



Letter from the President



“Courage is not the lack of fear. It is acting in spite of it.”

Mark Twain

In the movie Hotel Rwanda, Don Cheadle plays real-life Paul Rusesabagina, a hotel manager who sheltered more than a thousand refugees during the Hutu massacre of a million Tutsis in Rwanda ten years ago. Rusesabagina must bribe the Hutu rebels and military to get liquor and lobster for his clientele at his hotel only to realize that the very people with whom he has negotiated mean to murder every Tutsi in Rwanda. In the face of atrocity and without violence, he protects the refugees at the risk of his own life.

On December 26th, 2004 an earthquake and its ensuing tsunamis devastated a dozen countries in Asia and Africa. Tens of thousands of lives were lost. Since then we have heard of the generosity and courage of families who saved each other, and foreigners and locals who provided food, shelter, and clothing to survivors. One of our own NSGP Training Program graduates, Ben Weinstein, who now lives in Thailand, provided disaster response and psychological services to survivors and families of the victims. His story appears in this newsletter on page 12.

Gretchen Schmelzer wrote in these pages last year about groups she runs for government and religious leaders in Cambodia to provide HIV/AIDS education. She found that a high percentage of Cambodia's population experienced or saw first-hand the atrocities of the Khmer Rouge so her work has expanded to include trauma recovery. Now she is

working to set up a mental health system in Cambodia, which has none.

Many of our members here in the Northeast provide group therapy to the indigent, the chronically mentally ill, those with life-threatening medical illnesses, children and adolescents, the incarcerated, addicts, and veterans. Others provide groups for the disconnected, anxious, and depressed.

I am proud to lead an organization of well-trained individuals who provide relief, education, and psychological services to those in need world-wide, and I am proud to be one of you. Our world is a better place because of your compassion and dedication.

Lise Motherwell, Psy.D., CGP President, NSGP

Psychoanalytic Institute as well as a Clinical Associate Professor of Psychiatry at the George Washington University School of Medicine. In private practice in Washington DC, he has presented workshops and Institutes at AGPA and its affiliates for many years and has published articles defining his theory and its clinical applications.

Dr. Aledort speaks of the “Omnipotent Child” as that part of the internal psychic structure that is the final common pathway of all the passionate “bad fits” that the individual has organized around to form his identity. The Omnipotent Child lives in the passion of the bad fit. Dr. Aledort's presentation will demonstrate how the early bad fits in infancy and childhood leave a lasting internal impression in the individual's identity.

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The Omnipotent Child: Regression, Passion, Templates of Intimacy, and Identity Formation Conference Demonstration Group

The upcoming NSGP Conference concludes with the traditional Demonstration Group on Sunday afternoon. This year's demonstration group promises to be exciting and highly instructive. The high-powered plenary includes Dr. Stewart Aledort as the leader, with Drs. Norm Neiberg and Lise Motherwell as discussants. This is an opportunity to see, first hand, three superb group therapists discuss their similarities and differences using Dr. Aledort's demonstration group as their reference.

Dr. Aledort is a member and one of the founders of the National Group Psychotherapy Institute and a valued conference presenter. He is a faculty member of the Washington School of Psychiatry and the Washington

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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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Messages can be left at the office anytime, and will be answered daily.

Monday-Friday 9 am to 5 pm

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**(617)484-4994****www.nsgp.com****Letter from the Editor****Joe Shay, Ph.D., CGP**

So many remarkable events have occurred in the six months since our last issue. Some jubilant, some tragic, some momentous, some inspirational, all capturing attention.

We have, each one of us, lived through the Red Sox finally winning the World Series, the national election, the devastating tsunami in Asia, the Iraqi election, the Israeli-Palestinian ceasefire, the Superbowl victory of the Patriots, the newfound celebrity status of Larry Summers, and the appearance—and disappearance—of the Christo gates.

These gates have sparked some musings for me. Each of the events I noted above (just a sampling of events that could be highlighted) have national, if not international, visibility—but then they don't. The impact of these events, that is the ripples that flow from them, may continue to penetrate our consciousness and even somewhat our daily lives, but in the next six months, they seem to wane in impact or significance in our lives as they are replaced.

The pace of our lives has quickened so that we linger less. The absolutely momentous, seemingly unforgettable, present moment—excepting those flashbulb moments like Kennedy's death and September 11<sup>th</sup>—becomes past and essentially disappears like the Christo gates. New absolutely momentous seemingly unforgettable present moments replace the old.

I hold two incompatible ideas about this. The first is that this is the nature of the universe, embodied, for example, in the Buddhist notion of impermanence. Since the 6<sup>th</sup> century, B.C. Tibetan monks have been painstakingly creating breathtakingly

beautiful mandalas out of colored grains of sand—and then after engaging in certain rituals, destroying the mandalas to highlight the impermanence of all things. At a deep level, this makes real sense to me. The present moment does not last so it is wise not to get attached to it.

But I also experience the opposite. I want to press myself to linger over some things. I want to live inside certain experiences for longer than the present moment. I'm not voting for 86 years of suffering while waiting for the Red Sox to win the World Series. But I am striving to slow down the winds of change as they swirl around me, often taking me with them, so that I can actually sit quietly and inhabit an event beyond the predictable replacement event. Evolution has endowed us with imagery and memory for the past as well as receptivity to sensory input in the present.

Offerings in a newsletter include both of these ideas and illustrate the larger point I'm trying to make. In any newsletter, we feature progress notes or developmental shifts of members that reflect impermanence and changing identity, as well as professional themes or clinical dilemmas (or even puzzles) that support the deepening of identity. As part of both the larger universe and the local universe, we oscillate from profound sadness about the tsunami to concentration on a clinical dilemma, from anxiety about marketing to deep reflection about a consequential moment in a workshop.

The Christo gates reflect these realities—that beauty can be evanescent yet enjoyed by remembering. The tsunami reflects these realities—that tragedy can be forgotten yet respected by remembering.



# Strangers in a Strange Land:

Exploring the New and Unknown  
in the Group Experience

24th Annual Northeastern Society  
for Group Psychotherapy Conference

\* June 17, 18, 19, 2005 \*  
Wellesley College, Wellesley, MA

## ► Special Presentation ◀

### Memories of Elvin Semrad: A Forefather of NSGP

Moderator: J. Scott Rutan, PhD, DFAGPA

Discussants: Max Day, MD, Jerome Gans, MD, FAGPA,  
Norman Neiberg, PhD, FAGPA, and Donald Wexler, MD, FAGPA

### Demonstration Group

#### *The Omnipotent Child Syndrome:*

The Role of Passionately Held Bad Fit in  
the Formation of Identity

Stewart Aledort, MD

Discussants

Lise Motherwell, PsyD, CGP  
Norman Neiberg, PhD, FAGPA

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**"Enough about you. What about me?"**

*A Fresh Approach to PTSD* • **Clinical Writing**

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*The Land of the Rich and Famous*

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# Multiple Professions



## Interview with Virginia (Ginger) D. Reiber Ph.D.

Licensed Psychologist,  
Group Psychotherapist,  
and Image Consultant

by Suzanne L. Cohen Ed.D

**Suzanne:** *Given your professional background, how did you come to think about a second career as an Image Consultant?*

**Ginger:** I've had five careers in my life. Most recently I'm a licensed psychologist and certified group psychotherapist, and lead four active psychotherapy groups in a full private practice.

My NSGP training started in 1987, five years before I graduated from Fielding and got licensed with my Ph.D. I think I ended up graduating from both programs at the same time! During those early years in NSGP, I had great fun with NSGP colleagues doing several workshops at the NSGP and AGPA annual conferences. I was on the training committee for five years, and also two years with the Newsletter and a couple of years on Membership. I taught a module of the CGP course at the annual conference for four years. I was playing, learning, and having great fun. My central therapist identity was—and is—as a group therapist. But what did I know about running a business? Not much.

I did psychotherapy. And if I did good work, the "business" of the practice took care of itself. For a long time, that was true. But three years ago, the business part of being a therapist was becoming a burden to me. I needed a different and active creative process in my life. Becoming an Image Consultant has given me the opportunities I was seeking.

**Suzanne:** *What is an image consultant?*

**Ginger:** To me, an "image" consultant is a professional who joins a person in the conscious observation of her attitude toward herself and others. Embedded in our posture and in our body language is our own self-image; it reflects how we feel about ourselves and toward others.

We project it out onto the world of other people: sometimes like a feeble beam, other times like a beacon. As a psychotherapist, I've learned that projections emanate from the history on the inside. As an image consultant, one's image starts on the outside and works inward to change the projection. And, we get to go shopping!

**Suzanne:** *How did you become interested in this area?*

**Ginger:** The idea grew out of my passion for fabric and color. In regard to making it a business, there were existing structures that allowed it to happen. In 2000, I had acquired a consumer product internet franchise, and was also learning couture sewing—all about fabric, shaping, draping, tailoring, and color. My internet franchise support structure offered training in color and skin analysis, and image consultation courses. I needed expression outside of the consulting room, so in 2002 I got trained.

**Suzanne:** *How has this work affected you personally?*

**Ginger:** I am very excited about it. It is amazing to see a person's skin light up when the correct colors are draped next to them. It is instantly rewarding to my clients and to my skill. It is freeing, and less isolating than a solo psychotherapy practice.

**Suzanne:** *How does the work complement your work as a psychotherapist and group therapist?*

**Ginger:** It replenishes my energy. As an image consultant, I get pre-paid for each consultation. The client relationship is primarily social. People are more willing to spend money on a couple of consultations for their image than they are for their psyche. It is easier to teach people how to polish their image because they can see the results immediately in the mirror with their own eyes.

**Suzanne:** *How do you feel about having two careers? Are there conflicts?*

**Ginger:** I am very busy, 24/7. But I am building this business for my own good reasons. I want to be able to continue to see my patients and do great psychotherapy without getting burned-out. And I want a wider view of the world than I get from having only my career as a psychologist. You know that picture of "The New Yorker's view of the world"? I was beginning to feel a bit like that from sitting in that chair in my office. The conflicts I experience have to do with the differences in boundaries within each career. Often, I see how useful a consult in image would be for some of my patients. I realize that it is my old issue of being a caretaker, and keep the notions to myself. After all, it's my idea, and not always best for them.

**Suzanne:** *What concerns do you have about the psychotherapy community and its acceptance of your two careers?*

**Ginger:** At first, I thought all of my professional colleagues would be interested. I discovered that they weren't. I began to project that colleagues were thinking that I was losing interest in my practice, was not doing well, and so on. I got intimidated, all as a result of on my own projections. But the truth was mostly that I didn't know how to market myself. A few of my closest colleagues have thought it a great idea, and made referrals. But, more importantly, I've learned about the power of good marketing to consumers. People buy what they believe you have to offer. People believe that I can improve their image.

**Suzanne:** Thank you, Ginger, for talking with me about your multiple careers.

Suzanne L. Cohen, Ed.D. is a psychologist, a certified group psychotherapist, and a Black Belt Nia Instructor.

Virginia DeLoca Reiber Ph.D. is a psychologist, a certified group psychotherapist, and owns DeLoca Unlimited, an Image Consultation business in Boston.



## The “M” Word: Resistance to Marketing Your Group Practice

Joyce D. Shields APRN, BC, CGP  
Immediate Past President NSGP

On a sunny October day at the Rutan home, the Referral Service sponsored a fine workshop on the complexities of maintaining and expanding a thriving group practice. Debra Filiurin, Sandy Houde, and Karen Wischmeyer coordinated the event. Participants brought literature about their groups for distribution, members provided a tasty array of homemade delicacies, and all enjoyed a relaxing afternoon. New NSGP members acquired innovative ideas about beginning their group practices, and senior members gave fresh thought to increasing their visibility in the therapy community.

We were all were invited to identify resistances to the “M” word, marketing, as it applied to our groups. Responses included: “It’s unprofessional.” “I don’t have the time.” “I’m afraid to ask for referrals.” “Who would refer clients to anyone who needs referrals?” “I’m too shy to ask even people I know for referrals.” “Clinicians do not receive unwanted solicitation very well.” “I’m too lazy to do the work.” “People will think I’m only interested in money.”

These perceived taboos cripple therapists from developing rewarding group practices. So what can we do to counter these taboos? Debra, recounting the establishment of her own practice, shared her belief that identifying why one is

avoidant of marketing is a crucial preliminary step. An additional step in creating a well-marketed practice, she added, is identifying one’s professional goals. A further step includes researching both the treatment needs and potential referrers in one’s community. Do one’s group skills meet a particular community need? Examples of potential relevant groups include groups for: step-parenting skills; midlife issues for women or men; managing chronic psychiatric illness; and, of course, psychoanalytic group psychotherapy.

Members discussed the key marketing step of developing a flyer or brochure that includes a clear definition of what differentiates one’s group from others. What is unique about you and your practice? Why would a client want to seek you out? A further useful device involves putting yourself into the shoes of individuals looking for an appropriate group. Are they looking to find a solution to a long-standing problem or simply seeking short-term symptom relief? What might be prompting them to consider group treatment? Answers to such questions can help one develop a brief group description that captures potential patients’ attention.

It was noted that building connections with other clinicians in the community is also essential. Scott Rutan reminded members that the standard ways of making oneself professionally visible—e.g., article writing and workshop presentations—aside from being rewarding ends in themselves, are an excellent

means of gaining the attention of one’s peers, giving them a sense of your areas of expertise and interest. NSGP committee work and NSGP/AGPA conference attendance also help, of course. It is important to remember that colleagues might be eager to refer to you, yet simply have no idea that you have ongoing groups with openings! Finally, clinicians too often market only to therapist colleagues and miss the opportunity to come into contact with non-clinicians who are situated to refer. In this respect, activities such as teaching adult education courses and providing consultations to schools or other agencies also open new referral sources.

At one point, the presenters asked everyone to write themselves a letter outlining their marketing goals and plan, including a time line. (Participants had more ideas about their practices than they initially thought!) At the end of the workshop, the letters were sealed in a self-addressed envelope. Sandy and Debra will post them to participants in six months, so they can then assess their progress. Finally, the presenters recommended seeking a “buddy” for support in one’s marketing efforts.

We extend our thanks to the Referral Service staff and the Rutans for an enjoyable day exploring an often overlooked topic. Join us for our next Referral Service event in September 2005.

(Recommended reading by Scott Rutan: Lynn Grodzki’s (2000) *Building Your Ideal Practice: A Guide for Therapists and other Healing Professionals*.)



Left to right: Sam Gloyd, Deb Filiurin, Alicia Powell, & Lucinda DiDomenico



Deb Filiurin presents



The audience

## The AGPA Institute and Conference

### Reflections

Cecil A. Rice, Ph.D.

Stepping out of Pennsylvania Station, I found myself carried along 7th Avenue by a mass of citizenry, a cacophony of colors of dress and skin, of shapes and sizes that is New York City, the large group in which the 2005 AGPA Institute and Conference would find itself embedded for a week.

At the Institute's opening plenary, Norman Neiberg, Ph.D., a past president of AGPA, and a past co-chair of the Institute Committee, speaking on Reflections and Observations: A Personal Journey in AGPA, reminded us, with warmth and good humor, of the importance of generosity of spirit and of our humanity in carrying out our leadership and participant roles in the institutes that were about to begin. He learned the value of such generosity when observing other clinicians lead institutes. In that role, he learned that therapists using a variety of techniques and working from different theoretical perspectives are often equally effective: a spirit that continued throughout the two-day Institute.

As an Institute committee member and observer of some groups during those two days, I saw leaders contain and later give voice to difficult affects with which members were struggling. Through that struggle, the members learned about themselves and about the dynamics and processes of groups.

The Institute committee had its own group in which we worked and ate, laughed and cried together under the leadership of Mary Dluhy, M.S.W. and Patricia Doherty, Ed.D. The safety that their openness and warmth created allowed us to enter the dark side. Among a number of committee members was a growing anger and concern about the unintended long-term effects of the demotion of the Institute committee to a subcommittee of the Conference committee. Several members noted that the reconstruction was probably done to address staff reductions and cope with severe fiscal limits. However, as several noted, reorganizing using a matrix model would have served the same purpose without the humiliation of a hierarchical restructuring.

As I moved from the Institute to the Conference I entered a wider world that reflected New York's multiplicity, peopled as it was by participants from Canada, England, Greece, Iceland, Ireland, Israel, Japan, Sweden, and the United States among others. Sitting in the midst of this multiplicity in the Conference plenary, I learned from Judith Wallerstein, M.D., speaking on The Unexpected Legacy of Divorce: a Report on a 25 Year Study, that children of divorce when they reach young adulthood and are seeking intimacy, find themselves unable to invest in or trust potential partners leading for some to a rapid turn over of partners and brief affairs. She also noted that group therapy formed for young adults facing this dilemma may be the treatment of choice. Dr. Wallerstein backed her assertions with well documented research and spoke to us

with intimations of passion that made her presentation compelling as well as troubling.

The melancholy of this event was eased by the exuberance, good food and good company of NSGP's annual conference dinner that included friends from New York, other parts of the States and Northern Ireland. This celebration was preceded by and followed by a brisk walk led by NSGP's intrepid president, Lise Motherwell, Psy.D.

Between the melancholy and delight much learning took place—some academic learning and some academic learning combined with demonstrations and role plays that are the forte of the workshops. Learning stretched from reflections on the growing edge of group-as-a-whole theory and practice to the role of group therapy in the care of people struggling with schizophrenia.

This breadth of learning threw me back to the Institute where I had the privilege of co-chairing with Barbara Finn, Ph.D. a table of senior clinicians. In the midst of the details of business, reflections on the process of groups, concerns about interventions or the lack of them, an academic discussion arose about the relationship between attachment and belonging that was notable for its richness and respect. Maybe a ripple from the Institute plenary; at least it was in tune with it.

On Saturday morning I rejoined the large group on 7th Avenue, walked to Pennsylvania Station and headed home on the Acela Express, which was as crowded as 7th Avenue.



Julie Gardner Marsha Vannicelli



Mark Sorensen Judy Silverstein



Elliot Geller Greg MacEwan

## Dreaming as Thinking

Lucinda DiDomenico, MD

In “Social Dream Matrix as Crucible for Transforming Thinking,” W. Gordon Lawrence presented his exciting work in a Special Institute at the 2005 AGPA conference. During this day long event, attendees were introduced to the idea of the “matrix” as a unique shared space in which members access and mobilize the unconscious mind, the source of all creativity. As they do so, new ways of thinking emerge to inform the individuals about their inner world, as well as the social and environmental contexts they live in and co-create.

In language that at times reflected a discussion in quantum physics, Dr. Lawrence described how the matrix process unfolds. Appearing as the guardian at the gate, Dr. Lawrence assiduously warded off specific theoretical discussions to protect this non-rational, ephemeral transitional space. Dr. Lawrence doggedly held that theoretical knowing curtailed and fixated the exploration and reverie of the contact with the infinite, unknown field within the matrix space. Whereas logical learning is usually verbal and linear, information in the matrix comes in non-rational, multileveled, and multimodal ways, not unlike how we experience information while dreaming, or in a creative endeavor.

Lawrence specifically identifies dreaming as a form of thinking, and thinking as a way of dreaming. It is in the dynamic

exploration of this field of new information, and its uncertainty—this dynamic evokes a sense of paradox, which is crucial to the process—that new possibilities for creativity and knowledge emerge.

The actual matrix session lasted about an hour. The chairs were set up in a manner that minimized engaging interpersonally, and for me evoked the sense of a honeycomb. The primary task of the SDM is “to transform the thinking of dreaming made available in the matrix by free association and amplification so as to make links and find connections among the dreams to think new thoughts.”

One member started with a dream. Then, 70 or so people began to associate with observations, imagery, feeling states, tunes, and other dreams resulting in a rich elaboration of associations. The associations were directed specifically to the dream and flow of information, and not to any individual member. The leader neither directed the proceedings, nor made interpretive comments which would have truncated the movement. Rather, he joined with his own experience. What ensued was an emergent vital experience that offered a safe container/containment for new kinds of expression to be discovered and played with in exploration. In the matrix with the whole group, the elaboration soon took us to the 9/11 experience, and American life under the Bush administration (among many things), but not from a purely intellectualized place that can often be a defense.

The translation of this matrix exploration to more linear communications occurred in the post matrix discussion group, and found more creative thought and connections.

Seminal to Dr. Lawrence’s understanding of the social dreaming process is a book by Charlotte Berardt called *The Third Reich of Dreams* (1968). Berardt collected and retold hundreds of dreams dreamt by Germans during 1933 to 1939, in which the content of the dreams foreshadowed the politico-social events that were to follow in Nazi Germany. It is this golden thread which Dr. Lawrence seems to follow—“If dreams had this potential to disclose and illuminate social and political realities, might there not be ways in which this could be put to work and mobilized in service to understanding?” For Dr. Lawrence, a psychoanalytically oriented organization consultant, the SDM is a reorientation from the personal relationship to a dream to a social relationship to it.

As we participants experienced it, the SDM was truly a richly textured, creative field that offered new ways of learning and experiencing. With the possibilities of understanding individuals’ experience in the context of the social environment, I wonder what would be revealed or unfold if Dr. Lawrence were to consult to our current White House administration?



Joyce Shields Eleanor Counselman



Barbara Keezell Deb Filiurin Lou Fusaro



Lise Motherwell Pamela Enders

# 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, Ph.D. 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 co-lead a weekly process oriented group that focuses on the impact of major life changes on the members.*

*Recently, a new group member, Margret joined the four veteran members who have been in the group for one to two years.*

*Prior to Margret joining, the group was seen as a place where each member could speak of his or her recent difficulties and others members would listen quietly. While there were some superficial attempts at relating, these attempts often failed to gain momentum as a result of a general difficulty in responding to one another worsened by frequent absenteeism. All four veteran members were quite challenged interpersonally, reporting increased anxiety and self-consciousness while in group.*

*Upon entering the group, Margret reported great difficulty with the lack of structure in the group having just come from a very didactic CBT-oriented day program. In her first several weeks, she worked hard to create a structure to manage her own anxiety. For example, she recommended that each group member check in for five minutes, but then she would cut the members off abruptly at the end of the five minutes in an attempt to control the group. The other members were often silent in response to her suggestions resulting in expressions of frustration by Margret when people did not comply with her ideas. When members and/ or leaders attempted to point out this dynamic, she would*

*become quite hostile stating that leaders were overprotective of members and if members didn't like the structures she suggested, they should have said so before the structure was imposed.*

*In addition, Margret was often quite critical of the leaders, wanting them to be more directive. At times, Margret was frankly contemptuous of the leaders. When this was addressed directly by the leaders, she reported feeling misunderstood. These interactions often seemed to provide Margret additional evidence of the leaders' incompetence. Conversely, she was, at times, surprisingly able to see how her hostile manner of communicating weakened the message she was attempting to deliver. Generally, however, she was overwhelmed by her emotions in group which precluded her from responding more effectively. Such emotional reactions further silenced the less vocal and more anxious members, distancing them further from Margret.*

*My question is about the amount of structure which leaders should impose directly upon Margret and how much should be left up to group members and group process? Our concern is that by doing too much ourselves, we might be disempowering the other group members. In addition, how do we as leaders continue to provide feedback to Margret about her presentation and effect on the group without contributing to her monopolizing the group further, thereby further silencing the other members?*

## Struggling with Monopolizing Margret

## Dear Struggling

What a challenging group! First of all, I think it is important to address the group process prior to Margret's joining. You say that the four veteran members who have been in the group for one to two years "listen quietly" to each other and have not been able to "gain momentum" relationally. You also indicate that there has been frequent absenteeism. It would seem that whether or not Margret had joined, it would be important to firm up the frame and the contract since this group has many of the characteristics of a new group that has not yet found its footing. It is important to address the attendance issue in particular, and its meaning for the members. Many group contracts explicitly state that members will attend each meeting, unless it is impossible. This could open a discussion of what constitutes "impossible," what has made it difficult for the members to attend regularly, and how they each feel about their own and others' absences.

You don't say whether or not there is a written contract for this group and what kind of pre-group screening takes place when a new member joins. This would have been an opportunity to educate Margret about the differences between a process group and the didactic CBT group in which she was previously a member. You could have also anticipated with her that she might find it a challenge to move to the less structured process group. This is often an issue when new members have previously been in a different type of group. Now would be a good time to review all of the members' contractual obligations and stress that this is *their* group, setting the stage for them to be more empowered over time.

Since Margret joined recently, you can open a discussion with the entire group about how they, and you, see the problems that the group is having. I appreciate your concern about disempowering group members by being more active. However, as you describe the group, they seem to already feel disempowered. You do not say anything about the members' level of functioning, but it has the "feel" of an inpatient group in which the leader needs to be more



directive than with higher functioning individuals.

And, yes, I would be very interactive at this point in order to provide the kind of safety and boundaries that the group needs. What are members' fantasies about how the group could be more helpful?, I might ask each of them this directly, saying something like "We doubt Margret is the only one here who would like to see things go differently. What do you think would be more helpful for you (member)?" You might also point out and emphasize what the members have in common, as you mention they are all dealing with "the impact of major life changes." This would be inclusive of Margret and help redirect the group as a whole. Another intervention could be pointing out the different ways the members are dealing with anxiety, since I suspect that anxiety is a driving force behind Margret's need to monopolize, as well as everyone else's need to remain silent!

All of the members will undoubtedly notice your increased interaction as a leader. You might think about how the group will react. Since the group is operating at an early stage of development, this may reduce members' anxiety and help them feel more contained. The quiet members could become more active. Margret might be resistant, but the best stance could be to ally with her in her "wish to make the group productive for everyone," even though she may be doing it in a seemingly hostile way.

It will take this group some time to find direction. However, it will hopefully be less frustrating as you work to build cohesion and help the group become a relationally rich experience.

**Deborah S. Cole, Ed.D., CGP**



### **Dear Struggling**

Yours is a familiar and nettlesome dilemma in group psychotherapy. I would see the struggle taking place on a couple of fronts. The first is seeing and treating Margret's presentation and effect on the group as a group issue, emanating in part from already existing group dynamics. The

second is considering how best, as leaders, to work with Margret within the group. Here are some thoughts related to these ideas.

**Don't Target Margret!** In a group that focuses on the impact of major life changes, it looks like a major life change, in the form of Margret, has just arrived on the group's front doorstep. At the risk of sounding trite, Margret's arrival heralds both a real challenge to the group's sense of well-being and cohesion, as well as an opportunity for the typically withdrawn and anxious group members to move beyond some of their emotional and interpersonal limitations.

**Explore Pre-Existing Group Dynamics** A long-term, process-oriented group which is experiencing frequent absences is already facing a serious threat to its well-being and cohesion. Exploration of the meaning of the absences is a vital part of being able to address whatever it is that Margret's arrival has touched off in this group. Have any or all of the four veterans been modulating emotions and intimacy through frequent absences? Have the interpersonal difficulties or shame-proneness of any of the veterans made it difficult to address the absences? What is the nature of the group's contract regarding absences? Without exploring these issues, it is too easy to target Margret as *the* group problem, to see her problematic presentation as having its sole roots within her character structure, dysregulated emotions, and poor interpersonal skills. Thinking about the group as a whole, as well as about pre-existing sub-groups, can help to reduce some of the inevitable pressure to scapegoat.

**Work With Silence** From your description of the group, the sub-group of veteran members appear to greet a lot of what happens in the group with silence. They quietly listen to one another, they are silent in response to Margret's suggestions for structure, and they are silenced by Margret's emotional reaction. This is a place where increased activity and provision of structure by leaders could be very helpful to the group.

While adopting a long-term philosophy of trusting the group and its process to give

Margret the feedback she needs in a form she can accept, in the short-term, this group needs help. Group leaders can use their knowledge of each member's family-of-origin and relational history to suggest links and resonance between their experience in the group and their histories. Being a group with the task of focusing on major life changes, there is a good chance that group members are responding to changes in the group in ways similar to their responses to life changes outside the group. Group leaders can model how group members can be benignly curious with one another, as well as offer observations and feedback to one another. This modeling and direction is especially important for a group prone to extremes of silence and emotional dysregulation. It is also something that group members can eventually emulate, absorb, and provide to one another

**Work With Margret** Your description of Margret suggests that she is someone who will require a particular kind of active containment by group leaders, particularly early in her group membership. Co-leadership can be a real advantage in a situation like this. I suggest two things. First, with Margret's permission, speak with some of her treaters from her former day program to get a sense of what kinds of limits, interventions, and feedback were necessary, useful, and tolerable for her in her treatment there. Second, use the mutual support of co-leadership to "pass the role baton," having one co-leader "take the point" in working directly with Margret when necessary during a group. This could involve setting limits when she becomes hostile, encouraging her when she becomes frustrated, offering her feedback about how she comes across to others, taking the heat when she becomes emotionally dysregulated, and so on. The other co-leader can then take on the role of observer of and commentator to the interaction between Margret and the "point" co-leader, as well as to the group-as-a-whole process.

In the spirit of "easier written than done," best of luck with the group.

**George Stavros, Ph.D.**



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Mary Lou Pierron, Psy D, Jim Caron, EdD

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Judith Daniel, M.Ed., LMFT

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Ricky Greenwald, PhD

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## Fall, 2004 Board Retreat

In the fall and spring each year, the NSGP Board meets for a day-long retreat. The fall retreat includes only the Board and is intended to help old and new Board members get to know each other and then to develop a strategic plan. In the spring the Board retreat includes committee chairs with the meeting designed to allow committee chairs to share ideas and concerns with the Board.



Joyce Shields Charlie Glazier

In October, 2004, Robert Rasmussen of Robert Rasmussen and Associates led the Board retreat. Using a methodology called LEGO SERIOUS PLAY (LSP), he led us through a series of exercises so we could explore our identity as an organization and target areas we'd like to work on as a Board.

LSP is a process used "to bring creativity, exuberance, and the inspiration of play" to the serious concerns of adults. Participants build with Lego bricks to unleash their creative imaginations, to develop and strengthen team identity, or to clarify and hone an organization's strategic plan. Once they have built models, they create metaphors and tell stories to go with their models. The process helps clarify issues and allows participants to visualize their ideas in 3-D while also playing out possible future scenarios. Like in automatism, where an artist creates by putting paint on canvas without thinking about what s/he is painting to get to the essence of feeling, building something may express ideas or feelings that linger on the edge of consciousness.

Rasmussen gave us a simple building task first, so that we could get used to the idea of building with Lego (many of us had not built with Lego since we were children, others had never built with them at all). He instructed us to "just build, don't talk or think about what you want to build." Each participant then built a model of his/her contribution to the NSGP Board and once completed, told a story about it to everyone else. We randomly received a name of another member from Rasmussen, and were asked to add to their model to express something about that person that had not yet been stated. We learned a lot about each other and ourselves! In groups of four or five, we then built models of our conception of NSGP two years from now, first individually and then as a group. The individuals in each group then had to put their models together to create a coherent whole. Each group then told its story.

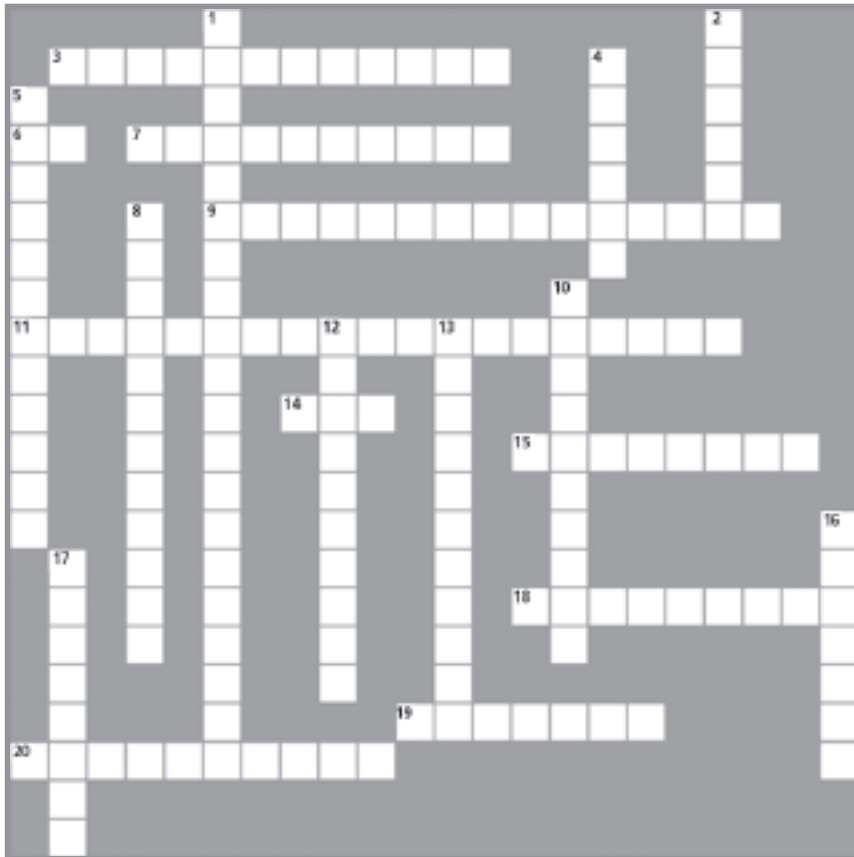
Themes across the groups were highly consistent. All the groups felt that what was most important was to build and maintain a strong foundation for NSGP. All had questions about how to expand membership and how to nurture the members we already have. Each group emphasized an open arms policy, wanting to increase diversity within NSGP. Finally, groups recognized that they would like to increase and strengthen communication among committees and between committees and the Board. Since the retreat, the Board has tackled these concerns in monthly Board meetings. If you have concerns you would like the Board to address, please contact: Lise Motherwell, Psy.D. at 617-738-7660 X2 or [motherwell@post.harvard.edu](mailto:motherwell@post.harvard.edu)



## NSGP Puzzle #2

# Don't Get So Defensive! I'm Talkin' To You!

Here is our next Crossword Puzzle for your enjoyment. Please give it a try and submit your answers to [newsletter@nsgp.com](mailto:newsletter@nsgp.com). You have until the end of April at which time the correct answers will appear on the NSGP website ([www.nsgp.com](http://www.nsgp.com)). All correct entries will be entered into a drawing, and the winner will receive a beautiful NSGP coffee mug or a \$10 credit toward the NSGP annual conference. (Need help? You can ask the Puzzle Master one question at [newsletter@nsgp.com](mailto:newsletter@nsgp.com))



denial transference countertransference projection id superego  
ego sublimation introjection mechanisms displacement  
rationalization regression repression undoing  
compartmentalization fantasy libido reaction formation

We had 3 correct solutions for our first puzzle (Eleanor Counselman; Scott Rutan; and the team of Anne Alonso and Jerry Gans). Congratulations to all! Eleanor was selected the winner and wins the credit!

### Across

3. Assimilation of the image of the object
6. The lid is off the \_\_\_\_\_
7. I'm not in any way aware of any unacceptable impulses!
9. Protecting the ego by cognitive reframing e.g. making excuses]
11. Grrr! The patient reminds me of my father.
14. I reality test.
15. First half of "can't smother, so will love instead"
18. Second half of "can't smother, so will love instead"
19. I'm praising you now because I'm sorry I just insulted you.
20. Freud's Ego and the \_\_\_\_\_ of Defense

### Down

1. Honest but cheats on income taxes
2. Sexual energy
4. Not a river in Egypt?
5. Angry at the boss but kicked the dog?
8. You're just like my mother!
10. I didn't write this puzzle, you did!
12. Reversion to an earlier stage of development
13. Channel the impulse to a healthier place
16. I imagine success to protect my self esteem
17. Conscience

## NSGP Foundation Offers Scholarships

The Northeastern Society for Group Psychotherapy Foundation, Inc. has established a scholarship fund chaired by Arnie Cohen, Ph.D. and Lise Motherwell, Psy.D. The Foundation gave several scholarships to students this year. The Foundation is offering limited scholarship monies to students and early career group therapists interested in attending the Northeastern Society for Group Psychotherapy conference this June or who are in the NSGP Training Program. Scholarship money is also available to

students in other group training programs in the Boston area, although NSGP students receive first consideration. Applicants should send a statement of interest and financial need of not more than 200 words to Arnie Cohen or Lise Motherwell, Co-Chairs, NSGP Foundation Scholarship Committee, c/o NSGP Foundation, Inc., 536 Pleasant Street, Belmont, MA 02478 or email your request to Lise Motherwell, Psy.D. at [motherwell@post.harvard.edu](mailto:motherwell@post.harvard.edu).

# Tsunami Disaster Relief Efforts

by Lise Motherwell

Ben Weinstein, a recent graduate of the NSGP training program, teaches and has a clinical practice in Thailand, where he lives with his wife, Jennifer. Upon hearing of the tsunami disaster, Ben flew to Phu Ket to help. He sent an e-mail describing his experience, which we have excerpted to create this interview.

**LM:** *How did you find out about the tsunami?*

**BW:** We have no television or internet service so I learned of the disaster from our friend Joel Friedman on Monday morning. I went to an internet café to get details. I made calls to the embassy of every English speaking country and then called the Thai Ministry of Public Health, where I spoke with Captain Jutaporn, the individual responsible for organizing the relief efforts. He asked me, “How soon can you come to the airport?”

**LM:** *How did you get to Phu Ket?*

**BW:** We drove to a military airbase in the Saphan Mai area of Bangkok. When I arrived at the airfield, there was a large crowd of Thai military, doctors, nurses and police, waiting for the next transport. I was the only foreigner. Shortly after my arrival, two diplomats from the French embassy arrived. They were being sent by their embassy to assess the situation and provide immediate support to French nationals impacted by the disaster. Once they arrived, we loaded onto a C-130 transport, configured for seating. I have never flown in an aircraft without windows, which is a bizarre experience.

**LM:** *What did you find when you arrived in Phu Ket?*

**BW:** Total chaos. Thai and foreign survivors, who had been evacuated over the past 24 hours, wandered aimlessly. Survivors continued to arrive in a steady stream from Krabi and the beaches of Phu Ket. Nothing close to this level of disaster has happened here in living memory. A Thai friend said, “This is the worst thing to happen to us in 237 years,” referring to the invasion of Thailand by Burma and the sacking of the ancient capital, Ayuthya, an

event that looms large in the modern Thai consciousness. So there were no systems in place to deal with such a large disaster. No one knew what to do, so I asked the French diplomats to help me get to the main processing center (sala klang in Thai), which was being set up at Phu Ket Provincial Hall. What is impressive is how quickly the government mobilized its coordination and communication efforts.

**LM:** *What problems did you encounter in your relief efforts?*

**BW:** One of the biggest problems was getting accurate information to survivors and helping those who were distraught. My most important role was to direct people to appropriate resources: where they could get information, transportation to shelters, and food, shelter and water. Officials erected tents and structures so they could register survivors and compile lists of missing people.

I identified people experiencing psychological crises. One group of people gathered around a distraught Israeli woman. I asked them in Hebrew if I could help. Yacov, from the embassy, asked me to speak with the young lady, who was not able to find her husband. She naturally was upset, and had not slept or eaten for 24 hours. We spoke for about 20 minutes, after which she appeared calmer, wanted to eat something, and started to think about what to do next. I left her in the care of her friends and moved on.

Over the next 24 hours, I provided interventions in English, French, and Hebrew. I did my best to protect, direct, and connect people as the DMH model specifies. I spoke with people missing their spouses and/or children. Many survivors had been holding their children while running from the wave when it hit and as they tumbled and spun, the children slipped from their grasp. Their anguish and despair were overwhelming. They could not stop asking why they couldn't hold on to their children. Some families were missing multiple members.

**LM:** *What is an appropriate way to help in the immediate aftermath of a disaster?*

**BW:** One should not provide psychotherapy or counseling at the scene of a

disaster. One should listen and reflect, without probing or deepening. One's statements should establish and increase a sense of safety, decrease debilitating feelings of helplessness, direct people to proper resources for basic care, provide accurate information about available options for action, and re-establish human connection that has been disrupted by the trauma (ideally with those who will remain with them once one has moved on). I wanted to help people stabilize and move from the processing center to the next step (shelter, sleep, food, clothing, document replacement, and ultimately repatriation). Psychotherapy comes later.

**LM:** *How did you help those who were traumatized?*

**BW:** Many people still felt unsafe. Some were in shock, even without any physical injuries. When there was word of aftershocks late Monday, people started to panic. We reassured them that there was no danger at our location. I identified individuals who might be high risk to develop PTSD. There were no psychiatrists available; only medical first aid was available at the processing center. If someone concerned us, we asked the Thais to get them to a hospital, which they did quickly and without question.

I enlisted the most resilient in a buddy system. I paired someone functioning well with someone of the same nationality who was more fragile. I had them go together to register, to eat, or to the shelters. Many people were already doing this on their own, especially those who had been on the island of Phi Phi. These people had lived a nightmare. They were on Phi Phi when the wave hit and most were not evacuated for 24 hours. Parts of the island were entirely submerged by the waves. A story I heard many times was: *we were running from the wave and we can hear water right behind us. We are running toward the other side of the island. When we get halfway across, we meet people running and screaming from the other direction. Then we see water in front of us too, and the waves meet and we are underwater.*

Once the water receded, they developed a system of mutual assistance (unfortunately, this did not happen everywhere). They organized rescue parties and started

digging people out and helping the severely injured. Rather than remain helpless, many of them, injured and shocked, worked selflessly to save others. Helicopters arrived Sunday evening. The injured were evacuated first and boats began to arrive Monday morning for everyone else.

By Monday night, arrangements were made for shelters (which were unavailable the previous night) and clothing. Many survivors had on the clothes they were wearing when the wave hit. Thai people arrived by the dozens to offer assistance. They brought water, food, and clothing. They offered shelter and transport. They took foreigners home. It was the profound generosity, compassion, and determination of the Thais that held things together during the initial phase.

**LM:** *How did you take care of yourself during this difficult time?*

**BW:** I felt exhausted and somewhat desperate. If this were a Red Cross coordinated response, I would have someone to talk to about the intense feelings that were building up inside me. By 2 AM, my ability to perform was diminishing, so I went to a shelter. I was able to sleep on a straw mat on the floor for three hours. I woke up and “showered” by pouring bowls of water over my head from a barrel filled with water. While we waited for transport to the sala klang, I helped survivors choose clothing from piles that had been donated. It was a good opportunity to speak with people casually, to make some small talk about the clothes (It’s not Ann Klein, but...), and see people smile.

By Tuesday, things were becoming more organized and I was exhausted. I learned that a processing center for foreign survivors had been established in a remote suburb of Bangkok, so I decided to return there to see how I could help. I wanted to be part of an organized effort rather than be on my own. On Wednesday, foreign therapists and counselors in Bangkok called each other to organize our efforts. We agreed to be available for any survivor who needed help.

The British embassy called again to ask me to help with a large number of distraught

individuals arriving at the embassy. In talking with people, I found that I had more accurate information than the survivors or the staff. The situation in Bangkok was complicated by a lack of coordination of the remote disaster relief locations. Each embassy had established its own command post in Phu Ket for their citizens. Meanwhile, the Thai authorities organized their own efforts. People came to the embassy looking for information that the Thai authorities had at the processing center, far from the embassy. I met people who had been brought to Bangkok without being processed, and so had not registered their own presence or the missing people they were looking for with the authorities. They were quite upset and angry. I made some recommendations to the staff at the British embassy, such as posting information and available resources, hospitals, and so on near the door so that survivors would have the information they needed.

In the midst of all this, my wife and I moved to a new apartment on Thursday! On Friday afternoon, we tried to relax and recharge at a friend’s house. It felt frivolous to me, but it also seemed necessary to gather some strength. There was still much work ahead.

Later Friday, I received a call from the British embassy, asking me to assist at their command post in Phu Ket. They flew me down, where I met their hard-working staff from all over Asia. Again, I counseled families who were arriving to find their lost loved ones, made hospital visits, and supported the staff at the command post, who were at risk for secondary trauma. I recommended short rotations on emotionally intense tasks, which would reduce the likelihood of burnout or further trauma. It was very satisfying work. I returned to Bangkok Monday evening, after I learned that a team of British disaster mental health professionals was on the way to Phu Ket.

**LM:** *Was there an especially difficult incident for you?*

**BW:** One incident occurred over that weekend that I feel bad about. We received several alarming calls at the British embassy command post saying that foreign volunteers at the sala klang were

being traumatized by being asked to do things that were inappropriate or to work for too long. The shift chief asked me to stop at the sala klang on my way to the airport to make an appraisal and give some constructive suggestions.

I met with three volunteer coordinators. In my exhaustion, rather than assess the situation, I accused them of negligence and being responsible for traumatizing the volunteers they were responsible for. Our conversation deteriorated. Two of the three walked away in anger. Mark, who stayed, and I engaged in a brief shouting match and then calmed down. I found he was as horrified as I was with what happened (volunteers moving decomposing bodies for hours at a time) and that he felt responsible. I felt remorse and shame for attacking him. We spoke together for a while. I apologized to him and made some suggestions. We finished amicably and I went to the airport to go home.

**LM:** *It sounds like you were heroic and did an incredible job given the situation and your level of exhaustion. Do you have anything else to share with our readers?*

**BW:** I am humbled to have been in contact with survivors, families, staff, and volunteers, foreign and Thai, who showed such courage and strength in the face of such devastation, horror, and loss. I cannot begin to describe my gratitude to everyone who has contacted me.



Free Colloquium Series

**NSGP Breakfast Club**

**Sunday, Apr. 10, from 11 am to 1:30 pm**

***The Therapist’s Body:  
Using Somatic Awareness to Become  
More Attuned to our Groups***

WITH: **Suzanne Cohen** WHERE: Kelley Bothe’s

The last of this season’s programs! Our POT LUCK event is limited to 15 on a first come, first served basis, and will take place on Sunday, April 10, from 11 AM to 1:30 PM. The hostess will provide bagels, coffee, and tea. CEUs are \$10.

**For directions or to sign up: Please call Pamela Dunkle at the NSGP office, 617-484-4994.**

# Progress Notes

**Progress Notes** features a variety of items that reflect progress for NSGP members or committees. Please let us know ([newsletter@nsgp.com](mailto: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.

**Alan Albert** has relocated to a new and improved space in his same building.

**Tyler Carpenter** has published "Back to the Future: F. Alexander (1963) Reconsidered" in the Journal of Psychotherapy Integration.

**Naomi Dogan** is the delighted mother of Gitalia Susannah Dogan-West, born October 7, 2004. Gitalia is a combination of Gita (Hindi for song) and Talia (Hebrew for dew from heaven) and Talia was the name of one of the angels who escorted the sun from dawn to dusk. So, Gitalia is "an east-west name we created that means 'a song that crosses the day.'"

**Richard Falzone**, a graduate of the NSGP training program, has created an informational website, [www.rfalzone.info](http://www.rfalzone.info), which provides useful links for colleagues, patients, and their families

**Mark Fanger** has bought a new home in Newton Upper Falls and moved his clinical practice there.

**Steven Fischel** is currently Director of the Psychiatry Consultation Service at Baystate Medical Center in Springfield, and the Site Director of the Psychiatry Clerkship for Tufts medical students at Baystate.

**Jerome Gans** presented "Psychodynamic Group Psychotherapy: Two Scenarios Considered in Depth" at Psychiatric Grand Rounds at Dartmouth-Hitchcock Medical Center. In addition, "A Plea for a Greater Recognition and Appreciation of our Group Member's Courage" was accepted for publication in *IJGP* for October, 2005.

**Barbara Keezell** led a 2-day psychodynamic institute at AGPA's 2005 conference.

**Lise Motherwell** and **Joe Shay** have co-edited a book *Complex Dilemmas in Group Therapy: Pathways to Resolution* (Brunner-Routledge, 2005) which features the writing of 50 internationally renowned group therapists, many of them members of our local NSGP community (including **Anne Alonso**, **Arnie Cohen**, **Suzanne Cohen**, **Eleanor Counselman**, **Sara Emerson**, **Pamela Enders**, **Joel Frost**, **Jerry Gans**, **Steve Haut**, **Steve Krugman**, **Ted Powers**, **Helen Riess**, **Scott Rutan**, **Libby Shapiro**, **Brenda Smith**, **Mark Sorensen**, **Kathy Ulman**, **Marsha Vannicelli**, and **Robert Weber**).

**Deborah Raptopoulos** is Director of a newly formed organization called The Group Center located in Brookline and offering conversation groups on a number of life issues including aging, loss, health, parenting and life choices.

**Mardi Robinson** has settled back in the United Kingdom and is busy reestablishing her private practice of clients and supervision.

**Betsy Ross** has recently opened a new (additional) office on the Easton/Brockton line and is currently forming a women's group there.

**Elizabeth (Libby) Shapiro** gave a talk entitled: "A Death in the Family: Losing a Group Member" to the Brookline Mental Health Center.

**Judy Silverstein** is developing her life coaching practice while continuing to do psychotherapy and groups. She is teaching at the Institute for Life Coach Training. She will also have a painting exhibit at Supershag Mega Dance Complex in Waltham and continue to perform at local nursing homes for senior citizens.

**Marsha Vannicelli** has published an article, "Commentary on Therapist Initiated Termination" in *IJGP*, and a chapter, "Dilemmas and Countertransference Considerations in Group Psychotherapy with Adult Children of Alcoholics" in *Group Psychotherapy and Addiction* (edited by Weegmann & Reading),

We congratulate Robert Weber for being one of only three recipients of the 2005 AGPA Affiliate Assembly Award

**NSGP** as a whole was well represented at the annual AGPA conference by **Anne Alonso**, **Shoshana Ben-Noam**, **Bruce Bernstein**, **Suzanne Cohen**, **Eleanor Counselman**, **Sara Emerson**, **Nina Fieldsteel**, **Rosalind Forti**, **Joel Frost**, **Jerry Gans**, **David Goldfinger**, **Sam James**, **Barbara Keezell**, **Steven Krugman**, **Lorraine Mangione**, **Norm Neiberg**, **Cecil Rice**, **Scott Rutan**, **Joe Shay**, **Kathleen Ulman**, **Marsha Vannicelli**, **Robert Weber**, and **Donald Wexler**.

## The Rhode Island Column

Daniel Even, MDiv, MSW



### AGPA Leadership Backs 90853 Initiative

Marsha Block confirmed in a phone interview on February 18 that the RIGPS initiative regarding the 90853 CPT Code has been tasked to the Registry by the Board of AGPA for immediate action. Agreeing that the matter of reevaluating the code was overdue, she wants to go beyond the RIGPS motion accepted by the Affiliate Assembly and gain direct representation on the Advisory Committee that sets the Medicare valuations for procedure codes.

Barry Wepman, Ph.D. will be the point person at the Registry working the 90853 coding issue. He is currently meeting with the Mental Health Liaison Group in Washington DC. He sees the effort to revise 90853 descriptions and valuations to be a long uphill battle but vital to the interests of group therapy. Dr. Wepman expects to be working closely with David Kahn, M.D., president of RIGPS and chair of the AGPA RVW Committee.

As the charter instigator of the 90853 effort, this columnist was surprised and pleased by the speed of the AGPA leadership response after the 90853 motion was accepted by the Affiliate Assembly in the spring of 2004. As the coordinator of the 90853 Task Force in Providence and as a dual NSGP-RIGPS

member, I will be attempting to gain support for the work on the code from my colleagues to the north.

For NSGP members who missed the October Newsletter, the text of the original motion presented to the Affiliate Assembly is reprinted below.

**The Rhode Island Affiliate Society (RIGPS) urgently requests that AGPA form a relative values for work (RVW) Committee. Funding and resources are requested so that the RVW can immediately initiate the process of reviewing the Current Procedural Terminology (CRT) and resource-based relative value scale (RBRVS) associated with the 90853 CRT code for group psychotherapy.**



### The Omnipotent Child

*Continued from Page 1*

These bad fits become narcissistically invested with identity formation, aggression, and eroticism, and lay down the early templates of intimacy. These foci become the crystallization points for the passions of the relational experiences with others.

The ultimate function of the group, according to Dr. Aledort, is to create an analytic culture that will allow the formation of the bad fits in their fullest expression. The group is a safe holding environment where the bad fits can be transformed into good fits. While this shifts the focus of the members' passions and their couplings to healthier passions, they still complain loudly. They must mourn the passion of the bad fit to be able to live in the excitement and satisfaction of the new good fit. Dr. Aledort believes that the passion invested in the old fit is the hidden element in the need to keep repeating pathological attachments and conflicts, as well as the need to act out preverbal somatic experiences. Margaret Mahler and Harold Searles have greatly influenced his work.

The beginning phase, which you will see in the Demonstration Group, is strongly influenced by the therapist assuming the role of the "mother of Symbiosis". All action goes through the therapist.

The beginnings of the early preverbal good and bad fits are fleshed out, explored, verbalized, and hence, made more conscious. Dr. Aledort's technique serves as a bridge between conflict theories and the more current relational models built on attachment theory.

Drs. Neiberg and Motherwell will explore how they deal with difficult patients, how

preverbal experiences get dealt with in their groups, where the passion is, and how it is explored. All three presenters will discuss the formation of the analytic culture in their groups and the role of the therapist in the beginning phase.

Make your plans early. This year's demonstration group should be exciting, highly instructive, and rewarding.



**Save the Date!**

Northeastern Society for  
Group Psychotherapy Foundation, Inc.

**Sunday, May 22, 2005**  
**5:00 — 7:30 pm**

*Annual*  
**Fundraising Gala**

**Garden Party & Silent Auction**

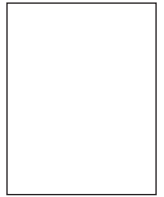
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FOOD, MUSIC, DRINK AND CONVERSATION  
PLUS A CHANCE TO WIN A DOOR PRIZE

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**Northeastern Society for Group Psychotherapy, Inc.**  
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spring 2005

the newsletter

N S G P

Northeastern Society for Group Psychotherapy

# Strangers in a Strange Land:

EXPLORING THE NEW AND UNKNOWN IN THE GROUP EXPERIENCE

NSGP's 24th annual conference!

June 17, 18, & 19, 2005

## 2004 NSGP Events Calendar

Apr. 10, 2005	<b>Breakfast Club</b>	11 AM (see inside, page 15)—with Suzanne Cohen
May 22, 2005	<b>Northeastern Society for Group Psychotherapy Foundation Annual Spring Fundraising Gala</b>	Garden Party and Silent Auction 5:00 — 7:30 pm Call for tickets: 617-484-4994
June 17, 18 & 19, 2005	<b>Strangers in a Strange Land: Exploring the New and Unknown in the Group Experience</b>	24th Annual Northeastern Society for Group Psychotherapy Conference Wellesley College, Wellesley, MA
	Special Presentation:	<b>Memories of Elvin Semrad: A Forefather of NSGP</b>
	Demonstration Group (see article on page 1)	<b>The Omnipotent Child Syndrome</b>
	Certificate of Group Psychotherapy Program	
	Institutes and Workshops	

For more information or to sign up call Pamela Dunkle at 617-484-4994.