



# The Group Therapist Perspective

INTERDISCIPLINARY INSIGHTS FOR GROUP PRACTITIONERS

October / November 2001

## PRESIDENT'S MESSAGE

By: Edward Dreyfus, Ph.D.



I hope you all had a great summer. While you were lying on the beach in some tropical paradise or visiting some exotic location or climbing the mountains of the Himalayas, your Board of Directors was busy putting together what should be a fabulous Annual Conference. Steve Wolf, our Conference Chair, and Marty Novell, his able co-Chair, with the able assistance of your President-elect, Bill Flaxman, have put together a

terrific Conference. The only thing left that they cannot do is ensure your attendance!

GPASC's 2001 Conference, "Contrasting Styles of Group Psychotherapy: Theory and Experience," is a one day workshop designed to provide an opportunity for professionals to experience four distinct approaches to group therapy in a condensed format. Each approach will be explained and demonstrated by experts in their particular approach. Everyone will participate in all four approaches, experiencing two in the morning and two in the afternoon.

The conference will begin with a one hour panel comprised of the four experienced clinicians representing each of the four approaches: Dr. Paul Abels will present a Narrative Therapy approach, Dr. Eda Gorbiss will present a Cognitive Behavioral approach, Dr. Nancy Carter-Liggett will present a psychodrama approach, and Dr. Elinor Grayer will present a psychoanalytic approach. The presenters will discuss the foundations of their particular orientation. Then the participants will be divided into four groups, each of which will meet in a separate room. The four presenters will rotate through each of the four groups throughout the day: two groups in the morning and two groups in the afternoon. Participants will remain with their groups for the entire day and will experience four different leaders. The final hour of the day will consist of all participants and presenters meeting again to compare and contrast

the four styles they have experienced.

For our Keynote Speaker this year we have a very special treat in store for you. Dr. Nicholas Cummings the Founding President of the California School of Professional Psychology, a former President of the American Psychological Association as well as former President of the California Psychological Association, to name just a few of his long list of accomplishments, will discuss "Group Therapy and the Future of Psychology." Dr. Cummings list of publications includes some 1200 or more articles and 17 books. He has a prodigious mind, is a prolific contributor, and has been prophetic as well as visionary in the field of mental health. His presentation alone will be worth the price of admission!

On another note, I am seeking two persons to Chair two committees. I need one Chair for a Managed Care Committee and one Chair for an Outreach Committee. The responsibility of the Managed Care Committee will initially be to collect information on the kind of reimbursement the various managed care organizations offer their members for group psychotherapy. Once we ascertain whether they cover group therapy, and the extent to which they cover it, this committee will then educate them about the value of group treatment. The Outreach Committee's responsibility will be to develop approaches for recruiting group counselors and therapists who hold certification in alcohol and substance abuse, members of the American Counseling Association, and other disciplines under-represented in our organization. The committee will also develop outreach approaches to under-represented minorities in the mental health field. We want to expand our inclusionary, interdisciplinary mission. If you are interested in participating on these two committees, please contact me.

I look forward to meeting all of you at our Annual Conference on November 4th.

## Message From The Editor By: Mimi Davis, MFT

I have spent this first period of my “editorial reign” learning how GPASC as a whole operates, how members interact, how the newsletter is organized and put together, how we are able to assess the group therapy needs of the larger community we are part of and how effective we are in utilizing our collective abilities as therapists/group facilitators to meet those needs. The results of this informal learning period have been mixed.

I am still in the throes of learning various procedures and, therefore, still under the “tutelage” of various members (i.e. Jennifer Henry-Horowitz and Ed Dreyfus.) As for GPASC and the L.A. community: for the most part, it seems that many independent, private practice Los Angeles area therapists and psychologists do not know of GPASC’s existence nor how to access its members and their services. I have received requests from many individuals (potential clients and/or therapists calling me on behalf of their clients) seeking group support for a variety of therapeutic issues. Inevitably, their needs or locations have not matched any of the groups our members are facilitating. I continue to refer most of them to various Family Services or community based clinics or need-specific support groups. In several cases I sent them copies of our Newsletter or ad page, but again the groups did not match the needs of the people seeking help. I have also read the List-Serve submissions and been curious about the outcome of these requests. I’m sure some people have been successful in connecting with psychotherapeutic or peer support groups, but a greater number of people seem unable to access appropriate and affordable help.

It would seem helpful (if not mandatory) that we communicate and coordinate with various organizations, schools, resource directories, referral services, institutes and/or psycho-social support groups to inform them of our existence and our present groups...and to research the unmet needs of the populations serviced by these organizations. This does not mean mailing them a newsletter! This means inviting them to participate in collaborative forums to discuss their needs and our services. From groups dedicated to parenting and early childhood development...to community clinics and service organizations...to organizations geared to individuals suffering from bi-polar or depressive illnesses...to survivors of early or adult abuse...to high functioning adults grappling with mid-life career crises...to working parents struggling with anxiety, anger and depression but no time or money to go to high-priced therapists...to individuals dealing with the caretaking needs of chronically ill or aging family members...to newly separated parents dealing

with the difficulties of custody and divorce...there are DOZENS of populations in L.A. and its surrounding areas who could benefit from our members’ services. Many clinics and self help groups already offer short term or peer group support, but would greatly benefit from the experience and expertise available in GPASC. I will offer my ideas about this to the Board at its next (my first) Board meeting. I am curious to hear from all of you about this!

In reference to “hearing from all of you,” it seems strange that only one member of GPASC made a written contribution to the “Group Therapist Perspective’s” new Member-Speak Column. This has been set up as a forum for individual members’ input and subsequent group dialogue: to improve the way we operate, discuss areas of interest or need, make complaints or constructive criticisms, etc. Instead, members seem to complain or communicate on a one-on-one-on-one basis, circumventing the possibility of informed communication and collaboration. Inviting people to “live out loud”, as I did in my first editorial column, has resulted in a lot of private whispering! The newly formed “Telephone Tree” is a valuable tool in providing a way for members to be heard...and so is our bi-monthly newsletter. So again, I invite GPASC members to speak up! GPASC needs to hear what you have to say.

(A special message to my anonymous “secret” editor: thank you for your editorial corrections and your approval of my column. Why remain anonymous? Newsletter contributor are busy therapists who write in a spontaneous manner, possibly neglecting rules of grammar or sentence structure. Why not help me proof read these submissions before they “go to press” rather than after? GPASC will benefit and so will our Newsletter readers.)

LET WHAT YOU DO BE  
WHAT YOU LOVE.

By 14th Century sage, RUMI  
(Quoted on an original watercolor by Rebecca  
Lowell, Maui 2001)

## GPASC Telephone Tree

In order to facilitate a more intimate relationship between the GPASC Board and the general membership, we have assigned each Board member the names of ten members. If you have any questions, thoughts, suggestions, ideas or input of any kind that you would like to have addressed by the Board, please call your representative. Also, expect to hear from your representative several times during the course of the year. She or he will be soliciting your suggestions and inquiring as to your interest in becoming more involved in GPASC. We are trying to create a more connected, intimate, and collegial organization, different from most of the large professional organizations to which we belong. You will find your representative listed below:

ED	Joanna Angsten, Psy.D.	LD	Quin Crosbie, Ph.D	VD	Robert Bowman
ED	Jo Christner, Psy.D.	LD	Albert Freeman, Ph.D	VD	Cele Cooper , MSW
ED	Vicki Dauber, MFT	LD	Ira Greenberg, Ph.D.	VD	Geraldine Flaxman, MA
ED	Miriam Davis, MA, MFT	LD	Thomas Hedberg, Ph.D.	VD	William Flaxman, Ph.D.
ED	Linda DeVillers, Ph.D.	LD	Miles Hillis, Ph.D.	VD	Nickie Godfrey, MFT
ED	Edward Dreyfus, Ph.D.	LD	Dorothy Imai, Ph.D., MFT	VD	Roberta Japka, Ph.D.
ED	Richard Hirschhoff, MFT	LD	Karen Johns, MA, MSN	VD	Christine Kasparian, MA
ED	Stephen Johnson, Ph.D., MFT	LD	Molly Lapin, MS	VD	Haroldine Moseman, MA,
ED	Marvin Kaphan, MSW	LD	Felice Miller, Ph.D.	VD	Marion Solomon, Ph.D.
ED	Colleen Land, Ph.D.		Michael Stample, Ph.D.		
ED	Matthew Seidman, Ph.D., MFT	MK	Dorine Blundell, MFT	MS	Steven Berkowitz, Ph.D.
ED	Al Wohlfort, M.A.	MK	Janet Bowden	MS	Darlene Duncan, Ph.D.
ED	Steve Wolf, Ph.D.	MK	Andrea Brandt, Ph.D., MFT	MS	Kevin Frandsen, BA
		MK	Fiona Chalom, Ph.D.	MS	Philip Reichline, LCSW,
CL	Tom Corboy, MFT	MK	Nancy Coffman, M.Ed.	MS	Kerry Runcie, BA
CL	James DeSantis, PH.D.	MK	Robert Curtis, MFCC	MS	Vivian Sontag, MFT
CL	Melissa Johnson, Ph.D.	MK	Elaine Leader, Ph.D. MSW	MS	Bruce Wallerstein, Ph.D.
CL	Sharon Rizk, MFT	MK	David Clark, Ph.D.	MS	Betsy Walters, LCSW
CL	Deborah Silveria, Ph.D.	MK	Evelyn Pechter, BA		Edwin Young, Ed.D., MFT
CL	Esther Somerfeld, M.D.	MK	Bernice Ross, MFT		
CL	Sandra Steinbacher, LCSW			MD	Yetta Bernhard, Ph.D
CL	Jim Vance, BS			MD	Herb Goldberg, Ph.D.
CL	David Ziskind, Ph.D	RH	Bonnie Ban, MFT	MD	Susan Farber, MA
CL	Claire Wolpe, Ph.D	RH	Juditte Erki, Psy. D.	MD	Sylvia Landon, MA, MFT
		RH	Irene Harwood, LCSW	MD	Eugene Landy, Ph.D.
DM	Louise Bilman, MSW, LCSW	RH	Delea Lou Rayburn, MS	MD	Lee Meyerhoff, Ph.D.
DM	Terri Burns	RH	Elaine Rosenson, MFT	MD	Sietze VanderHeide
DM	Bonnie Lowry, MA, MFT	RH	Glendean Thompson, Ph.D.	MD	Ann Keller-Kleeger
DM	Erika Mejia, MA	RH	Leslie Pam, Ph.D.	MD	Marilyn Stolzman, MFT
DM	Barbara Perle, MSW	RH	Mary Panish, MFT	MD	Elaine Mura, Ph.D.
DM	Judith Poe, MA	RH	Barbara Rosenkrantz, MFT		
DM	Dorothy Satten, Ph.D.	RH	Christopher Rubel, Rel. D.	DM	Joseph Cavins, BS
DM	Jeannette Sense, MSW	SJ	Diana Castle, MS	DM	Bob Huey, MFT
DM	Ann Silver, MA	SJ	Edith Dellorco, LCSW	DM	Debra Kuperberg, MS
DM	Louise Silverberg, MFT	SJ	Bruce Derman, Ph.D.	DM	Sande Littner, MFT
		SJ	Leslie Eichenbaum, Ph.D.	DM	Alan Massey, MA
JC	Madeline De Antonio, LCSW	SJ	Howard Grey, Ph.D.	DM	Elieen Misse, Psy.D.
JC	Karen Fox, Rabbi, MFT	SJ	Zoltan Gross, Ph.D.	DM	Margaret Moore, MD
JC	Cathy M Glassner, MFT	SJ	Marcia Hayden, MFT	DM	Martin Novell, MFT
JC	Shirlee Hayman, LCSW	SJ	David Hennerman, Ph.D.	DM	Leonard B. Olinger, Ph.D.
JC	Laura Israel, LCSW	SJ	Halina Irving, MS, MFT	DM	Carole Omata, MA
JC	Shirley Keen, MA, MFT	SJ	Sherry Katz, MSW		
JC	Moon Kerson, Ph.D				
JC	Robert Matirko, Ph.D.				
JC	Marcia Smith, Psy.D.				
JC	Eileen Pola, MA, MFT				

### LEGEND:

ED=Ed Dreyfus  
 CL=Colleen Land  
 DM=Doris McElwee  
 JC=Jo Christner

LD=Linda De Villers  
 MK=Marvin Kaphan  
 RH=Rich Hirschhoff  
 SJ=Stephen Johnson

VD=Vicki Dauber  
 MS=Matthew Seidman  
 MD =Mimi Davis  
 DM=Dini Moseman

## Member's Bulletin Board

### Membership Information

#### Full Category \$75/year

*Clinical licenses including psychiatrists, psychologists, clinical social workers and marriage and family therapists*

#### Affiliate Category \$60/year

*Those with advanced degrees in the behavioral sciences, interns, students in mental health fields, others in allied areas.*

### GPASC web site:

<http://www.gpasc.org>

**GPASC email: [groups@gpasc.org](mailto:groups@gpasc.org)**

**PO Box 491191  
Los Angeles, CA 90049**

**Phone: (323) 960-5143**

### Gay Men's Personal Development Group:

Growth and insight oriented group addresses life enrichment, self-esteem, and personal relationships.. Tuesday, 6-7:30 pm, Glendale. Jim DeSantis, Ph.D., C.G.P. (PSY10315) (818) 551-1714

High Functioning Men's Group, Ages 35-55, Yalom model, Weds, 7-8:30 PM, Brentwood, Miles Hillis, Ph.D. (Psy 4423), (310)471-7692

### Ongoing Gay men's psychotherapy

**groups** meeting weekly In West Hollywood. Openings available in Yalom-model process groups. Please contact Steven Isaacman, MFT (#MFC29803) 323-654-7582.

## GPASC

FOUNDED 1952

AN INTERDISCIPLINARY NONPROFIT ORGANIZATION FOR THE  
ADVANCEMENT OF GROUP PSYCHOTHERAPY

### Officers

President.....Edward Dreyfus, Ph.D.  
President-Elect.....William Flaxman, Ph.D.  
Membership VP.....Doris McElwee, MFT  
Treasurer.....Rich Hirschhoff, MFT  
Secretary.....Colleen Land, MFT  
Historian.....Haroldine Moseman, MA  
Parliamentarian.....Vicki Dauber, MFT

### Executive Board

Annual Conference.....Steve Wolf, Ph.D.  
Nominations.....Vicki Dauber, MFT  
Membership Outreach.....Vicki Dauber, MFT  
Program Development.....Linda De Villers, Ph.D.  
President's Party.....Joanna Angsten, Psy. D.  
Past President.....Jo Christner, Psy. D.  
CES.....Matthew Seidman, Ph.D.  
Newsletter.....Miriam Davis, MFT  
Communications Chair.....Marvin Kaphan, MSW  
Members-at-Large.....Stephen Johnson, Ph.D.  
Joanna Angsten, Psy.D

**ADMINISTRATOR:** Diana Castle

**COMPUTER SPECIALIST:** Jennifer Henry-Horowitz

**Grief Groups Forming** for people suffering: the loss of a PET, loss of a Friend, and/or a Family Member. Vivian Sontag, MFT (MFC 36533) 818-886-8860

### Sunshine Instant Printing

**Edward Lustig**

Phone (310) 479-5939

Fax (310) 477-2932

10900 Wellworth Avenue

Los Angeles CA 90024

GPASC would like to thank Ed Lustig of Sunshine Instant Printing for his wonderful work.

# Member's Bulletin Board

A place for members to list any of the following for FREE:

•Office address and phone changes •Available office space •Job Opportunities •Professional achievements and awards • New therapy groups being formed •Therapy group openings •••All advertising for mental health services must include the practitioner's license number. One 30 word Ad per issue free; \$10 for any part of any additional 10 word increment. Additional Ad (s): \$15 for 30 words: \$10 for any part of any additional 10 word increment.

LEADERLESS GROUP FOR THERAPISTS, NOW FORMING. LEARN THE LEADERLESS GROUP FORMAT AS YOU PARTICIPATE IN A GROUP OF YOUR OWN. CONTACT STEVE WOLF, PH.D. (PSY10230) AT 310-479-1143 OR STEVWOLF@EARTHLINK.NET

**Group Openings:** Six heterogeneous (mixed ages and genders), psychodynamic groups, from high to moderate functioning. Marvin Kaphan, (LCS 181, MFT 717) (818) 766-9540, mkaph@aol.com

.....  
• **Openings:** Mixed Single Group - Young Women and Men for Supportive Therapy Group Saturdays, 11:00am-12:30pm. Low Fee \$25./week. Call Rich Hirschhoff, MFT (310) 281-8476 Lic.#MFC32070  
.....

**Bereavement Groups:** Widow/Widower Loss Groups in the Valley and Westside. Contact Marilyn Stolzman, Ph.D. for details, at the H.O.P.E. Unit Foundation, (818) 788-HOPE (4673).

**Co-Ed Adult Personal Development Group:** Growth and insight oriented group, high-functioning, addresses interpersonal dynamics in a supportive environment. Wednesday, 6-7:30 pm. Glendale. Jim DeSantis, Ph.D., C.G.P., (PSY10315) (818)551-1714.

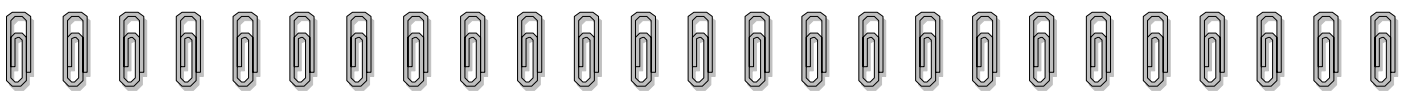
**Men's Personal Development Group:** Growth and insight oriented group addresses male-female relationships, work life, coping, and roles. Thursday, 6-7:30 pm. Jim DeSantis, Ph.D., C.G.P., (PSY10315) (818)551-1714.

**DEL MAR GIRL POWER** promotes resilience, self-discovery, and empowerment in preteen and teen girls. Groups available for 4th-5th graders, middle and high school girls, and seniors heading for college. Workshops/consultations for parents. Melissa Johnson, Ph.D., License #PSY 13102, (626) 585-8075.

**Santa Monica Mixed Group** (Tuesdays, 7:30 - 9:30 P. M.): openings for 2 men in an ongoing dynamic group focusing on self-development, resolution of emotional distress, & increased effectiveness in work and intimacy relationships. Bill Flaxman, Ph.D., M.F.T. (MFT 11720), (310) 452-6693.

**Marketing Workshop** for licensed therapists and interns wanting to build a private practice. Action-oriented didactic, support, and homework format. 12 facilitated meetings, every other Tuesday, 10-11:30 am, Glendale. (818) 551-1714

**Couples Group Forming:** Change ongoing patterns of conflict and emotional distress that distance partners from each other. Learn how to deepen the trust, honor your connection, and achieve intimacy & relationship satisfaction. Bill Flaxman, Ph.D., M.F.T. (MFT 11720), (310) 452-6693.





**MEMBER SPOTLIGHT:** William J. Flaxman, Ph.D., M.F.T.

William J. Flaxman, Ph.D., has been an active member of GPASC for the past year. As President-elect, he is currently a member of the committee working on the GPASC Annual Conference. Bill states that working closely with the other committee members (Ed Dreyfus, Ph.D., Jo Christner, Psy.D., Steve Wolf, Ph.D., Marty Novell, M.A., Marvin Kaphan, M.S.W., Vicki Dauber, M.F.T., and Rich Hirschhoff, M.F.T.) has facilitated entry into an enjoyable circle of colleagues and new friends, exposure (through both the conference and the membership roster) to alternative modes of group psychotherapy, and a quick introduction to the internal workings of GPASC.

Dr. Flaxman, who is fluent in Spanish and capable in French, Italian, and Portuguese, is an M.F.T. whose clinical orientation is an integration of psychoanalytic ego and self psychology, cognitive-behavioral psychology, behavioral medicine, and family systems. His work with individuals, groups, couples, families, and corporate clients utilizes a collegial existential alliance to determine strengths and resources, uncover inadequacies and faulty learning related to a person's (or a couple's, family's, or corporate system's) presenting syndromes of distress, and to facilitate a growthful learning process to enhance the experience of (internal) self and ego skills as well as (interpersonal) functional and relationship skills.

Several areas of special focus within Dr. Flaxman's practice involve transforming the negativity inherent in personal crisis and relationship distress into insight that fosters breakthroughs in SELF-development, profoundly enhancing individuals' capacity for intimacy and vitality. These treatment areas involve "the intensive containment of couples in crisis", "the self-management of dysphoric moods--anger, anxiety, and depression", and "the unlocking of compulsive or addictive syndromes" to convert and sublimate the energy that's unproductively bound up by suppressed, denied, or repressed painful perceptions and very uncomfortable feelings into various creative constructive applications that enhance vital productive living. Dr. Flaxman states that, in group psychotherapy (men's, women's, mixed, and couples'), these focal treatment areas consistently stimulate and facilitate productive group process and growthful relationship development.

Dr. Flaxman reports that his research over the past thirty-five years into the frequently controversial and confounding question of "what factors explain & clarify individuals' motivation for use versus abuse of substances (in general) and their use versus abuse of specific preferred substances", attained synthesis in the completion of his doctoral dissertation (1998), "Substance Use As A Function Of Mood-Related Consciousness Alteration". At this time both a journal article on this work as well as its publication as a clinical text (that summarizes the work of forty-five eminent researchers who investigated motivation for substance use) are in preparation.

From 1978 through 1990, Dr. Flaxman was the Director of Clinical Services and Co-Director of Training at the F.R.E.E. Foundation, a non-profit sliding-scale counseling center and training institute in Beverly Hills. In 1990, he and his wife, Geraldine Flaxman, M.A., M.F.T., co-founded The Flaxman Family Counseling Center in Santa Monica where, in addition to individual, couple, and family therapy, they have groups for women, men, mixed singles, couples, and a life-rescripting group for couples who already have, or are expecting, new borns.

Bill and Geraldine live in Topanga, have two adult children (Cyndie and Adam), and two teenage granddaughters (Kristina and Karen). Bill is a Board Member of The Blackfeet Buffalo Horse Coalition, a Native non-profit group on the Blackfeet Reservation in Browning, Montana, (where unemployment is 75%) that uses the Native American process of "guided discovery" to teach young people occupational skills consistent with cultural values -- Native crafts (tanning hides, tack and saddle-making, leather crafts, and beading), horsemanship, horse training and breeding, veterinary, and ranching skills. The young people who enroll, at no cost to themselves, must commit to stay in school, abstain from alcohol and drugs, and learn the Blackfoot language and traditional spiritual ways; those who demonstrate horsemanship, responsibility, and maturity earn the opportunity to start a herd of their own.

Bill and Geraldine can be reached at The Flaxman Family Counseling Center, 2665 30th St., Suite 211, Santa Monica, California 90405; Telephone (310) 452-6693. Bill's e-mail address is: [williamflaxmanphd@earthlink.net](mailto:williamflaxmanphd@earthlink.net).

Relationships are an essential attribute of our humanness and profoundly influence our life experiences. Throughout the lifespan relationships influence our sense of self and others, shape our views of the world and most importantly relationships impact our emotional well-being. As an essential aspect of our human nature, emotions play a critical role in healthy functioning. Conversely, the dysregulation of emotions is a significant component of psychopathology. The global, enduring and maladaptive behaviors which typify some individuals are lifelong manifestations of gross developmental failures in the acquisition of adaptive affect regulatory mechanisms. Through relationships in individual and group psychotherapy individuals often acquire the capacity to experience and utilize a wide range of emotions, adding to their quality of life and providing them with emotional coping skills required for healthy and meaningful living.

A person's thoughts and behaviors can be viewed as attempts to regulate affect. An individual's tendencies for acting-out, projection and dissociation all serve to avoid or alter intolerable emotions. These maladaptive coping strategies lead to the development of secondary symptoms such as addictive behaviors, interpersonal conflict and increased lability of affect. The avoidance of the intolerable affect perpetuates the patient's global patterns of dysfunction. Essential to facilitating change in individuals is increasing their range of affect tolerance such that there is a reduced need for self-destructive coping behaviors.

The capacity for affect tolerance is developed within our relationships to significant others. Contemporary neuropsychological research proves that infant-caregiver interactions shape the development of the frontal cortex, an area of the brain vital to affect regulation. These affect regulating centers of the frontal cortex will influence emotional responses to relationships throughout life. When an individual develops relationships with new emotional exchanges these previously established associations are altered. In effect the frontal cortex both shapes our emotional responses and is itself shaped by our emotional responses. This recursive relationship allows for both stability in emotional responses and allows for the possibility of change in our emotional responses.

Affect is communicated both in our linguistic and nonlinguistic actions. Emotions are transmitted through multiple channels, including words, tone of voice, facial expressions and eye contact. The critical emotional centers in the frontal cortex respond to linguistic and nonlinguistic affective communication. Via the exchange of affect within the relationships, an individual develops the capacity to manage emotions. The exchange of affect in the therapeutic group impacts frontal cortical activity in each group member, laying the foundation for the

individual to develop adaptive affect regulation. The capacity for adaptive affect regulation is an innate aspect of the frontal cortex which becomes expressed when an individual is in an empathic relationship. The emergence of affect regulation is the result of inherent self-corrective mechanisms that are an aspect of our capacity for mind-body healing.

The fact that emotions are relational in nature makes the therapeutic relationship an essential vehicle for emotional growth. Similarly, the therapy group composed of multiple cross relationships can facilitate increased emotional tolerance. The exchange of emotions and the empathy shown for emotions displayed in the group can increase the tolerance for previously distressing feelings. Individuals may have had a life long pattern of avoiding certain emotions or reciprocally have been unable to contain a given set of emotions. As the avoided or uncontained emotions are shared in the group the foundation is laid for altering the individual's relationship to these previously problematic emotional states. Empathy and confrontation exchanged in the group for historically distressing affects helps the individual to begin to tolerate those feelings. Through attuned interpretive mirroring by the therapist for the emotions associated with a given multi-symptomatic presentation the new emotional experiences in the group begins to repair the critical affect regulatory deficits. Hence, the group itself does not remain the source of the affect regulation to but rather facilitates the emergence of previously underdeveloped affect regulatory capacity within the individual members.

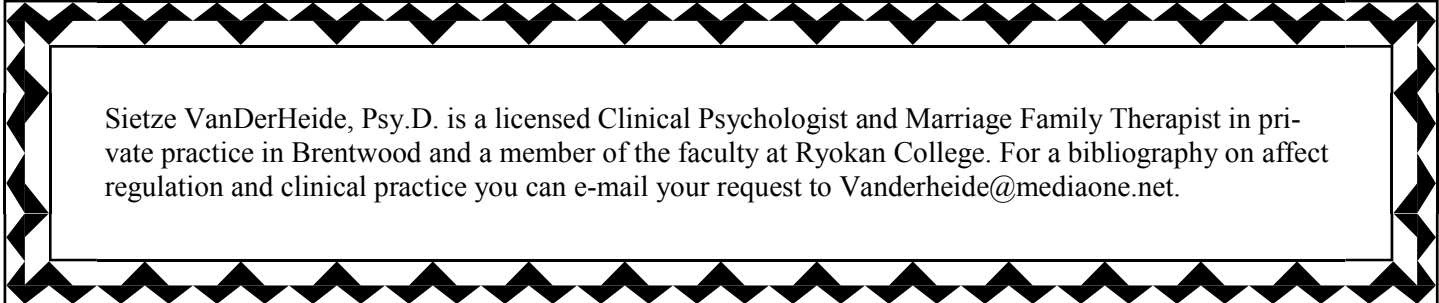
The focus in the group therapy need not be the poly-symptomatic presentation but rather the emotional distress that underlies the presenting problem. I frequently lead groups at the Esalen Institute in Big Sur. In that capacity I have the opportunity to see first hand how individuals utilize the support of the group to touch on feelings that they cannot deal with individually. A woman recently shared with the group about some losses in her life. She was for the most part reporting with little emotion. As she was finishing her report I asked her to quietly look at each member of the group. The faces of the other group members reflected aspects of the emotional components to the story the woman had just reported. As she began to notice the emotional displays on the faces of the others she began to cry. After ten minutes of so she began to share with the group that she

---

## Featured Article continued...

had not been able to feel sad or to cry about her losses for many years and expressed deep gratitude to the group members for being available to help her process these previously intolerable feelings.

Moments such as this one illustrate the power of emotional exchange between individuals in opening the natural healing potential of our emotions.



Sietze VanDerHeide, Psy.D. is a licensed Clinical Psychologist and Marriage Family Therapist in private practice in Brentwood and a member of the faculty at Ryokan College. For a bibliography on affect regulation and clinical practice you can e-mail your request to [Vanderheide@mediaone.net](mailto:Vanderheide@mediaone.net).

## Cyber Jenn

I am pleased to announce that, in keeping with the trend of the past year, GPASC's web site traffic has increased again the past couple of months—thanks again to the promotional efforts of EcomBuffet.com, LLC (<http://www.ecombuffet.com> & <http://www.SearchEngineWebPromotion.com>).

In keeping with the theme of growing, changing and finding more ways to serve the membership, we have developed a new GPASC web site. The address will remain <http://www.gpasc.org>—but on November 3, 2001 the site will take on a new look, and have some new information. Please be sure to check out the site and offer any feedback and suggestions. The site will continue to evolve and grow, with new information being added frequently., so remember to check in often.

Please hold on to this, and use this as a guide when visiting the new site for the first time. There are some changes that I would like to explain. The first page of the site will not target the general public, seeking information and therapists. This will make it easier for them to find you (the therapists) and make the site more user friendly.

Along the top of the web site, you will see tabs—those are actual buttons you can click on. To get the GPASC Members Section of the web site, just click on the tab labeled GPASC Members. That will lead you to all of the information that you need as a member. Please feel free to browse the rest of the site.

I hope you enjoy the GPASC web site and look forward to getting your feedback.

Cyber Jenn will return with tips and helpful information in the next issue of *The Group Therapist Perspective*. In the meantime, get those bios in and email me any computer questions or topics you want covered.

### Newsletter Submissions Dates:

All members that are submitting an ad or article for *The Group Therapist Prospective*, must submit by the following dates:

December/January Issue.....Nov. 9th  
February/March Issue.....Jan. 4th  
April/May Issue.....March 1st  
June/July Issue.....May 3rd

### Advertising Rates and Information

- ◆ All copy should be print ready
- ◆ Ads must be accompanied by a check, made payable to GPASC
- ◆ Member rates apply to current GPASC members only.
- ◆ Send copy and check to: PO Box 491191 Los Angeles CA 90049

Type of Ad	Size	Member Rate	Non-Member Rate
Full page display	7.5" x 9.5"	\$75	\$110
3/4 page display	5.0" x 7.0"	\$60	\$90
1/2 page display	7.5" x 4.75"	\$40	\$60
1/4 page display	4.75" x 4.75"	\$30	\$50
1/8 page display	4.75" x 2.25"	\$20	\$35
1/16 page display	2.5" x 2.25"	\$15	\$30
Business card	3.5" X 2.0"	\$15	\$30
Classified Ads*	30 words	\$15	\$25
Flyer Inserts**		\$75	\$90

\* \$10 additional charge for any part of any additional 10 word increment

\*\*Flyers (250 copies) should be photocopied on any color 20 pound paper and delivered to the GPASC address by the newsletter deadline. Contact Newsletter Editor for deadlines.

### HEAR YE! HEAR YE!

Announcing a new "Group Therapist Perspective" column, **BOOKENDS**.

If you would like to publicize the publication of a book, chapter or article ...or review a published book or article relating to group psychotherapy or group process ...this is the place to do it!

Please contact the Editor, Mimi Davis, at [mimidavis@earthlink.net](mailto:mimidavis@earthlink.net) if you are interested in submitting your name as an author or a reviewer. In either case, the TITLE and GENERAL SUBJECT of the book, chapter or article being presented or reviewed must be approved by the Editor (as appropriate subject matter) before being published in this newsletter.

## Eliminating Negative Expectations and Creating Positive Ones By: Morty Lefkoe

If you ever find yourself leading a group session and a client is having a difficult time overcoming negative expectations, you might want to try an intervention that has proved to be very effective in that type of situation.

During the past few years I've developed several very effective interventions that are based on the basic principle that there is no meaning in the world. Things happen, which have no inherent meaning, and then we attribute meaning to the events. Beliefs are nothing more than the meaning we attribute to an event. They are statements about reality that we think are *the* truth, in other words, facts.

Beliefs formed early in life, such as *I'm not good enough*, *Relationships don't work*, and *I'll never get what I want in life* have a significant impact on our behavior and feelings.

One of the interventions, the Decision Maker® Process, assists clients to realize that the belief is nothing more than one meaning they *attributed* to the events that led to the belief, a meaning that has existed only in their minds and was not *discovered* in the world. At that point, the belief literally disappears. ("Everyone Knows You Can't Eliminate Fundamental Beliefs Quickly and Permanently. ... Are You Sure?" *California Therapist*, Sept.-Oct., 2001)

The DM Process has proven to be very successful in assisting over 1,000 clients in one-on-one sessions to eliminate a number of beliefs, leading to lasting change in a wide variety of dysfunctional behavior and emotional patterns. It is difficult to use the DM Process effectively in a group situation, however, because each client requires personalized assistance and it can take up to half an hour to permanently eliminate a belief.

On the other hand, several of the other interventions, which are based on the same basic principle that underlies the DM Process, can be used in a group setting. One that is particularly useful is the Decision Maker® Expectation Process (DMEP). Very often a client's behavior or emotional state is the direct result of his/her expectations. The DMEP is very effective in changing negative expectations to positive ones.

For example, Lois, one of my clients, expected life to be difficult and to not get what she wanted. That expectation, along with several beliefs, led her to resist setting goals and to give up as soon as she experienced any difficulty. She just drifted through life, without any real purpose. In addition to affecting her behavior, Lois' expectation also was partly responsible for her anxiety and mild depression.

Here's how I used the DMEP with Lois.

We started with the presenting problem: a difficulty in setting goals and sticking to them, and a pervasive sense of anxiety and despair. The beliefs that contributed to the existence of this pattern were identified and eliminated with the DM Process before I used the DMEP with Lois.

I started by asking Lois, "What do you expect from life? What do you expect that you will be able to achieve?"

She replied, as I indicated above, "I expect life to be difficult and

I won't get what I want."

ML: "What happened early in your life that might have led you to this expectation?"

Lois: "My parents said no to almost anything I asked them. What I wanted to wear, spending time with friends, sleepovers, where I wanted to go, what I wanted to buy. Everything. With my parents it was always a struggle. I'd have to fight for everything I got. They'd always say to me: 'Life is hard. What makes you think you can have whatever you want?'"

ML: "Can you see that your expectation made sense given the hundreds of experiences you had that were similar to what you just described. Can you see that almost anyone would have formed a similar expectation—given those exact circumstances? Can you see that your expectations are a function of those specific events?"

Lois: "Yes, I can see that."

ML: "If the events of your childhood had been very different, if, for example, your parents had allowed you to do most of the things you wanted that weren't dangerous, had allowed you to participate in decisions that affected you, had supported you in getting what you wanted, and had told you that when you grew up you could have almost anything you wanted in life if you really were committed, would you have formed the same expectation?"

Lois: "Of course not. If I had had those parents, I'd have expected something totally different."

ML: "Notice that your current expectations of life, which feel to you as if they are *real*, as if they are being caused by life itself, would be totally different if you had had a different childhood?"

Lois: "That's true. I had never looked at it that way before."

ML: "Well, let's take a look at the differences between your circumstances as a child and today. [I usually ask clients to identify the differences on their own. When they can't, I ask questions that point them out, as indicated below.] As a child you were totally dependent on your parents to get what you wanted. Is that true today?"

Lois: "No, I live by myself and rarely see my parents."

ML: "Did you have any skills to earn money on your own as a child?"

Lois: "No, I didn't."

ML: "Do you have the ability to earn the money you need to buy the things you want today?"

Lois: "Yes, I earn a fairly good living."

ML: "What about your freedom to do what you want? Can you see that as a child you were dependent on your parents' permission to get what you want and today you aren't dependent on anyone else?"

**Continued.....**

Lois: "Yes, that's true."

ML: "So, Lois, is it real to you that today your circumstances are very different in a number of respects from your childhood?"

Lois: "I can see that."

ML: "Here's my last question. Don't tell me what you want, what you wish for, or how you'd like it to be. Just tell me what any reasonable person would *expect* given your circumstances today. You live on your own. You aren't dependent on your parents. You are much better at dealing with people than you were as a child. You earn a good living. There is no one to tell you what you have to do or can't do. If you can't get what you want from one person, you can go to another. Given those circumstances, what would you expect about getting what you want in life?"

Lois: "Given those circumstances I'd be able to get what I wanted if I really tried."

ML: "Look inside. What do you feel, not think? What do you expect, right now?"

Lois: "That I can have what I want."

In this five minute dialogue, Lois realized that the meaning she had given her childhood experiences with her parents was not *the* truth about what she could expect from life, but *a* truth based on the specific environment in which she lived. That freed her to look at today's circumstances and form new expectations based on them. In my experience the shift in expectations is permanent.

In other words, we (unconsciously) assume that the meaning we attribute to our childhood experiences should be attributed to life in general, at all times, under all conditions. When we realize that the meaning is not wrong, but was appropriate *only* for the specific situations that led to it—and that if there had been different events in our lives we would have formed a different meaning (expectation), the expectation literally disappears. Then we can create a new, positive expectation based on today's circumstances.

The Decision Maker® Expectation Process is effective in a group setting because, even though it is done with one client at a time, it only takes a few minutes to produce a significant change in the client's life. Moreover, just by observing one group member go through the DMEP, the other clients in the group realize that their own negative expectations can be eliminated and replaced with positive ones.

copyright © 2001 Morty Lefkoe—August 17, 2001

Morty Lefkoe, founder of the Decision Maker® Institute (DMI) in Westport, CT, is the author of *Re-create Your Life: Transforming Yourself and Your World*. More information about the DM Process and the other interventions based on the same principles can be found at DMI. DMI offers courses in California that teach the Decision Maker® Process and its variations. The courses meet the qualifications for 15 hours of CEU for M.F.C.C.s. and L.C.S.W.s as required by the California Board of Behavioral Sciences. PCE# 1424

## Call for Disaster Task Force

The national tragedy of Tuesday, September 11, 2001 will go down in infamy. I imagine our lives will never be the same. No longer can we believe that we are impervious to terrorism; no longer are we insulated from such acts of blatant aggression. We, as those in all parts of the world, are vulnerable. We have been concerned about attack from outside of our country as our congressional leaders debate the high-tech Star Wars missile defense. Now we see that perhaps we should be more concerned with low-tech terrorism from within our country.

How can we, as group therapists, help those who have to face the consequences of such terrorism? How can we make ourselves more accessible and available to those who lost family or friends in this tragedy? How can we help people who develop the host of fears and anxieties that emerge when tragedy strikes in such a powerful and dramatic way? Who is better trained than a group therapist to help people work through the host of feelings and emotions that are stirred by such events?

I would like to see GPASC develop a disaster task force that can be mobilized during any disaster, whether local or national. This task force could develop a process or procedures for announcing our availability to social service agencies and to the public for helping people cope. If you are interested in developing such a task force, please let me know so that we can arrange for a meeting to do some brain-storming about the topic.

To those of you who were personally affected by this tragedy, I wish to extend my deepest sympathy.

Edward A. Dreyfus, Ph.D.  
President, GPASC

**GPASC**  
P.O. Box 491191  
Los Angeles, CA 90049

Non-Profit. Org.  
U.S. Postage  
PAID  
Canoga Park, CA  
Permit No. 58



## **MemberSpeak!**

This column has been created to provide a way for GPASC members to be "heard": to share their opinions, concerns, suggestions and support; to discuss issues of therapeutic or public concern; to have a voice. Please submit future entries to the Editor, Mimi Davis, via e-mail at [mimidavis@earthlink.net](mailto:mimidavis@earthlink.net). The choice and length of entries will be up to the discretion of the Editor. Thank you.

“In view of all the possible referrals and job opportunities flowing through the GPASC listserve, it's really wasteful not to be signed on to the list. Even if you don't choose to take advantage of the listserve, make sure the administrator has your E-mail address. If you don't have E-mail, please consider getting it. It will help your organization and help you more than you may realize.”

### **Submitted by:**

Marvin N. Kaphan, LCSW, CGP  
Board Certified Diplomate  
Past President, Group Psychotherapy Association of Southern California  
12520 Magnolia Blvd., Suite 210 \* Valley Village, CA 91607  
Phone: (818) 766-9540 \* Fax: (310) 454-0700  
E-mail: [mnk22@columbia.edu](mailto:mnk22@columbia.edu) \* URL: <http://www.geocities.com/mkaphan/>

