoughts returned to my earlier uncertainty as to how the suffering and psychological trauma of the health care professionals would affect their ability to work together to teach the health care workers in the field and how, in turn, the health care workers could address the mental health needs of their communities in the face of their own trauma. I realized that these work teams formed a holding environment that provided support and healing for the health care professionals so they could address the devastating effects of the violence on their fellow countrymen and design and teach the modules. For the health care workers, the process of working in teams, in turn, provided a healing group environment that allowed them to design skits to address the harsh realities of the communities they served and, hopefully, work through some of their own personal reactions to the violence. The Project co-directors, Drs. Richard Molica and James Lavelle, in turn provided an overall container that supported all individuals involved in the project. I was once again reminded of the healing power of the group when it is provided with a strong and well-defined container. I am indebted to Drs. Molica and Lavelle and to all those individuals I met in Peru.



Kathy with her friends in Peru



The Israeli Scientific Conference for Group Therapy and Facilitation

Exclusion—Belonging—Passion

by Sara Emerson, LICSW, CGP, FAGPA

This summer, I was fortunate to attend and present at a conference in Sderot, Israel. Fortunate, you might ask, to attend a conference in an area which has been the target of frequent missile attacks which had intensified during the spring and early summer of this year? Why this location? The organization chose this area as a way to show support and solidarity for the many people who work and live in this conflict ridden area. Orit Nuttman Schwartz, the founder and head of the School for Social Work at Sapir, lives outside of Tel Aviv, but travels and works 5 days a week at Sapir. She is totally dedicated to her program and work despite the stress of working under such conditions. This spring, the college suffered heavy shelling, Orit's classroom was destroyed, and a student was killed. Despite the continual attacks and constant threats, Orit and others continued to teach and to work to contain their students. Given her dedication, I couldn't say no when she invited me to present.

While the meetings were conducted in Hebrew, there were a limited number of presentations in English. The conference committee organized a group of interpreters who were available for the handful of foreign non-Hebrew speakers. The Keynote speaker was Molyn Leszcz. Molyn is Jewish, lives in Toronto, but gave his forty five minute address in Hebrew (he is not bilingual). It was very moving and meaningful to have him work to bridge the gap between countries.

My presentation, "In Finding You, I See Myself," was attended by both English speaking non-Israelis and bilingual Israelis. At one point, an Israeli woman was unable to understand the English and the interpreter stepped in to translate and explain. Even though I couldn't understand the language, the affect was not language bound. The room felt alive and harmonious in the exchange.

I could continue at length about the richness of participating in such a conference, but let me conclude by saying that I am still processing the experience and trying to comprehend what life must be like for those who live there. I marvel at the resilience and spirit of the residents of Sderot as well as the staff, faculty, and students at Sapir College.

ANalyze This

This question and answer column appears regularly in the Newsletter and addresses complex dilemmas in group therapy. Featured are case vignettes presented by NSGP members, with responses by senior clinicians. If you have a question you would like considered for this column, please submit a case vignette of 400 words or less to Joe Shay, PhD through the NSGP office, or via email to newsletter@nsgp.com. (Please remember to preserve the confidentiality of any group members described.)

Dear Analyze This

I have a group member, Lottie, who is chronically late for everything, not just group. As you can imagine it has negatively affected every area of her life. Lottie has lost her psychiatrist, friendships, jobs, and a number of intimate relationships because of it. Trying to budget her money has been equally as difficult. The struggle this causes in her life has left Lottie feeling depressed and anxious most of the time. She was hospitalized twice in her early twenties for depression, anxiety, and suicidal ideation, and she fears that may happen again.

In group, Lottie is usually 20 to 30 minutes late and the first to apologize for her lateness with much self reproach and vows to be different. Most attempts on her part, however, are short lived. Other times she avoids coming at all. The group has addressed the effect it has on them from feeling hurt and uncared about, to the "specialness" this affords her, to plain anger, to reluctance to address it at all.

In addition to seeing her in group therapy, I see Lottie individually as well. After two years of this arrangement, I moved her individual time to just before group. This maneuver on my part indeed may have fed into the specialness she desires. Lottie is now on time for group which has allowed group members to share feelings about closeness and dependability but, still, she misses about half of our individual meetings!

In group, Lottie has shared her fear of being depended upon by others and of being exposed as incompetent since she

is a mental health worker herself. Most recently she has complained that group hasn't helped her change at all in the four years she's been coming.

I have other patients in other groups who are late, and others who complain about making little progress. I have to admit that what I think when these events occur is that I am somehow failing to do my job as a leader. What I feel is a sense of disappointment in myself and, to be candid, anger at the late or complaining member.

So, I have two questions, I guess. First, what does the group therapist do when patients are chronically late or absent (since I can't move every late group patient to a slot just before the group)? And, second, how might I best respond to patients who complain that they aren't getting the help that they need? I am interested in your thoughts not just about Lottie, but about these issues in general both for the group member involved and for the entire group as well.

Disappointed and Angry

Dear Disappointed and Angry

Thank you for being so courageous. This rich example of a very difficult patient reflects issues that we have all struggled with and often feel humiliated by. Patients communicate with us on a number of channels, not just verbally, and our job is to translate this communication. We translate using the clues they give us which, we hypothesize, connect to early developmental experiences. To decipher the clues, we follow the trail of the transference and countertransference.

Lottie has done a wonderful job of creating a transference/countertransference bubble, and the group therapist can welcome this event because of the rich material embedded within it. Lottie has caused you to feel just as she feels, as does everyone else she comes into contact with. She has made you feel disappointed, angry, inadequate, helpless, and clueless. Your job is to engage Lottie directly about this dynamic.

Lottie's interpersonal issues are widespread, affecting her management of money, her use of time, and her

participation in psychotherapy. They are entrenched enough that they have cost her a psychiatrist, friendships, jobs, and a number of intimate relationships. As a result, her self-esteem has suffered and she has needed two hospitalizations. Lottie has limited insight about her issues and little control over them. While we lack a history, we can safely surmise that the genesis is in the early years of her development. Because Lottie undoubtedly feels a great deal of powerlessness and shame, we can make a good guess that there will be few ready memories of early trauma. She needs the therapist to translate her communications for her since her form of communication is through her behavior.

This is the part where you engage Lottie directly. First, you need to recognize that you are joining with her in being angry, disappointed, resentful of getting no help, and ashamed. You feel it. Your second step is to acknowledge it to her, when you are not angry with her. You can do this, for example, by saying something like, "I have to admit that when you say again and again that the group is not helping you, I can feel a stirring of defensiveness and even frustration in me. This helps me understand what you must experience perhaps every day in your life, when things are just not going the way you want them to." The third step is to invite the group into this discussion. We often ask our groups to enter into each other's transference, stories, dreams, jokes, and associations, so why not invite them into this morass of disappointment which Lottie is presenting. Lottie may well not like this new approach, and may feel that you are making fun of her, or giving in. You need to reassure her that your goal is to help group members see what they share. Thus, the group, and you, establish an empathic link to her, directly facing the feelings rather than avoiding them and experiencing the resultant shame and powerlessness that have become such a fundamental part of her self-identity.

Lottie is the type of person who causes us to distance from her, or to disengage with her. To try to step directly into her experience may well make her feel less alone and unlovable. Lottie's repeated losses and failures may have confirmed a deeply held belief that she is unlovable, defective, and unworthy of anyone hanging in with her. I recently

had a similar experience with a group member who made everyone feel angry and inadequate. I met with him individually after a series of disastrous group sessions because I felt it would be too shaming for him to confront him within the group. In this session, he began whining, blaming, and deriding the group and me. I finally said to him: "I cannot do this anymore!" He stopped, and we both seemed to realize that my next words were going to be about throwing him out of the group, something group members were wanting. I paused, and instead said: "I cannot listen to this anymore. You are envious of everyone, and it is killing you. That is what you have to talk about." I explained to him that if he could not acknowledge and own his internal experience of failure and inadequacy, the group would have the unconscious desire that he fail, and that his days in the group would then be numbered.

To help a patient such as Lottie recognize the profound cost of her behavior on her interpersonal relationships is often a path toward change.

**Joel Frost, EdD, CGP,
FAGPA, ABPP**



Dear Disappointed and Angry

As I read your story, I heard my first group supervisor, Anne Alonso, saying "No good deed goes unpunished."

Your questions about the "late" Ms. Lottie raise many theoretical issues about the role of the leader in therapy, both group and individual. And your signature tells us that there is something going on that is central to the role of the therapist. I think Lottie has become very special to you, has gotten special treatment, and yet has the nerve to complain that she is not better. You do your best to protect her from the resentment of the group by giving her a special individual time, and what you get is her abuse. She tells you that you are a bad mother not fixing her, when it is

"I finally said to him: 'I cannot do this anymore!' He stopped, and we both seemed to realize that my next words were going to be about throwing him out of the group, something group members were wanting."

"If she can get angry enough about this, and if you remain skeptical about her anger if she continues to be late, she might have to arrive on time to get back at you."

clear that she is the bad one. At the same time, you suspect she is right, that you are a bad therapist/ mother. This sounds a lot like projective identification. Understanding this communication and using it to understand the process and the transference is central to your role.

So what to do? As you can guess, I tend to utilize object relations theory, and have also been heavily influenced by Stewart Aledort and his theory of the Omnipotent Child. The omnipotent child is

the result of the early bad fits between mother and child. So I would take the projective identification as a reflection of an early bad fit. Lottie's pattern of lateness may have been her solution to a bad fit, but now it helps her to preserve it. And preserving it is one of the most important things in her life, considering the price she pays. In addressing this, I would want to speak about the attachment and the cost, and would want to speak directly about the two of us: "Is being late how you learned to get close to your mother? If I get as frustrated as she did will you know I love you?" At the same time, you will want to let the group know that you know that they know how special she is to you, and that you'll take the heat for this. Otherwise, Lottie is being set up to become the target of the anger the

group feels toward you. As far as her lateness in the individual therapy, enjoy having more time to read and catch up on your paperwork, but make sure you charge her for missed sessions. Be careful to be in the office when she arrives, and to be enjoying the time. If she can get angry enough about this, and if you remain skeptical about her anger if she continues to be late, she might have to arrive on time to get back at you. I have focused on Lottie in this

discussion, but it is equally important to acknowledge to the entire subgroup that you have indeed failed to make them better, and to help them to express and explore their anger and sadness over this.

Richard Tomb, MD, CGP



**CGP
Trainees Graduation**

June 2008



The Graduates



**Karsten Kueppenbender,
Siobhan O'Neill, & Arnie Cohen**



**Alan Witkower, Barbara Keezell,
Bob Weber, & Marianne Zasa**



**Kelley Bothe, Barbara Keezell,
Deb Carmichael, Bob Weber,
& Deb Filiurin**

NSGP Foundation Annual Fundraising Gala

Hat Party & Silent Auction, May 2008



A "hat" of a good time



Barney Keezell & Alan Witkower



Lise Motherwell



Motley (Hat) Crew



Scott & Jane Rutan



Karin Hodges, Gretchen Schmeltzer,
& Bob Steinberg



Jim West, Gitalia, & Naomi Dogan
(& Don Wexler hiding)



Chip Braddock & Suzanne Cohen

Do You Have a Professional Will?

by Debora A. Carmichael, PhD, CGP

"Only put off until tomorrow what you are willing to die having left undone"

Pablo Picasso

It's a busy life isn't it? It's challenging enough to think about and follow through with the demands that are on your plate as it is and now you have to think about and prepare for life AFTER your death! You're kidding right? Well, actually, as licensed clinicians, there are ethical and clinical standards that require you to do so.

Creating a document akin to your personal will provides a plan in the event of your sudden incapacitation or death. This plan, a Professional Will, is an essential guide for your colleagues at a time that is likely to be sudden, emotional, highly stressful, and where expediency is key to providing quality patient care. A professional will does not have to be legalized like your personal will. However, it is best to inform the lawyer who drafts your personal will of the existence of your professional will and have him or her review it as well as keep a copy with your personal will. It is your personal will that is legally binding even though a professional will provides details of your wishes as well as important information about your patients and practice.

Choosing a Team

In most circumstances, it is best to have a team of people designated to help in the event of your sudden incapacitation or death. One person on the team should be the leader and thus the first person on the team to be contacted.

All of your current patients, and even past patients in some cases, will need to be contacted by your team members, preferably by phone and in some cases in person. The initial phone call and/or meeting will include information about your death or illness, and the plan for the patient as well as information about a funeral or memorial service. Remember that even though this is an extraordinary situation, your patient's right to privacy must be respected. It is not ethical for them to be identified (even for the purpose of a phone call) as your patient in order for your plumber partner or business executive best friend to call them and cancel an appointment or pass along information. Having a professional will in place allows your significant other

to make one phone call to activate your team of licensed clinicians who will care for your patients.

Administrative tasks such as retrieving voice mail messages, email messages, picking up business mail, billing, paying and negotiating office rent, notifying professional organizations and licensing boards, all have to be attended to. You can see that the tasks mount and require the time and energy of more than one person. Imagine incorporating another clinician's entire practice and supporting services into your current schedule. My suggestion is to have at least three people working together: two to attend to the clinical aspect of your practice and one to tend to the administrative tasks. It takes a village, you know.

Some Suggestions

1. Form a supervision group or use your existing one as the designated team to implement each other's professional will.
2. Begin to work on developing your professional will now because even some preliminary information is better than none.
3. Keep thorough and up to date patient records. If you are like most, your records need attention. Begin to work on these now. (A Stephen Colbert "Tip of the Hat" if you are one of the clinicians with scrupulous records.)
4. Review your Informed Consent form to make sure that it includes pertinent information about what a patient can expect to happen to their records in the event of your death, and also noting they would be contacted by a designated colleague.
5. Narrate your life for at least one week. By this I mean, be explicit about every-

thing you do, talk to yourself (in your head people! or we will scare others) and document the narration. For example, in how many places do you use pass codes? Where? What are they? It will be very important for your colleagues to access your work voice mail, email, and cell phone. They will need information known only to you unless you write it down. For example, I know that my cell phone has a peculiarity, the "wake up" button needs to be pressed three times. Don't ask me why but it does. This kind of peculiarity goes unnoticed in our every day activities, but it is important to "download" all the information, from the mundane to the peculiar into one document.

Summary

As therapists it can seem that we are expected to be extraordinary. It is expected that we acknowledge and accept our mortality, share it with patients if the circumstances warrant, allow patients to share their thoughts, feelings, fears and wishes, all the while containing their process while imagining that life goes on and we're not in it to boot! This is a tall order. We all know colleagues who have fallen short on this essential task which is understandable but unfortunate. You have nurtured and grown your professional life, your professional self, such that it is worthwhile, precious, and admirable. Take care to do the same for the end of your professional life, your life, by creating a document that will give clarity and direction on behalf of those whose well-being depends on your conscientiousness and regard.



Join the NSGP Listserv Sign up with just one email!

NSGP now has its own listserv! (A listserv is an email list that allows its members to communicate with each other via a single email address. An email sent to that address goes to everyone on the list.) The purpose of the listserv is to promote communication among NSGP members on a variety of topics. A popular use of the list so far has been for help with group referrals. Members have also used it for consultation about group therapy topics.

The list may not be used for any commercial purpose. This includes announcing new groups, group vacancies

(remember that all Clinical Members may list their groups for free on the NSGP website), or office space. However, you may respond to such requests posted by other members.

Are you worried that you'll get too many emails in your already crowded In box? You can sign up to receive postings in "digest" form so that you only get one email (at most) a day.

All members were sent an initial email inviting them to join. If you missed yours (an over-zealous spam filter perhaps?) and would like sign up, please contact Eleanor Counselman (EleanorF@Counselman.com), the manager of the list.



Goodbye Party for Pamela Dunkle

April 2008



Pam & Presidents



Pamela Dunkle, Walker Shields, Ginger Reiber, & Brenda Smith



The cake



Pamela Dunkle & Barbara Kezell

Understanding Something More: Exploring Gender in Group Therapy

by Naomi Freireich, LCSW

When I was asked to write an article for AGPS about gender in groups, I jumped at the chance. For many years I've led groups with adolescent girls and adult women, and recently I began to lead mixed gender groups. I am aware that this article can lean in many directions such as an emphasis on the gender of the therapist and the group members. For this article, I have highlighted the many layers of gender development. I'm intrigued with the notion of understanding bisexuality, gender fluidity, and how engagement between genders can help individuals be open to experiencing more parts of themselves.

As therapists working in individual psychoanalysis, psychotherapy or group psychotherapy, how we understand gender affects how we perceive and work with clients on both conscious and unconscious levels. In recent years, as postmodern concepts have been integrated into psychoanalytic theory, gender has come to be understood as fluid, contextual, unconsciously as well as consciously determined, and growing out of a relational matrix throughout life. In other words, our sense of ourselves as masculine or feminine has been interactively or relationally constructed through ongoing experience with significant others. At the most basic level, it is created through relationships with family and friends. In society, institutions, government, media, literature, the arts and political movements affect what is seen as gendered. All of these notions of acceptable gender experience have a political dimension. History suggests that the political ebbs and flows concerning what is good and bad or what is ideal maleness and femaleness have a significant influence on each of us. Given this influence, we cannot escape internalizing the dominant gender values of our culture, community and the family in which we live. Goldner (1991) points out that individuals develop gender in and through relationships with gendered others. As individuals interact with others they make meaning of who they are, based on who/what they identify or dis-identify with. Goldner speaks of a new psychoanalytic goal related to the ability to tolerate ambiguity and instability of

gender categories vs. the old goal of a single, sex-appropriate goal for oneself.

Gender is different from sex and biology; it is not apparent. Rather, it is the psychological interpretation of male or female that then results in maleness/masculinity or femaleness/femininity. We all know by about age two that we are a boy or a girl, but what that truly means is very complex and may change over time. Along with how we feel and experience our bodies, the cultural/relational matrix into which we are born impacts gender development.

Gilligan (1952) emphasizes that based on gender constructions, men and women come to have different qualities, different voices. Men in general speak from a voice of separation and individuation while women predominantly speak from a voice of intimacy and connection. Similarly, Chodorow (1978) points out that in our culture these differences occur because men are taught to separate from their mothers. She states, "men develop...a self more based on denial of relation and connection and on a more fixed and firmly split and repressed inner self-object world" (p.160). Women, on the other hand, are typically raised by women who are often caretakers and who usually imagine their daughters as future mothers and potential caretakers. As a result the development of relational capacities are encouraged both on conscious and unconscious levels. Kaplin (1979) has noted stereotypes in our culture that are consistent with these differences. Men are seen as independent, self-assertive, aggressive, emotionally constricted, given to action and sexually assertive. On the other hand, women are described as passive, nurturing and caring, sexually passive, intuitive, open, and less frightened of feelings.

This was recently demonstrated in two different mixed gender groups where members spoke to the gender stereotypes. In one group, where new members were about to be added, the lone man in the group spoke of his fear of losing his closeness to others in the group. While at first he was unsure about being the only man, now he stated he liked the way he felt included by the women in the group, how they provided him a place where he could have his feelings and be accepted for them. He enjoyed joining in and feeling included and feared this would be lost with the addition of more men.

In another group, two of the male group members spoke about feeling a sense of jealousy around the fantasy of a "sisterhood" among women vs. the "take care of business" camaraderie of men. The men joked about how if one of them got hurt on the basketball court the guys would make sure they would get home safely. However, checking on their emotional welfare wasn't something men do for one another; rather, "you just suck it up and deal".

Women in this group spoke of appreciating the caretaking, emotional parts of themselves, yet struggle to balance caring for others as well as themselves. In many groups, I notice it is the women who open the discussion by asking another member how they are doing in relation to something that happened in a past session. Women often struggle within the group around issues of how to claim time for themselves during sessions as well as how to express and maintain feelings of anger and rage. Alonso and Rutan (1973) point out "in group, women, often for the first time, can be in a position of status and power because they know how to express caring and the need to be cared for. In their identification with the leader, they offer a model of competency that is more defined by empathy than by productivity and for once the sex bias works for them."

Elliot (1986) believes that in groups, role reversals are experienced from the earliest moments of group process. She feels that both genders act out their "destructive fantasies of the opposite sex position". Men split off their ambivalence about femininity by withdrawing and withholding whereas women's ambivalence about their masculinity is defended against by being controlling and punishing. She goes on to say, "that once these patterns are interpreted by the therapist, the group members can begin to explore their own bisexuality and then deal with whatever arises for them".

I hear Elliot's thoughts and see group as a place where one can live out different transference of expressed emotion, a place where one can step out of these locked roles and begin a process of reorganization of one's emotional self. This may be similar to Freud's (1915) use of the concept of "mental freedom" which I understand means giving voice to parts of oneself by allowing room for conscious exploration. With exploration

we can begin to see an individual's multiplicity, their moment-to-moment differences and their desires of having qualities of both sexes.

I tend to think of group as a Winnicottian place of exploration – a transitional space in which play may include seeing sameness and difference in others as well as in ourselves. Ideally, it is a place for trying on different hidden parts of oneself in order to experience a more authentic self. It may be the place where the compliant self (or parts of the self that have been split off in attempts to please others), get to be given a new voice. Group is a place where one's fluidity of self can be ever expanded. Group members become caring, loving, frustrating, and reliable companions who together will help others find their full gendered selves in ways they cannot do alone.

REFERENCES

- Alonso, A., & Rutan, J.S.(1973). Cited in B. Elliot (1986). Gender identity in group-analytic psychotherapy, *Group Analysis*, 19, 195.
- Chodorow, N., (1978). *The reproduction of mothering*. Berkeley & Los Angeles: University of California Press.
- Elliot, B. (1986). Gender identity in group-analytic psychotherapy, *Group Analysis*, 19, 195.
- Freud, S. (1915). Observations on transference love. *Standard Edition* 21 (1958), 64–145. London: Hogarth Press.
- Gilligan, C. (1982). *In a different voice: Psychological theory and women's development*. Cambridge, MA: Harvard University Press.
- Goldner, J. (1987). Toward a critical relational theory of gender. *Psychoanalytic Dialogues*, 1, 243–248.
- Kaplan, A.G. (1979). Towards an analysis of sex-role related issues in the therapeutic relationship. *Psychiatry*, 42, 112–120
- This article is reprinted with the generous permission of the author and of the Austin Group Psychotherapy Society in whose Spring, 2008 newsletter it first appeared.*
- Naomi Freireich, LCSW, Psychoanalyst, has been in private practice in Austin for 15 years. She holds a certificate in Psychoanalysis from the National Institute of Contemporary Psychoanalysis in New York, and an LCSW from the University of Texas. She is a past board member of AGPS, and facilitates adolescent and adult therapy groups.



The Northeastern Society for Group Psychotherapy

Cordially Invites You to Our

Breakfast Club

Learn about group therapy and socialize with other NSGP members at a FREE colloquium series. Each Pot Luck event is limited to 15 participants on a first come, first served basis, and will take place on designated Sundays from 11 AM to 1:30 PM. Participants may bring guests. Please contribute a breakfast item (quiche, fruit, pastries, cheese, etc.) or bottle of wine. The host will provide bagels, coffee, and tea. To sign up or for directions, participants should call Todd Morse at the NSGP office: 617-484-4994.

Calendar for 2008–2009


- 9/21/08 ***Time up already?: Recalling Anne Alonso's Passion for Group Therapy***
Presented by Arnold Cohen, PhD Hosted by Arnold Cohen
- 10/19/08 ***Pearls of Wisdom, Pearls of Laughter: Three Years of Supervision with Anne Alonso***
Presented by Janet Witte, MD & Siobhan O'Neill, MD
Hosted by Kelley Bothe
- 12/07/08 Breakfast Club Goes to Dinner!! 5:30pm-8pm
Meet Me Out On The Street—The Power of the Group in Bruce Springsteen's Music
Presented by Lorraine Mangione, PhD
Hosted by Lise Motherwell
- 1/11/09 ***Running Psychodynamically-Informed Groups in Non-traditional Settings***
Presented by Sharan Schwartzberg, EdD
Hosted by Eleanor Counselman
- 3/08/09 ***Improving Outcomes for Your Patients Struggling with Addictions***
Presented by Karsten Kueppenbender, MD
Hosted by Jim Leone
- 4/5/09 ***When a Child Dies: Group Leaders' Parental Reactions to Patient Dropout***
Presented by Davin Quinn, MD & Megan Brennan, MD
Hosted by Larry Kron & Marsha Vannicelli


See statement of CEU's available, below.


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Progress Notes

Progress Notes features a variety of items that reflect progress for NSGP members or committees. Please let us know (newsletter@nsgp.com) if there's anything you'd like noted, whether an article you've published, a speech you're giving, a notable change in your life.


 **Shoshana Ben-Noam** published a chapter entitled "The Fee: A Clinical Tool in Group Therapy" in *101 Interventions in Group Therapy* edited by Scott Simon Fehr. She also presented the workshop "Roads to Forgiveness: Nurturing Hope in the Group" at the Eastern Group Psychotherapy Society conference, and guest edited two issues of *Group* on Trauma & Group Therapy, and Trauma, Group & Couple Therapy.

 **Tyler Carpenter** has published "Changing the Future: Themes, Substance, and our Annual Meeting—Afterthoughts and Aftershocks" in the recent issue of *MassPsych*. He has accepted a position as a clinical supervisor in the South Shore Mental Health Center Clinical Training Program in Quincy, and is also going to teach the Personality Theory graduate seminar at Boston University. He is running, as well, for an At Large Director's seat on the MPA Board of Directors.

 **Greg Chilenski** sat with His Holiness the Fourteenth Dalai Lama in Bethlehem, PA in July. The Dalai Lama delivered a six day formal teaching on a 14th Century text titled *Lam Rim Chen Mo, The Great Treatise on the Stages of the Path to Enlightenment*. Greg was among 5,000 people gathered for the six days. Of course, His Holiness introduced himself at the beginning saying, "I'm only one of 6 billion." As Greg says, "The man's humor, humility, and erudition shone throughout the event. It was an experience of a lifetime!"


 **Eleanor Counselman** served on the faculty of the AGPA Leadership Academy, co-leading two 3 hour process groups with Elliot Zeisel. She also published "My Office: A Room of My Own" in *Voices* this past Spring. In addition, this summer, she led a day long process group for the Boston Threshold Northern Ireland conference in Belfast, N. Ireland.

 **Sara Emerson** chaired the committee for the Rice Foundation Special Event. She also presented "In Finding You, I See Myself" at the Israeli Scientific Conference for Group Therapy and Facilitation at Sapir College in Sderot, Israel. In addition, Sara served as the reporter for a MIP event on supervision and intersubjectivity, and in November will lead a workshop at the Eastern Group Psychotherapy Society meeting. Ever busy, during the summer, she hiked through Yosemite and Rocky Mountain National Park.


 **Pamela Enders** is now working as a sports psychology coach, using peak performance and mental toughness techniques to help people eliminate barriers that block their achievements in business, law, and the performing arts. She writes a monthly column for the *New Jersey Lawyer* newspaper and is an adjunct faculty member at the Beasley School of Law at Temple University. In May, Pamela gave a workshop (Boot Camp Survival Skills for Trial Advocacy Students) at Temple. Pamela presented a full day workshop (Powerful Performance Skills) at the Bermuda Insurance Institute in Hamilton, Bermuda in July and will reprise that workshop in October. In September she traveled to New Jersey to give a half day workshop (Developing Mental Toughness) at the New Jersey Institute for Continuing Legal Education.


 **Lena Furgeri** presented a workshop entitled "Constructive-Destructive Dialogue in Group" in Dublin, Ireland at the 14th Symposium on Group Psychoanalysis sponsored by the Group Analytic Society.

 **David Griffiths** has joined Group Solutions Network as an Associate. He adds his Boston groups to the range of Interpersonal Therapy Groups offered by GSN.

 **Karin Hodges** and her husband Mark sold their condominium in Newton Corner, welcomed their baby, Andrew Curtis Hodges, into the world, and then moved into their new home in Concord.

Karin and Mark are thrilled about their strong, healthy baby boy, their new home, and their new town! With **Donald Wexler**, Karin will present "This Land is Your Land, This Land is My Land?" at the upcoming AGPA Meeting.

 **Sasha Juravleva** and her husband Eddie Watkins are launching a Balance & Energy Center in Cambridge. They are looking to use their training in psychotherapy, shiatsu, qigong, and martial arts to educate, treat, and train people who struggle with cancer and other chronic illnesses, including psychiatric disorders.

 **Larry Kron** ran a series of three 1 1/2 hour drop-in groups for ALS patients and their family members at MGH in Charlestown.

 **Lise Motherwell** spoke at Austin GPS's annual meeting in October on "The Evocative Object: Creativity and Play in Group Therapy." She presented with **Gretchen Schmelzer, Lorraine Mangione, Ralph Buonopane, and Karin Hodges** at the APA conference held in Boston on "Passion and Aggression in Adolescent Group Therapy." In addition, she published "Homo Ludens: The Boxpoems of Anne-Marie Levine" in *Provincetown Arts Magazine* this summer.

 **Scott Rutan**, will be presenting the Keynote Address for the Canadian Group Psychotherapy Association in the Fall, followed by the Keynote at the First Alonso Plenary Session at AGPA in Chicago. He will also be the Featured Presenter for the Los Angeles Group Psychotherapy Society next Spring.

 **Helene Satz** is now a contractor for the Department of Defense. She is working at Tripler Army Medical Center in Honolulu, Hawaii. Her position is supervisor and consultant in the Department of Psychiatry, and Helene's responsibilities include supervising psychiatry residents, specifically on their group therapy work. Helene is also involved in teaching a course on Inpatient Group Therapy to the residents as well as participating in all areas of their group training and education. She is using her CGP following her name on all her signatures now!

Caption This!

Please submit a caption for this cartoon to newsletter@nsgp.com
The winning entries will be announced in the next issue.



Drawn by David Goldfinger

📌 **Judy Starr**, after working for 25 years on the South Shore, has decided to close her Quincy practice and work full-time in her Brookline office. She adds that she is happy to continue consulting with colleagues about resources on the South Shore should the need arise.

📌 **Maxine Sushelsky** recently received her LMHC license and has just started in a new position in September as a clinician at the Edinburg Center's Out-patient Services clinic in Waltham.

📌 **Kathy Ulman** and her co-presenters, Karen Carlson and Stephanie Eisenstat from Women's Health Associates at MGH, received the David E. Rogers Junior Faculty Education Award for their workshop "Supporting Behavioral Change through Diabetic Support Group Visits" presented at the Annual Meeting of the Society of General Internal Medicine. In addition, Kathy was appointed Co-Chair of the AGPA Membership Committee, and was appointed as well to the American Group Psychotherapy Foundation. Finally, Kathy presented a workshop on Transference and Countertransference at the Northern Ireland Group Psychotherapy Conference in Belfast, Northern Ireland.

📌 **David Ward** graduated from the NSGP one year Group Psychotherapy Training Program, and successfully completed 30 sessions of the Group Psychotherapy Observation Course at the Boston Institute of Psychotherapy, taught by **Scott Rutan** and **Nina Fieldsteel**. He also became a member of the Maine Association for Specialists in Group Work.

📌 **Bob Weber** continues to be a member of MSPP's Psycho-Spirituality Initiative. In June he co-led an MSPP CE course entitled "Spirituality and the Search for the True Self in the Psychotherapeutic Process." At the NSGP Conference he led an Institute, "Working with Psycho-Spiritual Issues in Group Psychotherapy" and co-led a workshop with **Greg Chilenski**, "Working with Suffering and Finding the True Self in Group Therapy: The Integration of Judeo-Christian and Buddhist Spiritual Approaches with Psychodynamic Group Theory and Practice."

Winners for the Spring, 2008 Cartoon

Selected by the Cartoon Committee
(Ellen Ziskind & Alan Witkower)



Second runner-up

"Dante got it all wrong. *This* is the group from hell." — Larry Kron

First runner-up

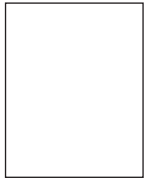
"These first group meetings are real killers." — Barbara Keezell

The winner!

"I really thought I told you I would be away for 2 weeks." — George Dominiak



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the newsletter fall 2008

The Breakfast Club:

11 AM, October 19, 2008

with Janet Witte, MD & Siobhan O'Neill, MD

*Pearls of Wisdom, Pearls of Laughter:
 Three Years of Supervision with Anne Alonso*

2008-2009 NSGP Events Calendar

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| Oct, 19, 2008 | Breakfast Club 11 AM — with Janet Witte, MD & Siobhan O'Neill, MD
<i>Pearls of Wisdom, Pearls of Laughter: Three Years of Supervision with Anne Alonso</i>
hosted by: Kelly Bothe (see ad on page 11) |
| Nov. 2008 | Launch of NSGP Foundation's new <i>On-line Auction Event</i> (see page 3) |
| Dec. 7, 2008 | Breakfast Club Goes to Dinner!! 5:30pm–8pm
— with Lorraine Mangione, PhD
<i>Meet Me Out On The Street—The Power of the Group in Bruce Springsteen's Music</i>
hosted by: Lise Motherwell (see ad on page 11) |
| Jan. 11, 2009 | Breakfast Club 11 AM — with Sharan Schwartzberg, EdD
<i>Running Psychodynamically-Informed Groups in Non-traditional Settings</i>
hosted by: Arnold Cohen (see ad on page 11) |
| March 8, 2009 | Breakfast Club 11 AM — with Karsten Kueppenbender, MD
<i>Improving Outcomes for Your Patients Struggling with Addictions</i>
hosted by: Jim Leone (see ad on page 11) |
| April 5, 2009 | Breakfast Club 11 AM — with Davin Quinn, MD & Megan Brennan, MD
<i>When a Child Dies: Group Leaders' Parental Reactions to Patient Dropout</i>
hosted by: Larry Kron & Marsha Vannicelli (see ad on page 11) |

For more information or to sign up, please contact the office at 617-484-4994 or groups@nsgp.com.

NSGP
 Northeastern Society for Group Psychotherapy