



# The Group Therapist Perspective

INTERDISCIPLINARY INSIGHTS FOR GROUP PRACTITIONERS

2003

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ead@docdreyfus.com

The Group Psychotherapy Association of Southern California  
invites you and a guest to its annual

## **PRESIDENT'S PARTY & NEW MEMBERS' RECEPTION**

on Sunday, June 13<sup>th</sup>  
from 3:00-6:00 P.M.

**Inauguration of new Board members,  
Refreshments and beverages,  
Mingle with friends and colleagues,  
Meet and greet new members,  
Raffle, Music and Prizes.**

**RSVP to Administrator, Diana Castle: (323) 960-5143.**

**Leave your name, address, FAX number or email address  
and we will send you the address & a map to the party!**

**If you'd like to bring food to share or you'd like to help set up. please  
leave that information with Diana when you RSVP.**

**Thank you.**

# GUIDING GROUPS

Marvin Kaphan, LCSW, CGP

Right now, the majority of my patients are presenting with interpersonal problems. The initial step in treatment of these is the patient's acceptance of "psychic determinism". That is, the acknowledgment that while others may have a role in interpersonal interactions, these almost invariably involve at least some unconscious cooperation on the part of the patient. The patient's own participation is the only part the patient can deal with. This is especially obvious as we examine the recurring patterns in the patient's life. As one young man in one of my groups summed it up: "If the same thing happens to me in several different situations, the only common factor is me".

The essence of psychodynamic psychotherapy is, in my opinion, the recognition that the symptoms that bring patients to us represent the piece of the iceberg that shows above the surface. If we accept that these behaviors are the resultant of forces outside the patient's conscious reach, then it would follow that attempting to manipulate the surface behavior would have little value in producing long-term meaningful change. In spite of this, even knowledgeable and sophisticated patients approach us and other group members with the question: "What am I doing wrong?".

The many ways that communication is expressed, including body language, tone of voice, use of distance, etc., make it virtually impossible to identify them all. For that matter it would not necessarily be any use. For example, a woman in one of my groups was told by one of the group members that she seemed to say many hostile things. She was horrified and determined never to say another hostile word. She mostly succeeded, but the hostility remained. Eventually, she could hardly say "good morning" to people without stirring feelings of rage in others. All she had succeeded in accomplishing, was making it harder for her to see what she was doing. She could then bat her eyelashes and say: "I don't know why he was so angry, all I said was "Good morning".

Why, then, is there so much emphasis on behavioral approaches today? I believe that partly it comes from our mechanistic culture, which encourages this sort of thinking. Partly it is the result of the pressures of managed health organizations pushing for quick, inexpensive treatments that return the patient to functioning even if they lack lasting benefit. Finally, behavioral techniques are the darlings of the research community, in large part, I believe, because they are relatively easy to replicate. This is analogous to the little boy looking for his lost dime under the street lamp, even though he dropped it some distance away, because: "the light is better here".

Almost all my group patients have been in individual treatment for a length of time, either with me, or with the individual therapists who refer their patients to me for a group experience. The group is thus peopled with psychologically sophisticated individuals who acculturate each other. I am convinced that this kind of group environment is especially effective in encouraging patients to explore the deeper bases for their patterns, and to recognize their own dynamics in the struggles they perceive in others.

I would be very interested in any comments. I can be reached at [mnk22@columbia.edu](mailto:mnk22@columbia.edu)

## **Mastering Group Therapy Series:**

### **Improvisational Approaches in Psychodynamic Group Therapy Norman Tabachnick, M.D. and Evelyn Tabachnick, Ph.D.**

**A Review: Mimi Davis, MFT**

On Sunday, May 16<sup>th</sup> the third in our Mastering Group Therapy Series was presented to a large group of GPASC members and interested guests. The Tabachnicks, experienced psychodynamic therapists who work individually and together, discussed and demonstrated their use of theatrical, improvisational techniques in explorative and interpretive psychotherapy. Attendees were given a brief introduction to the approach, then separated into two groups to participate in an experiential sampling of these theatre-based exercises, followed by a final summary with all workshop attendees present. Through the various improvisations, therapists expanded their non-verbal connection with each other, moved into freer, less linear experiences of themselves and others, and were encouraged to think about the various ways they might be able to use these techniques in their work with clients.

The exercises affected the two groups and the individuals within the groups in varying ways. This writer participated in a group that experienced an enormous cohesion as a result of the exercises...a simultaneous sense of safety and freedom that made for a deeply pleasurable experience. There was a pervasive sense of FUN during this hour and a half, as members of this group took turns doing the improvisations and then sharing their experiences as “actors” and as “audience.” Most individuals came away with an appreciation for this approach and a curiosity about which of their clients (patients) might benefit from it.

Some individuals in the second group felt that the presentation did not go far enough...that the ideas were interesting but that the exercises and demonstrations were not sufficiently illuminating or challenging. These people left feeling somewhat disappointed; curious but feeling vaguely let down and wanting more.

The very different responses to this presentation indicate that this is a technique with great therapeutic potential, but needing dynamic and highly skilled leadership. It might, perhaps, be beneficial for GPASC to plan another demonstration of these improvisational techniques, expanding on the exercises and providing workshop attendees another, possibly fuller experience of this approach.

**On to the next workshop... “The Anatomy of Anger in Group Psychotherapy”, to be presented by Andrea Brandt, Ph.D. on July 11<sup>th</sup>, 2004 from 1-4 PM at the Wellness Center in Santa Monica.**

## MEMBERSHIP NEWS

*[Please send anything that you wish to share with your colleagues,  
e.g., awards/honors received, licenses, publications, speaking engagements, etc.]*

***SORRY, NO NEWS THIS MONTH. COULD IT BE THAT OUR MEMBERS ARE TOO BUSY  
LET US ALL KNOW WHAT THEY'VE BEEN UP TO??***

## CLASSIFIED ADS

### GPASC NEWSLETTER ADVERTISING RATES AND INFORMATION

Ads must be accompanied by a check, made payable to GPASC

Member rates apply to current GPASC members only.

Type of Ad	Size	Member Rate	Non-Member Rate
Full page display	7.5" x 9.5"	\$75	\$110
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GPASC

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***NO ADS THIS MONTH!***