



Fall 2010

Interview with Jerome Gans, MD, CGP, FAGPA

by Pam Greenstone, LPC



Jerome Gans, MD, CGP, FAGPA

Pam Greenstone (PG): Hello Dr. Gans. We are so pleased that you are presenting at our next conference. It has been a good while since you were here in Austin with us and since that time many AGPS members have expressed a very strong interest in having you back as soon as possible. I know you will be speaking about two topics this October: "Convictions gained from personal experience and their expression in your therapeutic presence" and "The courage of the group therapist". Your title about personal experience makes

me think of how having a child and being a mother changed my presence. Is that the kind of experience you mean? Could you give us an example of a personal experience in your life that contributes to your therapeutic presence and how you came to know that?

Jerome Gans (JG): I always look forward to meeting with the Austin GPS as my previous visits have been very enjoyable. I have found your society to be one of the most vibrant, enthusiastic and intellectually curious groups that I have had the pleasure of presenting to. I look forward to a fun and educational experience.

When I was 45, I realized that I had never confronted an important reality in my life. My father had a way of saying mean things to me that would hurt my feelings. I had spent a lot of time in analysis understanding what it was in my father's history that made him behave this way. Born in 1897, he was from the old school that believed complimenting your children was a bad thing because it gave them a "big head" and detracted from their need to work hard for whatever they might accomplish. His Hassidic father had also treated him harshly. However, all this understanding never led to any changes in my own behavior, especially in relation to my father.

Somehow, I decided on the following strategy. I told my father that whenever I visited him there was going to be a new rule. The new rule was that whenever he said something that hurt my feelings – happenings that he was usually unaware of – I would bring it to his attention and he would then be required to say something nice about me. To my surprise, he seemed to find this an eminently acceptable idea. Things began to improve between us. When I would call to his attention that something he said had hurt me, he began to tell me about the ways in which he thought I had been a good son, and how I was a good husband to my wife and father to my daughters.

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AGPS ACTIVITIES

September 17, 2010

Friday Night Conversation
Hosted by Jill Steward, LCSW

October 2 - 3, 2010

AGPS Fall Conference with Jerome
Gans, MD, CGP, FAGPA

November 13, 2010

AGPS Fall Party
Hosted by Tammy Brown,

LETTER FROM THE PRESIDENT

Dear AGPS Members,

Fall is approaching, and for AGPS this has been a rich and busy year. Attendees of the Spring Conference in April have expressed appreciation for Joel Frost's moving and insightful presentation on shame and disappointment which focused on LGBT clients but touched on experiences familiar to all of us. Our own members have generously shared their wisdom and talents as well, evidenced by a variety of events this spring and summer. In June, Katie Griffin presented a clear and informative workshop that identified the central developmental issues for bisexual clients and explored how group can support that development. Also in June, Joseph Acosta provided a full day training institute on emotional expression and immediacy in the group process. In an August workshop, Jay Erwin-Grotsky explored the many meanings of humor in group. Also this year, Amiel Romain and Frederick Bryan have opened their homes to us for lively Friday Night Conversations. Many thanks to our local presenters for donating their time to AGPS.

Another highlight this year will undoubtedly be the Fall Conference October 3 with Dr. Jerome Gans speaking on "Using One's Whole Self as a Therapist." I hope you will join us for this special opportunity and for a small group consultation with Dr. Gans on October 3. Also this fall, Jeff Hudson will be offering a special 1 ½ day training institute for students and agency professionals, and Jill Steward will host a Friday Night Conversation discussing boundaries outside of the group room. On the social front, we have our annual Fall Party coming up November 13. I hope you will join the board at my home to celebrate together the close of another successful year.

If you have wondered exactly what the AGPS board does, read on. The board meets monthly to plan programs, talk about membership issues, and evaluate how effectively we are advancing the goals of AGPS as an organization that promotes group therapy locally in every way. A lot of time and energy goes into providing events almost monthly. A current exciting project is the development of a new website that is easier to use, allows on-line registration and payment, and provides information to clinicians and consumers who want to know more

about group therapy. The board also runs a buddy system for new members, a brown bag program presented at local universities, and ongoing discussions about broadening our community while preserving the culture that makes it so special. I enjoy working with this dedicated and talented group and appreciate their hard work and efficiency! Nominations for 2011 board members will be underway this fall. Please consider serving as a board member or committee member, and contact me if you are interested.

In addition to our local goals and programs, AGPS has an important role as the local affiliate of American Group Psychotherapy Association. Our parent organization promotes research, offers crisis outreach and training around the world, and annually provides at a reasonable price the most amazing full week of group therapy training and experience available. Other benefits are free online training on many topics, and online communities where you can connect with other group therapists on a variety of special topics. If you are not currently a member of AGPA, and if you have never been to the annual conference, I encourage you to visit the website at agpa.org and take a look at what is offered. Also, ask your colleagues who have been to the national conference about their experiences and consider attending next year's conference in New York, February 28-March 5. Numerous scholarships are available.

Our AGPS members are great! You generously give of your time to present workshops, host Friday Night Conversations, serve on the board, and turn out for conferences and events. You also donate generously to the scholarship fund, allowing us to provide ? scholarships so far this year. Thank you for making AGPS such a warm and thriving organization, and please consider how you might continue to support AGPS this year and next.

My best to all of you,

Tammy Brown, LCSW, CGP
President of the Board

LETTER FROM THE EDITOR

Dear AGPS Members,

As the new editor of *The Voice*, I am gratified by the opportunity to work with writers and contributors within our AGPS community. It's my second tour of duty on the AGPS board of directors and I can't believe it's been over a decade since the first.

I'm delighted to see how far our society has come and honored to return in a new role. I'm quickly learning that the job of editor is a lot like what we do as group therapists – we listen, reflect and engage in such ways that bring about meaningful dialogue and the potential for more significant communion with each other.

Our Fall 2010 issue opens with Pam Greenstone's interview with Dr. Jerome Gans, one of AGPS' returning favorites and the presenter for our fall conference, "Using One's Whole Self as a Group Therapist." In this interview Dr. Gans discusses how personal life experiences have served him to develop skills as a group clinician by helping him to confront long-held theoretical constrictions, thus freeing him to apply more viable strategies. He also discusses the significance of qualitative research and

its potential to aid group therapists deal with blind spots and unjustified convictions.

In her apprising article, Stacy Nakell describes her clinical work with body-focused repetitive behaviors (BFRB) and how by becoming aware of these non-verbal communications we can use them to more effectively work with clients in and out of group therapy.

Jan Morris and Joseph Acosta contribute a rich and compelling account of their recent journey to St. Petersburg, Russia where they both taught and led modern analytic training groups. Their stories offer a fascinating account filled with cultural wonder as well as clinical challenges and ultimate courage.

For several years now, Gaea Logan and Candyce Ossefort-Russell have hand-picked poetry for our newsletter. From Hafiz and St. Teresa of Avila to Pablo Neruda, these elegant pieces feed our aural sense and quench our thirsty souls.

I have thoroughly enjoyed working with you who contributed to this issue of *The Voice* and eagerly anticipate more collaborative projects for the next issue.

Bob Murphy, LPC, LMFT, CGP
TheVoice, Editor

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Interview

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What I learned from this turn of events was that my bias about the superiority of in-depth psychology had prevented me from thinking about other strategies that might improve our relationship. I had been hamstrung in my relations with my father by my own theoretical constriction. I recalled the teaching of my mentor, Dr. John Romano, Chairman of the Department of Psychiatry at the University of Rochester Medical School, which applied apparently to my relationship with my father as well as with my patients: "The clinician's first obligation is to pay attention to the needs of the his/her patient and not be obligated to any particular theory. Instead, one should be familiar with all the theories and employ their methods as dictated by the clinical situation."

Around this time, I was treating a woman with whom I was unwittingly repeating a similar mistake. Carol was a very bright and accomplished architect who would often sit silent for the first 30 to 40 minutes of an individual session despite the warm greeting she would give me in the waiting room. I had been trained to let the patient speak first to insure that what we talked about was something on the patient's mind as opposed to any agenda I might have. In retrospect, it is kind of appalling to think of how long I adhered to what I had been taught.

Carol joined one of my groups while continuing in individual therapy. To my astonishment, Carol had no apparent trouble speaking freely and openly in the group. I inquired, in our individual sessions, about this apparent paradox. She explained that individual therapy had provided her the opportunity to realize just how cra-

zy the alcoholic family was in which she grew up. However, she remained terrified that perhaps she herself was crazier than she realized. If, in individual therapy, she began speaking first, she was afraid that what she said might go beyond the parameters of normality and that I would think she was crazy. In group, the conversation of other members defined for her the parameters of normality and, in so doing, indicated topics that seemed acceptable for her to discuss. I asked her if my remaining silent at the beginning of our individual sessions had ever been

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helpful to her. Her answer was an immediate and unequivocal "No." Daring to incur the opprobrium of my internalized supervisors and mentors, I decided to begin many of our individual sessions by speaking first. We were rewarded with a much more responsive patient.

PG: Your experience with your father reminds me of how important it is in relationships to do things that work as

opposed to things that don't work in relationships. It feels like a complicated matter to figure out how long to sit with things and be curious, and when it's the right time to take some action and try to be more effective. With your client, Carol, it seems incredibly moving to me that she was able to tell you that your silence had not been helpful.

JG: Carol was too ashamed of her prolonged silence to mention it in group and I didn't want to "out" her by bringing the subject up. But what if she had mentioned it? Since Carol's therapy occurred over 20 years ago, I probably would have had a harder time than I would now in having the group learn of my rigidity and, as it turns out, my protracted unhelpfulness. I think it is a fair generalization that our quest for omnipotence and perfection as therapists decreases as we age. With greater experience, we have many opportunities to see the value to our patients in our ability and willingness to acknowledge mistakes. Doing so provides some of our patients, especially those whose authority figures have claimed infallibility, their first experience of an important person in their lives who, in an open and non-defensive manner, can admit and take responsibility for their mistakes.

PG: Given your topics, and in talking with you at AGPA conferences, I have found that you speak often about balance and reality in the patient's life, in the therapeutic relationship, and in research. It seems that research is important to you especially when it comes to group therapy. Could you tell us more about why it is important to you?

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Fidgeting as Communication: Working with Body Focused Repetitive Behaviors when they Appear in Your Group

Stacy Nakell, LCSW

"It was the one thing I had always done. Even breathing did not go back to the womb. Being part of a circle of arm, hand, mouth, connected me to myself. This circle is what they tried to break the summer I turned 14." Walter Kim (1999, p. 3). Thumbsucker.

In recent years, the field of psychotherapy has begun to recognize that the body, as the seat of the psyche, may hold clues, both preverbal and unconscious, that our clients may not know how to express in words. This work has been elucidated by a variety of clinicians, including Diana Fosha (2000), with her focus on moment-to-moment tracking of client affect throughout each session, and Pat Ogden (2006), who moves into the sensorimotor universe of clients' process in therapy. Christopher Bollas (1987) explains the limits of purely verbal therapy in terms of our clients' inability to express even to themselves elements of experience which have been defensively excluded in order to maintain a given attachment relationship, naming this level of experience the 'unthought known'.

In my private practice, I specialize in working with people who struggle with a variety of body-focused-repetitive behaviors (BFRBs), the most common of which are trichotillomania (hair-pulling) and dermatillomania (skin-picking). As a therapist with a psychodynamic theoretical base in which I value the study of resistances, I see my job partly as helping my clients to translate actions into words. The behaviors I work with are listed in the DSM-IV as impulse control disorders (312.39 for trichotillomania and 312.30 'impulse control disorder NOS' for dermatillomania)

and are centered on the body. In helping my clients to translate their impulsive actions into words, I have gained a unique perspective on the connection between mind and body in both group and individual therapeutic work.

I am aware that many of you may not have studied this particular population, as the knowledge base related to the various manifestations and treatment of BFRBs is small and is centered in Santa Cruz, CA, through the Trichotillomania Learning Center (www.trich.org). Research into these issues tends to focus on cognitive-behavioral treatment to get rid of symptoms. From my perspective of symptoms as important communications of unmet needs rather than as problems to exterminate, I have forged my own path with my clients. In this model, any given symptom is understood and respected as a coping strategy, and the goal of treatment is to gently reduce reliance on body-focused behaviors as this becomes possible. Once more is known about the function of a behavior for a given individual, I have found that I encounter less resistance to the implementation of a variety of cognitive, behavioral, creative, and sensory strategies to replace body-focused behaviors than if I had introduced these strategies at the beginning of treatment.

I identify body-focused symptoms as "action symptoms" (Krueger, 2002). Simply, an action symptom is a way of making an inner, murky, not fully conscious experience external. The body stores many unresolved experiences or unmet needs as tension. Action symptoms provide a way to release some of this steam, bit by bit. Body focused behaviors have been

shown to release endorphins in horses (Renden, 2000), and it is likely that this chemical is also at play for humans. This would correspond to the common experience of pickers and pullers that the pulling out (and in some cases consumption) of a hair or the popping of a pimple leads to a literal change in state from tense to relaxed. As one of my clients wrote in her journal about her picking habit, after our first session together, "I think it is the feeling of successfully fixing an unwanted problem within seconds or so that is the main motivation for picking."

A variety of elements may underlie any given action symptom. In the case of skin-picking and hair-pulling, one of these elements may involve a genetic sensitivity of the central nervous system. Research attempting to potentially isolate this gene is ongoing. My work provides anecdotal evidence for an underlying sensory integration issue (Stock Kranowitz, 2005). For example, many of my clients describe themselves as particularly emotionally sensitive, and a majority of them describe some sensory issues dating back to childhood, such as not liking the feel of the tags on clothing or the lining on socks. For these clients, tension is already building inside, as normal frustrations may be more difficult to soothe. This can lead to some difficulty internalizing the capacity to self-soothe, leading to reliance on more destructive versions of comfort which also manage to calm the central nervous system. One of my clients conceptualizes the hard but compelling comfort of her pulling habit as a 'blanket with thorns.'

My clients describe a variety of stressors in their environment at the time when

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Interview

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JG: Actually I have not done that much research, but the research I have conducted has been qualitative rather than quantitative in nature. The three areas I have researched are (1) the status and nature of T-groups in psychiatric residencies (2) the courage of the group therapist and (3) the phenomenology of giving bad news to patients - only the first two were published. One strong belief that I do have is that certain truths do not lend themselves to linear measurement. How does one measure the conviction that “the truth will make you free” or that “authenticity is an important contributor to therapeutic outcome”? As I said in my Commentary on IJGP’s publication of “Clinical Practice Guidelines for Group Psychotherapy” (October 2008), “I strongly support the authors’ decision to tap the wisdom of very experienced psychodynamically-oriented clinicians and to consider their accumulated knowledge and insight a worthy contribution to evidence-based principles.” I also want to make it clear that I applaud the efforts of those researchers whose work is more quantitatively based. I wish I possessed the aptitude required for that type of research.

Research is important to me because truth in science is never written with a capital T. We are always trying to approximate the truth, armed with the humbling realization that truth is elusive and never completely attained. In the science of interpersonal relationships there are no completely objective data: the way I am with you partly determines the way you are with me. If it is true that the last “truths” to be unearthed are often those about ourselves - and given that we are the crucial “instrument” in our work - we

should always be wary of our certainties, always open to additional ways of understanding a given interpersonal or group interaction. Research affords us an important opportunity to become aware of and deal with our blind spots and our untenable convictions.

PG: I love the way you think about research and the difficulty of harnessing the truth in any given context. I appreciate your published (and unpublished) articles

Research is important to me because truth in science is never written with a capital T. We are always trying to approximate the truth, armed with the humbling realization that truth is elusive and never completely attained.

as a contribution to the literature and an ongoing dialogue for all of the group therapists to know and contribute to so that we can all learn from one another. Do you have any new articles or projects in the works?

JG: I have four articles/book chapters published or about to be published this year. You may have seen in the April 2010 IJGP an article that I co-wrote with Eleanor Counselman entitled “Patient selection for psychodynamic group psychotherapy: Practical and dynamic con-

siderations”. The July 2010 edition of IJGP published my 2009 Institute Plenary Address entitled “If not now, when? Take some risks”. Soon the IJGP will publish a volume dedicated to Anne Alonso. I was invited to contribute an article to that volume and wrote a paper entitled “Unwitting self-disclosures in psychodynamic psychotherapy: Deciphering their meaning and accessing the pain within”. In this paper I discuss unwitting self-disclosures (USDs), unconscious yet observable parts of personality, often behavioral relics of past suffering, that constitute valuable though frequently underutilized clinical information. I describe both patient and therapist USDs and discuss how self-aware therapists can minimize the clinical impasse that can occur when therapist-patient blind spots overlap. And finally I have contributed a chapter to a book edited by Harold Bernard, Bob Klein and Vic Schermer entitled The Making of a Psychotherapist. My chapter is entitled “The role of clinical experience in the making of a psychotherapist”. The book will be published by Oxford University Press and is scheduled for publication in January 2011.

PG: This was a wonderful discussion! Thank you so much for taking part in this interview and for coming to our neck of the woods to share more of what you know about therapy and the therapist. I can’t wait to learn more from you at the conference in October. See you soon.

Pam Greenstone, M.A., L.P.C. is a counselor in private practice. She is a former board member and a past-president of the Austin Group Psychotherapy Society. You can reach Pam at 512-374-1099 or pamgreenstone@hotmail.com.



AGPS GROUP LISTINGS

FALL 2010

AGPS Groups Listing is an ongoing feature of *The Voice*. You must be a paid member to list your group in *The Voice*. For additions, changes or deletions to this list, please make the change by signing in to your account via our website (www.austingroups.org) or contact us for help at agps@austingroups.org.

AGPS does not endorse or recommend the practitioners on this list. You are responsible for interviewing and selecting the practitioner you want for your treatment.

By requesting resources and referrals you understand and agree that Austin Group Psychotherapy Society and its affiliates are not responsible for the services, or lack thereof, as well as licensing of any of the providers listed. Minors should consult with a legal guardian or other adult when considering treatment and providers.

Female				
Kathleen Adams, PhD	327-8311	Wed	6:15 - 7:30 PM	Women's group: 20's, navigating friendships, school/career, and identity issues
Patty Andrews, LCSW	589-8271	Tue	6:30 - 8:00 PM	Lesbian Interpersonal Therapy Group (accepting new members)
Tammy Brown, LCSW, CGP	327-5001	Mon	2:00 - 3:30 PM	Living well with depression or bipolar disorder: a creative approach
Tammy Brown, LCSW, CGP	327-5001	Tue	5:30 - 7:00 PM	young women's psychotherapy group
Jeanne Bunker, LCSW, CGP	328-3947	Tue	6:45 - 8:15 PM	Women's Psychotherapy Group
Carbonneau w/ Cross	469-0392	Mon	5:30 - 7:00 PM	Adult Women's Process Group
Janet Carbonneau, LPC	469-0392	Wed	5:30 - 6:45 PM	Adolescent Eating Disorder Group for Girls 14 to 19
Jane L Cobb, LCSW, BCD, CGP	323-0021	Mon	12:00 - 1:30 PM	Women, Mood, and Food: A 10-Week Group for Women
Jane L Cobb, LCSW, BCD, CGP	323-0021	Tue	6:00 - 7:30 PM	Women at Work Who Want MORE: A 6-Week Group for Women
Jane L Cobb, LCSW, BCD, CGP	323-0021	Wed	7:00 - 8:30 PM	Psychodynamic
Jane L Cobb, LCSW, BCD, CGP	323-0021	Sat	12:00 - 1:30 PM	Wives and Partners of Sex Addicts
Kate Culligan, LMFT	275-3606	Thu	6:00 - 7:15 PM	Divorce After 50: Women's Support group/any stage of the divorce process.
Susan Ducloux, LPC, NCC	732-2226	Mon	6:00 - 7:30 PM	Women's Eating Issues Group
Patricia Dziuk, PhD	478-5900	Mon	5:30 - 7:00 PM	women's psychotherapy group
Dianne Fish, LPC Intern	636-7500	Mon	6:30 - 8:00 PM	Emotional Balance Group
DeLinda Fox, LCSW, CGP	512-771-9313	Tue	7:00 - 8:15 PM	Eating Disorders Group
Pam Greenstone, LPC	689-7279	Tue	6:30 - 8:00 PM	ongoing psychodynamic group
Katie Griffin, LPC, CGP	656-4067	Mon	5:00 - 6:30 PM	Adult Psychotherapy
Katie Griffin, LPC, CGP	656-4067	Tue	11:30 AM-1:00 PM	Adult Psychotherapy
Melissa Hargrave, LMFTa, LPC Intern	444-9922 x328	Tue	5:00 - 6:30 PM	Women's Coming Out Group (Waterloo Counseling Center)
Melissa Hargrave, LMFTa, LPC Intern	444-9922 x328	Thu	5:30 - 7:00 PM	Women's Psychotherapy Group: For women with same-sex attraction. (Waterloo Counseling Center)
Kalila Homann, LPC-S, DMT-BC	441-8344x2	Tue	6:30 - 8:30 PM	Women's Movement Therapy Group
Kelly Inselmann, LCSW, RYT	736-8990	Mon	5:30 - 7:15 PM	Yoga and Talk: group therapy for girls (high school)
Gina Keegan, MA, LMT	462-1456	Mon	6:00 - 7:30 PM	Anger Management for Women
Gina Keegan, MA, LMT	462-1456	Mon	7:45 - 9:15 PM	Anger Management for Men and Women
Beverley Larkam, LCSW, LMFT, CGP	476-4182	Mon	7:00 - 8:30 PM	psychodynamic
Gaea Logan, MA, LPC	327-6311	Wed	10:30 AM-12:00 PM	psychodynamic
Lisa Mersky, LCSW, BCD, CGP	474-6148	Mon	12:00 - 1:30 PM	psychodynamic
Deanna Miesch, LPC	699-4811	Mon	1:00 - 2:00 PM	Art Therapy Supervision for LPC-I's
Deanna Miesch, LPC	699-4811	Thu	6:00 - 8:00 PM	Artful Life
Candyce Ossefort-Russell, MA, LPC, LPC-S	789-6244	Tue	11:15 AM-12:45 PM	Ongoing psychodynamic/interpersonal for ages 55 and up
Jill Pressley, MA, LPC	402-5344	Tue	5:00 - 6:30 PM	Psychodynamic Women's Group

Gianna Viola, LCSW	585-4518	Mon	5:15 - 6:45 PM	Connecting After Abortion
Male				
Bill Bruzy, LCDC	477-9595	Thu	6:00 - 7:30 PM	Anger Management
Jay M Erwin-Grotsky, LCSW-CGP	732-7272	Tue	6:15 - 7:45 PM	Gay Men's Modern Analytic Process Group
Jay M Erwin-Grotsky, LCSW-CGP	732-7272	Wed	6:30 - 8:00 PM	Gay Men's Modern Analytic Process Group
Randy Frazier, PhD	342-8950	Mon	6:15 - 7:30 PM	Interpersonal process-oriented group
Michael Hegener, LPC, CGP, FAGPA	472-2880	Thu	6:45 - 8:15 PM	men's ongoing psychodynamic
Richard Holt, PhD	236-0448	Tue	7:00 - 8:30 PM	gay men
Jeff Hudson, MEd, LPC, CGP, FAGPA	472-7476	Tue	6:30 - 8:00 PM	gay and bisexual men
Jeff Hudson, MEd, LPC, CGP, FAGPA	472-7476	Thu	4:30 - 6:00 PM	gay and bisexual men
Beverley Larkam, LCSW, LMFT, CGP	476-4182	Mon	5:15 - 6:45 PM	psychodynamic
Rick Laskowski, LCSW	444-9922	Mon	6:00 - 7:30 PM	gay/bisexual men (Waterloo Counseling Center)
Rick Laskowski, LCSW	762-1024	Tue	4:45 - 6:15 PM	gay/bisexual men
Rick Laskowski, LCSW	444-9922	Tue	7:00 - 8:30 PM	gay men's coming out support group (Waterloo Counseling Center)
Derek Leighton, LMFT, LPC-S, CGP	658-2960	Wed	7:00 - 8:30 PM	Sexual Health / Porn Addiction & Sexual Compulsion
Derek Leighton, LMFT, LPC-S, CGP	658-2960	Thu	6:00 - 7:15 PM	Gay / Bisexual Men
Gerry Lowe, LCSW	327-5400	Mon	4:30 - 6:00 PM	men's psychotherapy group
Bob Murphy, LPC, LMFT, CGP	707-0102	Thu	6:30 - 8:00 PM	Mid-life gay men's group
John Perry, MSSW Candidate-2010	512-557-5311	Tue	6:00 - 8:00 PM	Gay Married Men Therapy Group
Travis Sebera, LPC, supervisor	327-7500	Mon	5:00 - 6:15 PM	ongoing focusing on anger and mens issues using modern analytic short term formula
Mark White, LCSW, LMFT	329-6070	Mon	4:45 - 6:00 PM	Pre-Adolescent Boys Counseling Group
Mark White, LCSW, LMFT	329-6070	Tue	4:45 - 6:00 PM	Teenage Boys Counseling Group
Mark White, LCSW, LMFT	329-6070	Tue	6:30 - 7:45 PM	Older Adolescent Talk Group
Mark White, LCSW, LMFT	329-6070	Thu	4:45 - 6:00 PM	High School Males Counseling Group
Mixed Gender				
Joseph Acosta, LPC	576-9523	Tue	11:30 AM-1:00 PM	Interpersonal therapy group
Joseph Acosta, LPC	576-9523	Wed	7:00 - 8:30 PM	Interpersonal therapy group
Joseph Acosta, LPC	576-9523	Thu	7:00 - 8:30 PM	Interpersonal therapy group
Kathleen Adams, PhD	327-8311	Mon	4:45 - 6:15 PM	beginner group; learning about feelings, individual therapy not a prerequisite
Kathleen Adams, PhD	327-8311	Tue	5:30 - 7:00 PM	hi-function individuals dealing with very primitive affects; all members in long-term ind. therapy
Rich Armington, LCSW, CGP	440-8910	Thu	5:15 - 7:15 PM	SCT; includes 1/2 hour of body centering/awareness w/ Heloise Gold
Mandy Blott, Ph.D.	698-0294	Wed	6:00 - 7:30 PM	Interpersonal Process Group, Ongoing
Bohls w/ Kaplowitz	577-3371	Tue	6:00 - 7:30 PM	Interpersonal Process Group
Michelle Bohls, LMFT	577-3371	Thu	5:15 - 6:45 PM	Interpersonal Process Group
Bunker w/ Erwin-Grotsky	328-3947/732-7272	Mon	12:00 - 1:30 PM	Modern Analytic Process Group
Jeanne Bunker, LCSW, CGP	328-3947	Tue	4:30 - 6:00 PM	Therapy Group
Tammy Clouston, LCSW, CTRS	329-9455	Sat	10:00 - 11:30 AM	Psychodynamic Group
Paul Compton, MD, CGP	658-2805	Tue	5:30 - 6:45 PM	Psychoanalytic
Barbara E Davis, LCSW, CGP	345-9353	Mon	5:30 - 7:00 PM	body-oriented psychotherapy
Sherry Dickey, PhD	452-3035	Tue	5:30 - 7:00 PM	NA
Sherry Dickey, PhD	452-3035	Thu	5:30 - 7:00 PM	Psychodynamic
Patricia Dziuk, PhD	478-5900	Tue	12:00 - 1:30 PM	psychodynamic
Bernard Fleming, LPC, LMFT	329-9890	Mon	6:00 - 7:30 PM	Psychodynamic/Object Relations

Fleming w/ Nakell	329-9890	Thu	6:00 - 7:30 PM	Adult Psychodynamic
Fox w/ Hayes	512-771-9313	Wed	6:00 - 8:00 PM	Eating Disordered DBT Group
Carl Gacono, PhD	472-4348	Mon	6:00 - 7:30 PM	Psychodynamic
Lois Graham, PhD	346-0079	Mon	12:15 - 1:45 PM	Modern Analytic
Lois Graham, PhD	346-0079	Tue	5:15 - 6:45 PM	Modern Analytic
Katie Griffin, LPC, CGP	656-4067	Thu	5:00 - 6:30 PM	Adult Psychotherapy
Michael Hegener, LPC, CGP, FAGPA	472-2880	Tue	6:45 - 8:15 PM	psychodynamic
Mary Holman, LPC	454-5702	Mon	11:45 - 11:15 AM	Interpersonal therapy group for adults whose sibling has a mental illness
Mary Holman, LPC	454-5702	Mon	5:30 - 7:00 PM	Interpersonal therapy group for adults whose parent has a mental illness
Richard Holt, PhD	236-0448	Wed	6:00 - 7:30 PM	psychodynamic group
Richard Holt, PhD	236-0448	Thu	6:00 - 7:30 PM	psychodynamic group
Charlotte Howard, Ph.D, CGP	469-6008	Mon	4:45 - 6:15 PM	Young Adult Psychotherapy Group
Charlotte Howard, Ph.D, CGP	469-6008	Mon	6:30 - 8:00 PM	Adult Psychotherapy Group
Charlotte Howard, Ph.D, CGP	469-6008	Tue	5:30 - 7:00 PM	Young Adult Psychotherapy Group
Charlotte Howard, Ph.D, CGP	469-6008	Tue	7:15 - 8:45 PM	Anxiety Reduction Group
Hudson w/ Pully	472-7476/477-9945	Mon	4:30 - 6:00 PM	object relations/interpersonal
Hudson w/ Pully	472-7476/477-9945	Wed	5:15 - 6:45 PM	object relations/interpersonal
Hudson w/ Pully	472-7476/477-9945	Thu	6:30 - 8:00 PM	object relations/interpersonal
Kaplowitz w/ Bohls	512-814-7127	Mon	9:30 - 11:00 AM	Interpersonal Process Group - Beginner Group
Nancy Kelly, PhD LCSW	458-4646	Tue	10:30 AM-12:00 PM	Interpersonal group for clinicians
Fabianna Laby, PsyD	638-3555	Tue	12:00 - 1:30 PM	Support for parents of children with special needs
Beverley Larkam, LCSW, LMFT, CGP	476-4182	Tue	6:00 - 7:30 PM	AAMFT, AAECT
Laskowski w/ Romain	762-1024/560-0846	Wed	6:00 - 7:30 PM	psychodynamic/interpersonal
Bruno Lepore, MA, LPC	832-646-8795	Tue	6:30 - 8:00 PM	Anger Aggression Intervention and Prevention Group
Bruno Lepore, MA, LPC	(512) 416-7246	Wed	5:30 - 7:00 PM	COPE-Coping and Overcoming Chronic Pain Effects
Bruno Lepore, MA, LPC	(512) 416-7246	Thu	5:30 - 7:00 PM	HOPE-Helping Families Overcome Chronic Pain Effects
Gaea Logan, MA, LPC	327-6311	Mon	11:45 AM-1:15 PM	psychodynamic/interpersonal
Gaea Logan, MA, LPC	327-6311	Tue	12:30 - 2:00 PM	psychodynamic
Gaea Logan, MA, LPC	327-6311	Tue	3:45 - 5:15 PM	psychodynamic
Thomas Lowry, PhD, ABPP, LFAGPA	346-2332	Mon	5:00 - 6:30 PM	intensive psychodynamic group for mid-adults
Alaire Lowry, PhD, CGP, ABPP, FAGPA	346-2332	Tue	11:00 AM-1:00 PM	psychodynamic psychotherapy for adults
Lowry w/ Lowry	346-2332	Tue	5:15 - 6:45 PM	young adult psychotherapy group (19-30)
Thomas Lowry, PhD, ABPP, LFAGPA	346-2332	Wed	11:00 AM-1:00 PM	intensive psychodynamic group for mid-adults
Joy Luther, LCSW	343-9609	Wed	5:45 - 7:30 PM	Short term psychoeducational group: DISCOVERING THE AUTHENTIC SELF: The SCT® approach to change
Sue Marriott, LCSW, CGP	419-7018	Mon	4:30 - 6:00 PM	Relational psychotherapy
Sue Marriott, LCSW, CGP	512-419-7018	Tue	11:30 AM-1:00 PM	Relational psychotherapy
Sue Marriott, LCSW, CGP	419-7018	Thu	12:30 - 2:00 PM	Relational psychotherapy
Lisa Mersky, LCSW, BCD, CGP	474-6148	Wed	5:45 - 7:15 PM	psychodynamic
Claire Miner, LPC	689-7105	Wed	12:15 - 1:30 PM	Success Process Group
Jan Morris, PhD	346-2332	Tue	5:00 - 6:30 PM	Modern Analytic
Jan Morris, PhD	346-2332	Wed	5:00 - 6:30 PM	Modern Analytic
Bob Murphy, LPC, LMFT, CGP	707-0102	Tue	4:45 - 6:15 PM	ongoing psychodynamic group
Stacy Nakell, LCSW	586-6862	Tue	7:00 - 8:30 PM	Psychodynamic Group-men and women in their 20s and 30s-accepting new members
Olds w/ Howard	217-9579	Mon	4:45 - 6:15 PM	Young Adult Group
Olds w/ Sikes	217-9579	Tue	8:00 - 9:30 AM	Object Relations/Interpersonal
Olds w/ Olds	217-9579	Tue	4:45 - 6:15 PM	Young Adult Group

AGPS GROUP LISTINGS

Glenn Olds, PhD	217-9579	Tue	7:15 - 8:45 PM	Anxiety Reduction Group
Olds w/ Sikes	217-9579	Wed	4:45 - 6:15 PM	Object Relations/Interpersonal
Olds w/ Sikes	217-9579	Thu	8:00 - 9:30 AM	Object Relations/Interpersonal
Candyce Ossefort-Russell, MA, LPC, LPC-S	789-6244	Tue	6:00 - 7:30 PM	Advanced Psychodynamic/Interpersonal
Jordan Price, LCSW	512-450-4814	Mon	7:30 - 8:45 PM	General Process
Pully w/ Hudson	477-9945/472-7476	Mon	4:30 - 6:00 PM	object relations/interpersonal
Andrea Pully, MEd, LPC, CGP	477-9945	Mon	6:30 - 8:00 PM	object relations/interpersonal
Pully w/ Hudson	477-9945/472-7476	Wed	5:15 - 6:45 PM	object relations/interpersonal
Pully w/ Hudson	477-9945/472-7476	Thu	6:30 - 8:00 PM	object relations/interpersonal
Seja Rachael, MA, LPC	441-8334 x1	Thu	7:00 PM - 8:30 AM	NA
Seja Rachael, MA, LPC	441-8334 x1	Thu	7:15 - 8:45 PM	NA
Amiel Romain, MEd, LPC	560-0846/762-1024	Wed	6:00 - 7:30 PM	psychodynamic/interpersonal
Rochelle Satterfield, PhD	499-8419	Mon	7:00 - 8:30 PM	psychodynamic
Rochelle Satterfield, PhD	499-8419	Wed	7:00 - 8:30 PM	psychodynamic
Travis Sebera, LPC, supervisor	327-7500/306-1488	Wed	6:00 - 7:30 PM	psychodynamic
Travis Sebera, LPC, supervisor	327-7500/306-1488	Thu	11:30 AM-1:00 PM	psychodynamic--relationships, social phobias
Travis Sebera, LPC, supervisor	327-7500/306-1488	Thu	6:00 - 7:30 PM	general issues/psychodynamic
Robert Seidel, MSSW, LCSW, BCD	473-8293	Thu	6:00 - 7:30 PM	Psychodynamic/Interpersonal
Sydnor Sikes, PhD, ABPP	469-0582	Mon	4:45 - 6:15 PM	systems oriented
Jev Sikes, PhD	469-0888	Mon	4:45 - 6:15 PM	object relations for 20's
Jev Sikes, PhD	469-0888	Tue	8:00 - 9:30 AM	object relations
Sydnor Sikes, PhD, ABPP	469-0582	Tue	4:45 - 6:30 PM	systems oriented
Jev Sikes, PhD	469-0888	Wed	8:00 - 9:15 AM	object relations
Jev Sikes, PhD	469-0888	Wed	4:45 - 6:15 PM	adult object relations
Jev Sikes, PhD	469-0888	Wed	6:30 - 8:00 PM	adult object relations
Jev Sikes, PhD	469-0888	Thu	8:00 - 9:30 AM	adult object relations
Alyson Stone, PhD	306-0072	Tue	4:30 - 6:00 PM	Object Relations/Interpersonal
Patricia Tollison, PhD	478-1064	Mon	12:00 - 1:30 PM	Psychodynamic
Stacy Watkins, LPC	484-8848	Wed	7:00 - 8:30 PM	Making Connections: A Mixed Process Group
White w/ O'Brien	680-7379	Mon	9:00 - 10:30 AM	A psycho-educational group for parents of adolescents and young adults who are "launching."
White w/ O'Brien	680-7379	Thu	12:00 - 1:30 PM	A psycho-educational group for parents of adolescents and young adults who are "launching."
Josie Whitley, PhD	469-0765	Mon	5:30 - 7:00 PM	long-term, psychodynamically oriented group

Study/Training

Joseph Acosta, LPC	576-9523	Fri	9:30 - 11:00 AM	Consultation group
Kathleen Adams, PhD	327-8311	Wed	11:15 AM-12:45 PM	Lessons from Pandora's Box: Adventures in Psychotherapy Study Group
Armington w/ Armington	306-0166	Mon	12:00 - 1:30 PM	Intermediate level SCT training group
Bunker w/ Fox	328-3947/771-9313	Mon	9:30 - 11:00 AM	Clinical Skills Foundation Group
Cassano w/ Armington	327-4170	Wed	9:00 - 10:00 AM	SCT(tm) supervision group (alt weds.)
Jane L Cobb, LCSW, BCD, CGP	323-0021	Fri	9:00 - 10:30 AM	Case Consultation and Practice Development
Sandra Grimes, LCSW	565-1838	Tue	3:30 - 5:00 PM	Clinical Supervision for LMSWs seeking LCSW license
Kalila Homann, LPC-S, DMT-BC	441-8334x2	Thu	9:30 - 11:30 AM	Integrative Consultation Group
Kalila Homann, LPC-S, DMT-BC	441-8334x2	Fri	2:00 - 5:00 PM	Integrating experiential and psychodynamic models
Hudson w/ Pully	472-7476/477-9945	Wed	9:00 - 10:30 AM	object relations/interpersonal
Kelly Inselmann, LCSW, RYT	736-8990	Tue	10:00 AM-12:00 PM	Yoga and Psychotherapy Study Group:group

Nancy Kelly, PhD LCSW	458-4646	Fri	9:45 - 11:15 AM	practice, discussion, case consultations
Fabianna Laby, PsyD	638-3555	Tue	10:30 AM-12:00 PM	Study and case consultation (Alt. Fridays)
Derek Leighton, LMFT, LPC-S, CGP	658-2960	Thu	1:00 - 2:00 PM	Practice Development
Gaea Logan, MA, LPC Ethics)	327-6311	Wed	8:00 - 9:30 AM	Private Practice Consultation / Development for Therapists
Gaea Logan, MA, LPC	327-6311	Fri	11:00 AM-12:30 PM	wisdom and psychoanalytic psychotherapy (15 CEUs/3 Ethics)
Thomas Lowry, PhD, ABPP, LFAGPA	346-2332	Mon	TBA	AAMFT supervision
Joy Luther, LCSW	343-9609	Wed	1:45 - 3:45 PM	SCT (r) Training Group
Sue Marriott, LCSW, CGP	419-7018/306-0180	Mon	1:00 - 2:30 PM	psychoanalytic study/consultation group (alt. Mon.)
Sue Marriott, LCSW, CGP	419-7018	Fri	2:00 - 3:30 PM	Clinical Application - Attachment Theories
Lisa Means, MA, LPC	472-5848	Fri	9:45 - 11:15 AM	Consultation and Study Group
Lisa Mersky, LCSW, BCD, CGP	474-6148	Fri	4:00 - 6:00 PM	Creativity workshop
Deanna Miesch, LPC	699-4811	Wed	10:00 AM - 1:00 PM	Art Therapy Consultation
Deanna Miesch, LPC	699-4811	Sat	9:00 AM - 12:00 PM	Art Therapy as a Profession
Deanna Miesch, LPC	699-4811	Sat	9:00 AM - 12:00 PM	Art Therapy and Countertransference
Deanna Miesch, LPC	699-4811	Sat	1:00 - 4:00 PM	Art Therapy Consultation Workshop
Jan Morris, PhD	346-2332	Fri	12:00 - 1:30 PM	Modern Analytic Study/Training (Alt. Fri.)
Joanne Olsen, LCSW	474-8555	Fri	12:15 - 1:45 PM	Adolescent Therapists' Consultation Group
Joanne Olsen, LCSW	474-8555	Fri	2:00 - 3:30 PM	Adolescent Therapists' Consultation Group
Candyce Ossefort-Russell, MA, LPC, LPC-S	789-6244	Wed	8:30 - 10:00 AM	Therapists Study Group With AEDP Focus
Candyce Ossefort-Russell, MA, LPC, LPC-S	789-6244	Wed	12:15 - 2:15 PM	AEDP Supervision Group
Candyce Ossefort-Russell, MA, LPC, LPC-S	789-6244	Wed	2:45 - 4:45 PM	AEDP Supervision Group
Candyce Ossefort-Russell, MA, LPC, LPC-S	789-6244	Fri	8:00 - 10:00 AM	Writing Group for Therapists
Pully w/ Hudson	477-9945/472-7476	Wed	9:00 - 10:30 AM	object relations/interpersonal
Travis Sebera, LPC, supervisor	327-7500	Wed	12:00 - 1:15 PM	Supervision group focusing on countertransference issues using modern analytic approach
Sikes w/ Luther	469-0582/343-9609	Thu	12:30 - 2:00 PM	SCT training group
Gianna Viola, LCSW	585-4518	Wed	10:00 AM-12:00 PM	LCSW Supervision Group
Beverly Voss, LCSW	338-9797	Fri	TBA	InterPlay Pilot Project (6 wks)

Transgender

Paula Buls, LMSW	444-9922	Tue	7:00 - 8:30 PM	Transsexual Women's Therapy Group
Melissa Hargrave, LMFTa, LPC Intern	444-9922	Thu	7:00 - 8:15 PM	Transexual Men's Therapy Group
Monrovia Van Hoose, LMSW	512-529-3318	Thu	7:00 - 8:00 PM	Support Group for Partners of Trans/Gender Variant People

Fidgeting

(continued from page 5)

they first realized that the act of pulling out a hair or picking off a scab could provide an odd sort of relief. These include medical trauma, separations from or losses of important caretakers, difficult moves, emotional, physical or sexual abuse, or the experience of having one's personal boundaries repeatedly invaded or of being trapped. Body focused behaviors can form a buffer between the self and a world that feels too invasive, serve as a defense against painful feelings through the trancelike experience they induce, or serve to connect the mind and the body — so now the wounds on the skin match unspoken wounds in the psyche.

One client, Lonnie I, provides a vivid example of how body enactments can be translated into the therapy conversation. A year into our work, Lonnie admitted to me that as a child, she had saved the scabs from her various picking spots in a jar by her bed. She had experienced many losses and disruptions already by that time, but wasn't able to talk about these incidents, as her family discouraged conversations about feelings. We realized together that with the scab jar, she had found a tangible way to keep track of her inner aches, irritations and experiences of grief.

Through this lens, my approach to each client is slow and patient. Many of my clients have been to other therapists and talked about other issues without ever disclosing their body-focused behaviors. If you would like to encourage disclosure of hidden behaviors, it is important to first help each new client to unpack the shame encrusted around the behaviors. There may be some disturbing elements in each person's particular interaction with her/his body. The behaviors seem to be instinctual rather than rational, and can easily become the target of disgust and self-attack. There's a good chance that any

given client will come to you already in a battle against the behavior, in which failure is the recurring experience. One part of the brain may be shouting, 'Stop it!' when an entirely different part of the brain is disassociating and continuing the behavior.

This inner battle contributes to and is a manifestation of the resistance our clients bring to the work. When working with any impulsive or compulsive behavior, clients often vacillate between progressive and regressive behavior. This happens whether the behavior is substance use, overeating,

*Body focused behaviors can form
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or nail-biting. In many cases, the effort to understand the development of a BFRB will lead us to pre-Oedipal wounds, which means that we will move more fluidly together with our clients if we explore their behaviors indirectly rather than try to take them away.

Listing habits such as nail-biting, thumb-sucking, skin-picking, and hair-pulling as possible behaviors on your initial intake will help clients to realize that you are open to talking about how their bodies may play a part in their emotional health.

Sometimes, just normalizing for your client that humans are, at our basest level, animals and that all of us engage in weird grooming habits tracing back to our reptilian and mammalian ancestors, can help her/him² move past the first sticky level of shame.

One key element of working effectively with this population involves helping your client to find sensory and other strategies to meet the needs currently being met by the BFRB of choice. The sensory element is particularly important, and I explain to many of my clients that they are 'fiddlers', meaning that in many situations, it will be important to have something to 'fiddle with' if they want to transition away from doing damage to the body. I keep an array of 'fiddle toys' in my office with various sensory components, including Play Doh, magnet toys, and stress balls. When I notice tension mounting in a client's body, I might offer a tour of these toys, encouraging each client to feel around for the one that meets the most visual and tactile sensory needs. I even have some 'fiddle toys' available in group. At times this option has provided enough soothing for a shy client to be able to stay in group during the first few anxiety-provoking sessions rather than to flee prematurely.

When a behavior occurs in the room, I may also intervene. One client may be looking down during a session or a group, playing with a hole he's created in the hem of his jeans. Another may chew on her nails, seemingly when she is feeling any anxiety in the room. I take a good deal of time noticing any given behavior pattern before commenting on it, and when I do comment, I do so gently, especially in a group setting when shame can be an even greater factor. I always check in with the client before moving ahead, finding out if he or she feels open to talking about the behavior.

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The Road to Russia: Jan and Joseph Edition

By Jan Morris and Joseph Acosta

A Brief History of Russian Group Training (Jan and Joseph)

In 1991, Harold Stern, Ph.D., a Philadelphia analyst (and Lou Ormont's younger cousin), traveled to St. Petersburg, Russia, with his wife to visit his in-laws. While he was there, he was asked to give a lecture to physicians about modern psychoanalysis with schizophrenics. After the lecture, someone said, "We have a schizophrenic patient we'd like you to treat." From there, the St. Petersburg Psychoanalytic Institute began taking shape, now training as many as 450 students. Several years after the Institute formed, modern analytic group training weekends began, similar to those conducted by the Center for Group Studies (CGS) in New York City.

The New York CGS was founded in 1989 by Louis Ormont, Ph.D., and his followers, with the mission to train people in modern analytic group treatment, facilitating personal and professional growth and maturation, and taking their training to others. Faculty from CGS traveled to St. Petersburg to provide training to the first continuous group of 34 psychiatrists and psychologists. Joseph and I were invited to help lead Training Block 6, The Preoedipal Patient in Group, in January of this year. As weekend faculty, we each led six 90-minute process groups, led whole-group supervision sessions with Dr. Stern, and each led a discussion about a pre-selected, pre-translated article.

Getting Around St. Petersburg (Joseph):

We were housed in comfortable flats in the heart of the city, with plenty of time to explore our surroundings with and

without a tour guide. St. Petersburg is a fascinating, improbable cultural center. Peter the Great founded St. Petersburg in swampland on the banks of the Neva River in 1703. He was determined to create a port city for Russia as he moved to solidify his vision for the country. He succeeded by forcing many laborers and prisoners to drive pilings into the swampland to build the city. Seeing the splendid architectural wonders of the city today, it is hard to believe it was once swampland.

The crown jewel of picturesque St. Petersburg is the Hermitage Museum, a complex of rococo-style palaces designed by the Italian architect Rastrelli. The Hermitage has the second largest art collection in the world, second to the Louvre in Paris. The 18th century Russian Empress, Catherine the Great, purchased large collections of European art for her personal enjoyment. This private collection of the Romanov tsars was the foundation for the extensive art collection at the Hermitage. It became open to the public only after the Russian Revolution in 1917. The original fortress built by Peter the Great to found St. Petersburg still stands. The ruling family of tsars from the 1623-1917, the Romanovs, are mostly buried in the Russian Orthodox Cathedral of St. Peter and Paul within the complex. Many other cathedrals and Russian Orthodox churches have been built around the city, each with their characteristic and magnificent architecture. We visited the Church of the Spilled Blood, which is filled with beautiful tile mosaics. St. Petersburg was home to Tchaikovsky, Shostakovich, Pushkin, Dostoevsky, and Pavlov. Our host casually mentioned that Pavlov did his ground-breaking research

here. I visited the Dostoevsky museum in the Sennaya Ploshchad neighborhood of St. Petersburg, a working class area characteristic of his novels. I vividly remember his study, where he wrote his most famous novel, the Brothers Karamazov.

"This is St. Petersburg, Russia," I would remind myself. I never imagined that St. Petersburg could be such a beautiful city. Even in the extreme cold of a Russian winter, I enjoyed walking around and seeing so many architecturally significant buildings. I particularly liked learning more about its history and about the people shaped by it.

Russian Culture: What Can Government Do for You? (Jan)

Joseph and I were enormously curious about Russian culture. Pervasive in conversations both in and outside the training groups was the topic of how government and the people relate to each other. Our tour guide, Kira, described many years of living in "communal flats", three families living in close quarters, 24 people sharing one bathroom. Perestroika in 1991 was a significant improvement in people's lives, with more freedom of movement and choice, but anxiety and resentment drive many of the jokes and comments about government, politics, and quality of life (for example, a joke about communal flats: "Who sees all, hears all, knows all? The answer: Your neighbor!"). One woman in my group talked about her fear of facing retirement and living on an insufficient government pension. The Russian police will stop pedestrians and drivers for minimal reasons, or stop Asians in the subway tunnels to check if they have visas. The way to avoid

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Russia

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going to jail is to bribe them. Alcoholism is high. The divorce rate is reportedly 80%, and issues of stepfamilies and relationship instability are common themes.

Leading Groups (Joseph)

I grew up attending Catholic military schools. During my 11 years of schooling, I often heard how the Russians might bomb the U.S.A. and how we had to be prepared to defend ourselves. I went to Russia knowing little about the culture or the history of its people. As we sat in the Philharmonic Hall listening to the symphony one night, I looked out over the well-dressed crowd and thought, "these are the Russians." This experience, a concert hall full of attentive Russians who were quiet throughout the performance surely didn't match the historic images I had of Russians who might bomb us. I welcomed the dissonance, enjoying even more these symphony hall Russians (not to mention the animated usher saying, "pazhalsta, pazhalsta", please, please).

My training group consisted of 13 Russians: 11 women, 1 man and a female interpreter. Each of the participants seemed eager to do this type of analytic work and they jumped in quickly. I noticed how Russians in this group still are dealing with the legacy of state control. As Russia transitions to a more democratic style of governance, the changes seem to raise anxiety about how their lives will unfold. I also noticed how difficult it was for the Russians to express warm, caring feelings towards each other. Once my group settled into a working stage, we worked on expressing these feelings towards each other. I never would have imagined that I would be facilitating emotional communication with Russians one day. It was a great experi-

ence for me, one that I am very happy for us to have had together.

Leading Groups: Lost in Translation (Jan)

My group met twice a day, morning and afternoon, for six 90-minute sessions. I sat with my 11 group members, my young translator, Katia, by my side. Katia dutifully translated everything I said to the group, and everything the group said to me and

*Pervasive in conversations
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to each other. The process of translation was much more difficult than I imagined. I was completely dependent on Katia to translate words and emotional nuances. Someone would speak and the group would laugh, and Katia would say, "That was a play on words, he said this word which means this but it also means this," and during all that explanation they would have said five things I missed. Someone would start to cry, or burst out with an angry barrage, and I would have only the vaguest sense of the meaning. There was aggression and sadism communicated in words that Katia sometimes didn't know how to translate. Many times the group would become excited and start talking

too fast, split off into simultaneous conversations, or talk over each other, and I would have to remind them again and again to slow down. By the end of each group, Katia and I were the containers for the most primitive, preverbal emotions imaginable, and we were utterly exhausted.

What does a modern analytic leader do in such trying circumstances? You use all the techniques and strategies you've spent years learning: bridging, exploring, joining, and often simply keeping your seat and tolerating confusion, terror, anxiety, and rage. "Functioning competently while feeling incompetent," as Ormont would say. With our combined efforts, the group slowly became a working group, providing feedback and processing feelings that served a regulating function for the intense affect. By the end of the weekend, many members expressed appreciation for the experience. Being the leader of a pre-oedipal group and immersed in my own pre-oedipal experience, I don't quite know how it happened. Like Joseph, I loved having this experience and encourage others to go as well.

Jan Morris, Ph.D., has been a psychologist in private practice in Austin since 1989. She leads therapy groups, supervision groups, and study/training groups with particular emphasis on modern analytic theory and techniques. She earned a certificate in modern group leadership from the Center for Group Studies in 2005. She can be reached at 346-2332.

Joseph Acosta, LPC, CGP runs consultation, training and therapy groups in his private practice. He is a bilingual (Spanish), bicultural therapist who works with trauma, adult attachment and sexual addiction issues.

Fidgeting

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One client, Rose, in individual therapy with me for several years, would occasionally pull out one of her hairs during a session. She would look at it, glide it lengthwise through her fingers, run it through her mouth, and toss it on the floor. When I would notice her pulling out a hair and check in, Rose would stop the behavior and claim it was 'just a bad habit' which was unrelated to anything happening in the room.

The behavior changed somewhat when it appeared in group. After a couple of sessions in which she played disinterestedly with some of my fiddle toys, Rose began pulling out hairs during the group. I talked to her first individually, and then, with her permission, brought up in group the fact that she was pulling her hair in sessions. Unlike in our individual sessions, in group she would continue the behavior, both as I was mentioning it and after. In fact, it seemed to me that the hair-pulling would increase if I would mention it, or acknowledge it by meeting her eye. As I talked to Rose about this dynamic, again in an individual session, it became clear to both of us that she was starting to express some of the rebelliousness that she had tamped down when going through adolescence.

For months, Rose refused to give any insight about what she might be thinking or feeling at the moment she pulled out a hair. With respect for the protective element of her defenses, while I might ask her about the pulling the first time it would happen, when rebuffed I wouldn't ask again. We remained in this status quo until one day, one of the other group members burst out after one of these rebuffs, "Rose, I want to know what you are feeling right now. RIGHT NOW!" and, as a peer, she bypassed Rose's rebellion. Rose, without a second thought, said, "I'm feeling frustrated and irritated!!!!"

After that group intervention, it became

easier for me to address the moments in which Rose was pulling out a hair in my presence, asking "are you feeling irritated right now?" or wondering aloud what she might need in that moment. To this day, there are times when, even when she answers me, Rose continues pulling her hair out in our group. At those moments, I have to work to contain my own impatience with her refusal to put all of her feelings into words.

Some therapists have mentioned noticing a repetitive behavior within a group session, and wanting to work with it, but not knowing exactly what to make of it.

Lately, I have wondered if some of my experiences might illuminate these types of behaviors for other group therapists. When I have mentioned the topic of BFRBs to my colleagues, I have been surprised to hear that these types of behaviors pop up in groups all the time, and not just in my own groups, made up largely of people who came to me because of my specialization. Some therapists have mentioned noticing a repetitive behavior within a group session, and wanting to work with it, but not knowing exactly what to make of it. With the flexible goal of bringing body-focused behaviors to a manageable level and learning new ways to soothe the body and process stress, I have found our goals to be reachable with a majority of my clients. Working

with BFRBs when they appear in group is challenging, awkward, and often frustrating. And yet, I have a deep appreciation for these behaviors. They help me to understand experiences for which my clients haven't yet found words, many of which are written on their bodies.

Stacy Nakell, LCSW, has been in private practice for 3 years. She runs two co-ed process groups as well as groups for pre-teens and teens who struggle with body-focused repetitive behaviors. She presented group-focused workshops in 2008 and 2009 at the Trichotillomania Learning Center annual retreats and this year presented at the TLC annual conference. She is happy to provide professional consultations on issues related to body-focused behaviors. She can be reached at (512) 586-6862 or stacy.nakell@gmail.com.

References:

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Still Echoes: Poetry for Contemplatives, Listeners, and Witnesses

Compiled by Gaea Logan and Candyce Ossefort-Russell

Scraps of Moon

Scraps of moon
bobbing discarded on broken water
but sky-moon
complete, transcending
all violation
Here she seems to be talking to herself about
the shape of a life:

Only Once

All which, because it was
flame and song and granted us
joy, we thought we'd do, be, revisit,
turns out to have been what it was
that once, only; every invitation
did not begin
a series, a build-up: the marvelous
did not happen in our lives, our stories
are not drab with its absence: but don't
expect to return for more. Whatever more
there will be will be
unique as those were unique. Try
to acknowledge the next
song in its body-halo of flames as utterly
present, as now or never.

by Denise Levertov, in *The Great Unknowing*



Clarity is Freedom

I had tea yesterday with a great theologian,
and he asked me,

“What is your experience of God’s will?”

I liked that question –
for the distillation of thought hones thought in others.
Clarity, I know, is freedom.

What is my experience of God’s will?

Everyone is a traveler. Most all need lodging, food,
and clothes.

I let enter my mouth what will enrich me. I wear what
will make my eye content,
I sleep where I will
wake with the
strength to
deeply
love

all my mind can
hold.

What is God’s will for a wing?
Every bird knows
that.

by St. Teresa of Avila,
in *Love Poems From God: Twelve Sacred Voices from the East and West*,
edited by Daniel Ladinsky

WOW

Where does the real poetry
Come from?
From the amorous sighs
in this moist dark when making love
with form or
Spirit.
Where does poetry live?
In the eye that says, “Wow wee”,
In the overpowering felt splendor
Every sane mind knows
When it realizes - our life dance
Is only for a few magic
Seconds
From the heart saying,
Shouting,
“I am so damn
Alive.”

by Hafiz,
translated by Daniel Ladinsky in *The Gift*

Keeping Quiet

And now we will count to twelve
and we will all keep still.

For once on the face of the earth
let’s not speak in any language,

let’s stop for one second,
and not move our arms so much.

It would be an exotic moment
without rush, without engines,
we would all be together
in a sudden strangeness.

Fisherman in the cold sea
would not harm whales
and the man gathering salt
would not look at his hurt hands.

Those who prepare green wars,
wars with gas, wars with fire,
victory with no survivors,
would put on clean clothes

and walk about with their brothers
in the shade, doing nothing.

What I want should not be confused
with total inactivity.

Life is what it is about,

I want no truck with death.

If we were not so single-minded
about keeping our lives moving,
and for once could do nothing,
perhaps a huge silence

might interrupt this sadness
of never understanding ourselves
and of threatening ourselves with death.

Perhaps the earth can teach us
as when everything seems dead
and later proves to be alive.

Now I’ll count up to twelve,
and you keep quiet and I will go.

by Pablo Neruda,
translated by Alistair Reed



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Fall Conference

Using One's Whole Self as a Group Therapist

Including a Presentation on the Courage of the Group Therapist

Jerome Gans, M.D., CGP, FAGPA

Saturday, October 2, 2010 • 8:30-4:30

Saturday Conference

Location: Doubletree Club Hotel

University Hall • 1617 N. I-35 (MLK and I-35)

512-479-4000

Saturday Conference Fees

General Registration	\$100
Agency Employee	\$80
New Professional*	\$50
Student**	\$50

Add \$20 for non-members; Add \$20 for payment after Sept. 25th

Continuing Education: 6 Hours

It would seem self-evident that our personal experience, in one way or another, becomes part of our therapeutic presence. And yet, the group literature contains few accounts of this phenomenon. The implication of this fact seems to be that personal experience is notable only when it gives rise to countertransference difficulties. Personal experience, however, can and does also lend many positive qualities to group leadership including feelings of confidence and competence, sensitivity, empathy, authenticity, and courage. This conference will celebrate the positive contributions that personal experiences, and the lessons culled from them, contribute to group leadership. We will also explore why these strengths often seem difficult for us to acknowledge and take pride in.

Learning Objectives

At the end of this conference, participants will be able to:

- Discuss at least one personal experience, and a lesson culled from it, that contributes to the participant's therapeutic presence
- List three features of courageous therapist responses
- Discuss why courage recognition is an important leadership function
- Compare and contrast leader competence with leader courage

Sunday Consultation Group

October 3rd, 9:00a.m. – 12:00p.m. • Location TBD

If pre-paid by September 25th: \$100

If received after September 25th or for payment the day of, add \$20.

The Sunday morning consultation group will be an informal group in which participants may further explore topical questions and consult on pertinent group/case material from their practices. This is an excellent opportunity to get to know the speaker and obtain individualized feedback. Two recommended readings are available in PDF format on the AGPS website. The consultation group is limited to the first 10 people who sign up; they will be notified of the location and other details. Please check the appropriate box on the registration form to attend.

AGPS Conference Information & Registration

To register, complete the form below and mail it along with your payment (payable to AGPS) to:

Austin Group Psychotherapy Society
P.O. Box 684434
Austin, TX 78768

Name _____

Discipline _____

Address _____

City, State, Zip _____

Telephone(s) _____

Saturday Workshop – prepaid by Sep. 25. After Sep. 25, add \$20

- | | |
|----------------------------------------------------|--------|
| <input type="checkbox"/> AGPS Member | \$ 100 |
| <input type="checkbox"/> AGPS Non-member | \$ 120 |
| <input type="checkbox"/> New Professional/Student* | \$ 50 |

Total Amount Paid \$ _____

- I would like to attend the **Sunday Morning Consultation Group** 9:00 am-12:00 noon (\$100 prepaid by Sep. 25; \$120 payable day of)

* Must be enrolled in a professional training program. Please send documentation of student status with payment.

- Limited scholarships to cover registration fee available. For more information, contact agps@austingroups.org.
- **Early registration is encouraged** and appreciated; there will a \$20 surcharge for at-the-door registration.
- **Refund Policy:** A \$15 administration fee will be deducted from all refunds. No refunds will be given after the Conference.

About the Speaker

Jerry Gans, M.D., CGP, FAGPA, has been married for 46 years and has three daughters and two grandchildren. He was an English major in college, is an avid tennis player and loves to raise dahlias. He is a Distinguished Fellow of the American Group Psychotherapy Association and a Distinguished Life Fellow of the American Psychiatric Association. He is an Associate Clinical Professor of Psychiatry at Harvard Medical School and Clinical Associate in Psychiatry at the Massachusetts General Hospital (MGH). He has run the Training Group (T-Group) for the psychiatric residents at the MGH-McLean combined residency program for the last 20 years. The residents named Jerry the Teacher of the Year in 2003. He is the author of 32 refereed articles and 3 book chapters, he has published widely on group and individual psychotherapy, psychological aspects of physical rehabilitation, liaison psychiatry, and psychotherapy and literature. He has lectured, supervised, led institutes and workshops and run demo groups locally, nationally, and internationally. His first book, *Difficult Topics in Group Therapy: My Journey from Shame to Courage* was just published by Karnac Books of London. Jerry has a private practice in Wellesley, MA.



Austin Group Psychotherapy Society – AGPS
P.O. Box 684434
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AGPS News

SHARE YOUR VOICE

Part of what makes the Voice such a valuable and stimulating part of our community is the diversity of voices it brings together. If you haven't yet contributed to the Voice, we would love to hear from you and collaborate with you in developing a piece. Whether you're interested in describing a clinical experience, providing a summary of research, offering a book review, or presenting a creative work, your contribution has a place. We are here to support you throughout the process. For more information, contact Bob Murphy (512) 707-0102 or Bob.Murphy3@me.com

A BIG THANK YOU

I would like to express my gratitude to Mandy Blott for mentoring me through the process as editor of the Voice, and to Tammy Brown and Lois Graham for their help with editing. I would especially like to thank the authors who invested their time and energy into developing the interview, articles, and poetry that comprise this issue.

SAVE THE DATES FOR 2010

September 17, 2010

Friday Night Conversation

Hosted by Jill Steward, LCSW

October 2 - 3, 2010

AGPS Fall Conference

with Jerome Gans, MD, CGP, FAGPA

November 6, 2010

One and a half day Institute

Presented by Jeff Hudson, LPC, CGP

November 13, 2010

AGPS Fall Party

Hosted by Tammy Brown