



# MAGPS NEWS

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Spring 2010

## Ellen Weber Libby to Present for the MAGPS 2010 Spring Conference

### Interview with Dr. Libby



*Venus Masselam sat down with our presenter, Dr. Ellen Weber Libby, to ask some questions about her area of study and the ways she expects it to be of value for the attendees.*

**VM:** “The Favorite Child “ is a topic that evokes an internal reaction from each of us. How did this theme evolve in your work and how was it fostered by personal experience?

**EWL:** I was a young therapist beginning my private practice and committed to doing groups with a co-therapist. Three men pursued me to be their co-therapist: in the presence of one I felt guarded; in the presence of the second I felt like a know-it –all older sister; in the presence of the third, I felt vital and alive. Guess which co-therapy relationship flourished? The one that made me feel good. My co-therapist not only made me feel good, he made our patients feel good, as well. For me, this stimulated the old and familiar feelings of being overlooked by my mother while my brother occupied favorite child status.

To my good fortune, my co-therapist was more aware than my brother and encouraged me to explore and to talk openly with him about my hurt and angry feelings. Since this experience almost thirty years ago, I have thought about and talked about the dynamics of being the favorite, overlooked and unfavored child and parent, therapist and patient.

**VM:** Is there a theoretical frame that has helped you develop and support your theory?

**EWL:** Schooled in the principles of Bion and trained in Tavistock Groups, analytic bias influenced my approach to my work. While appreciating the contributions of Oedipal theory, as a woman, the theory was limited. It seemed to me that all children wanted to win the ultimate competitive struggle – to be the most loved by the

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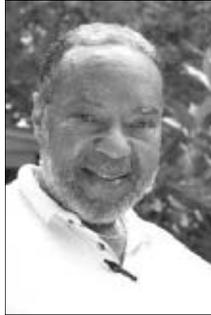
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*Letter from the President*

With the start of a new year and a new decade, we are reminded of nature's fury and the devastating impact it can have. The historic 200 year earthquake in Haiti on January 12 brought this home to all of us. Awareness of the historical and cultural context within which this tragedy occurred, and the secondary trauma experienced by helping professionals who had already been there, reverberated powerfully during our first board meeting of the year. The MAGPS Board went into immediate action and formed an ad hoc committee, headed by Past President Lenore Pomerance, to explore ways that MAGPS might provide assistance. Pro bono treatment, training, and educational talks are under consideration in collaboration with members of the Haitian-American community in the Washington, D.C. area.

Several members of MAGPS plan to attend the AGPA Annual Conference and Institutes in San Diego in February. This year, all MAGPS members in attendance are invited to a special dinner, coordinated by Member-at-Large, Lorraine Wodiska.

MAGPS is continuing its tradition of two conferences each year. This spring, we will have guest presenter Ellen Weber Libby, PhD, who will lead the two day conference in exploring "The Favorite Patient: The Group Therapist's Dilemma", Saturday and Sunday, April 24-25, in Rockville, Md. The Spring conference is chaired by Margo London, who is in her third consecutive year as spring conference chair. For the first time our fall conference will be chaired by an ex-officio board member/conference chair, Henry Morris, in Richmond, Va. The theme and guest speaker for the fall conference is normally announced at the spring conference.

The pros and cons of establishing special interest groups within MAGPS have been discussed, spear-headed by members who proposed an LGBT SIG. The possibilities remain open, not only for an LGBT SIG, but for other groups as well.

Our annual membership drive is under way, thanks to the able leadership of Membership Chair, Deb Sinek. If you have not already done so, now is the time to join or renew. In addition to the formal benefits of membership, you will have opportunities to be immersed in this vibrant community of group psychotherapists, reflected in the newsletter. Come join us!

*Reginald Nettles, President*  
MAGPS

### *Interview with Dr. Libby (Continued)*

the parent most important to them. With this victory, children reveled in the power coming from having replaced one parent in the heart of the other. From this starting point, the Favorite Child Complex evolved.

**VM:** Are there recognizable patterns of behavior present in the family dynamics for the Favorite Child and other family member?

**EWL:** Children who are affirming to parents, who make their parents feel good about themselves, are favored. This relationship, of course, is self-perpetuating. It takes a second adult, either a partner or trusted friend, to monitor the dance of favoritism so that the favorite child does not grow up with compromised scruples. When favorite children are chosen because they fill a void in their parents' lives, it is less likely that parents will be receptive to the observing eye of another adult; and that the favorite child will mature more vulnerable to moral corruption.

Bill Clinton and Barack Obama both grew up filling voids for their mothers that were created by the absence of their fathers, one dead and the other living in Africa. Neither woman established a healthy, lasting relationship with a second man. Clinton's mother lived with unresolved hostility towards her mother, whom she perceived as the dominating parent, and worked to create distance between her son and her mother. In contrast, Obama's mother depended on her parents to support her efforts as a single parent, and Obama grew-up positively influenced by his grandparents. Without a second adult to counter Clinton's mother's emotional indulgence of him, Bill grew up feeling entitled and believing that rules did not apply to him. Conversely, with other adults countering Barack's mother indulgence of him, Barack seemed to grow up with greater integrity.

In some families, being the overlooked child has benefits. For example, favorite children of alcoholic parents grow up vulnerable to complicated and profound emotional scars. As youngsters, overlooked children may crave the perks of their favored siblings but as adults are more likely to appreciate the safety they gleaned from being more distant.

The enactment of the Favorite Child Complex reflects variables unique to each family and to each member of the family. In some families, like that of Franklin Delano Roosevelt, the complex reflects his mother Sara's unfinished business with her father: longing for his approval, Sara gave her son her family name "Delano," and committed her life to bringing up a son who would reflect well on her. In other families, like that of Tiger Woods, having a son who excelled at golf apparently was important to his father, Earl, who had been rejected for membership at a golf club. When Tiger was nine months old, an age when most children are not yet walking, Earl described Tiger as having a natural swing when playing with sticks broken in resemble golf clubs.

**VM:** Describe the complications that might arise for "The Favorite Patient," other group members and the therapist in the group process.

**EWL:** As patients compete for the status of being the favorite, they reenact a family struggle seldom identified or addressed. Patients, driven by desires to be "the good patient" – in the wish to be favored by the therapist – resist taking on the unattractive work of "the bad patient." As therapists seeking affirmation, we are vulnerable to colluding with this dance of favoritism.

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## *Interview with Dr. Libby (Conclusion)*

And what about therapists' desires to be favored, to be considered by patients as "the best"? How does this desire impair our work, our willingness to say things that patients don't want to hear; to set limits and enforce difficult boundaries? Does our wish for clients to go back to the referring source with rave reviews about us influence our work?

**VM:** What would you hope attendees would take away from this conference?

**EWL:** At the end of the weekend, participants will embrace the truth that it is normal to have favorite patients and to want to be the favorite therapist. No two patients are identical, and no two therapists are identical. No two people evoke in us identical feelings. It is normal to prefer those patients who gratify us – who make us feel competent and loved. With this awareness also comes the responsibility of not colluding with those patients who affirm us. Workshop participants will glean these skills. ♦

### **YOUNG ADULT THERAPY GROUP**

Group therapy for young adults with Social Anxiety and other behavioral and emotional issues related to this phase of life

**When:** every Wednesday at 4:45 pm

**Where:** Downtown Bethesda

**Contact:** *Dr. Nicholas Kirsch*

*301-907-8934*

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### **Meet Your Board**

**This edition we would like to introduce new MAGPS Board Member *Eleanor Hoskins*, one of the new at-large members of the Board of Directors.**

I was first exposed to group work in the hospital setting after receiving my BA in Psychology in 1993, and I quickly became fascinated with the reciprocal relationship between individuals and the larger treatment milieu. I left mental health for a period, spending almost a decade in corporate human resources and executive team building, where I continued to learn about the relationship between individuals and groups and the effect of these groups on the larger society. Eventually, I returned to counseling and earned my MSW from Virginia Commonwealth University in 2006. Currently, I am an LCSW, and I have had the opportunity to return to work in an inpatient therapeutic milieu. While serving on the Board of Directors for MAGPS, I would like to help with recruiting new members and introducing practitioners to the significance of "the group" in all of our lives. ♦

## MAGPS SPRING 2010 CONFERENCE *Margo London, Conference Chair*



MAGPS is very pleased that Ellen Weber Libby, Ph.D., CGP, will be the guest presenter for our Spring 2010 Conference, “The Favorite Patient: The Group Therapist’s Dilemma.” We will be meeting at the Johns Hopkins University campus, Rockville/Shady Grove, MD, on Saturday and Sunday, April 24 and 25.

Ellen Weber Libby is a highly regarded group psychotherapist, and an engaging and thoughtful presenter. With over 35 years of experience, Dr. Libby has devoted her professional life to fostering the psychological well being of individuals, couples, and families. She maintains a private practice in Washington, D.C., where she has spent over 60,000 hours with patients, applying her expertise in family dynamics. Dr. Libby also supervises therapists and leads professional workshops. She is a longtime member of American Group Psychotherapy Association (AGPA) and American Academy of Psychotherapists (AAP).

Her groundbreaking book, *The Favorite Child*, published in early 2010, has come out of Dr. Libby’s writing and clinical practice, and reflects her belief that family dynamics -- where we all play a role as parents or children or both -- impact the daily lives of all of us. (*See Interview with Dr. Libby beginning on Page 1 of this Newsletter.*) The roles that we play in our family greatly determine how we interact with others on both personal and business levels, and understanding those dynamics is essential for our professional development.

For our conference, Dr. Libby will present on two aspects of the theme of favoritism. The first aspect explores the dynamics of favoritism in families and her notion that at each person’s core are feelings related to being chosen, not chosen, or overlooked. The second aspect explores how the dynamics of favoritism influence our work as group therapists. Topics to be considered are: How does having grown up as the favorite, overlooked, or unfavored child affect our work? What are our vulnerabilities to favoring one patient over another? What is the impact of our competitive desires -- to be the favorite therapist? No two patients are identical, and no two patients evoke in us identical feelings. Do we prefer the patient who gratifies us -- who makes us feel valued, smart, competent, and loved? What are our countertransferences? Together, we will examine how favoritism unfolds in our work and will explore how we are vulnerable to the collaborative dance of favoritism.

Our conference structure will include our traditional large and small group formats for the weekend, as well as a demonstration group. Among our small group leaders for this conference are Gloria Myers Beller, Joshua Cordonnier, Nancy Hafkin, Sarah Hedlund, Hallie Lovett, Ray Lovett, Grace Riddell, Sally Brandel, Jay Casey, and Jonathan Stillerman. Our visiting small group leader is David Hawkins, from the Carolinas Group Psychotherapy Society. He is a long time colleague of Ellen Libby’s.

We are pleased to be meeting again at the convenient Montgomery County campus of Johns Hopkins University.

This will be a stimulating and enriching conference, and we hope you will join us! ♦

## FALL 2009 CONFERENCE

*George Saiger*

I write this report as plans for the spring conference are ramping up and those for the 2010 fall conference have already begun. The future is our rightful focus, but a look back is always worthwhile.

Michael Hegener ,M.A., L.P.C., CGP, from Austin TX was our guest presenter on the topic of “Sharing Emotional Wealth.” Those who expected a business course on how to maximize profits must have been disappointed, as those who expected to avoid the topic of money altogether must also have been. Everyone else learned a good deal about the meanings of the business transactions and how these influence our dealings with our therapy clients. The discussions were provocative and rewarding.

We had 83 attendees in the end, a terrific number for a fall conference held far away (in Shepherdstown, West Virginia) and requiring renting hotel beds in a season of economic discontent. Four were non-members; three were first time attendees; four were new professionals; 20 students and retirees. We took in \$15,283, with costs of \$12,747. Thus there was a net increase in the society’s funds of \$2506. Not too shabby.

We had a great bunch of small group leaders, both veterans and fresh faces: Thanks to Rosemary Segalla, Steve Van Wagoner, Carolyn Angelo, Rob Williams, Tom Large, Paul Timin, Henry Morris, PhD, and Nina Brown. Our visiting small group leader was Alexis Abernethy , Ph.D. from Pasadena , CA who brought to MAGPS her expertise in cross cultural therapy and spirituality.

This conference saw the launching of three separate initiatives, all of which I hope continue into the future:

- (1) Providing CEU’s for physicians. This should motivate more psychiatrists to attend our meetings. Such interdisciplinary enrichment is a good thing.
- (2) Use of member-created artwork for our brochure. This year’s artist was Rose McIntyre. I have a copy

Photos courtesy of **Paul Timin**. Many more are available on the website at: [www.magps.org](http://www.magps.org)





of her work hanging in my office now. I hope this approach continues and that more members try their hand at creating something.

(3) The organization of a special interest group for gay, lesbian, transgendered and bisexual therapists and their allies. One could imagine other such SIG's developing, too. This might in time make us into a truly diverse organization.

All of the above was due to the hard work and cooperation of the planning committee. I recommend the experience of facilitating such a group for all group therapists as a lesson in task group dynamics. It was a pleasure for me to work with these folks. My thanks-- and MAGP's -- are due to Margo London, Venus Masselem, Rose McIntyre, Farooq Mohyuddain, Beth Campbell, and Eleanor Hoskins. Thanks too to Deb Sinek who coordinated registration, Rob Williams who got us on the website, Ron Kimball who publicized the meeting through the newsletter, Lenore Pomerance who coordinated scholarships, Matt Flemming and Bridgette Nemo who saw to it that we welcomed newcomers. A special thanks to our president, Reggie Nettles, who was always available to provide much needed guidance and hand-holding.

See you all at the Spring Meeting. ♦



## The Introduction: A Commentary

by John Breeskin

The act of saying "hello" to the stranger is an act of profound spiritual significance. The two people involved together invite each other into their respective phenomenological space and the two of them create a mutual reality with infinite possibilities.

To extend a pseudopod (shaking hands, or even just exchanging glances) is the work of the Great Spirit. The questions immediately become:

What is to be the nature of this relationship?

How will I be exalted, or, mayhap, even be cast down by this other?

Will we pass each other by?

Will we become acquaintances, friends, bosom companions, lovers, frenemies, enemies or any number of an infinite set of possibilities?

What needs of mine will this relationship provide?

What are the needs of the other?

Who does the person really represents to me?

Whom do I represent to the other person?

What is the source and meaning of my anxiety as a result of making myself vulnerable to the unknown other?

For many women, for example, the first encounter becomes an initial moment, leading directly to the 50th wedding anniversary. For many men, however, the first meeting is segmented without any future context or without any awareness on their part as to the dynamics that I am writing about.

It may literally take a lifetime to even approach any answer to these questions, and, while we live in terms of the answers, for many of us, unfortunately, the tentative answers are never even spoken but remain mute.

At this point in my professional career, I have a standard manner of saying "hello" to new clients. My approach has been modified substantially

through the years, and I am very comfortable with my current rap. Each therapist will, of course, develop a unique and comfortable style. Since I have locked in my approach, I do not have to focus a great deal of attention upon it as, I hope, it rolls smoothly out of my mouth. As a result, I can focus more of my attention on clearly listening to the client. In addition, if I am closely following my model, I will not have to submit myself to the uncomfortable query: "Sparky how could you have been so dumb as to not ask that question?"

The following statements, in the order asked, illustrate how I begin a new session:

1- "Hello, what brings you to my office today and how can I be of help to you?" This initial question has embedded in it, two very important messages. The first part refers, of course, to the presenting problem itself and the second part is a joining maneuver, which highlights the relationship between the client and myself as a vehicle for therapeutic change.

2- I now point out to the client that I am a "high-risk, high gain therapist" and I explain to the client that I have always been so but at this point in my life I am even more so since I'm aware that my time on earth is limited and such knowledge gives me imperative and accelerated motivation.

3- I then explain that many of my clients see me as highly intense. I have a quick mind and a quick tongue, not necessarily in that order. This cryptic remark, operationally experienced, alerts the client to the fact that I expect a high degree of intensity from the client as well.

4- I then explain that my sense of humor is fay but not mordant. I never laugh at people but only with them. To use laughter to diminish, in any manner, another human being seriously violates my sense of honor. I laugh at the paradoxes, ambiguities, contradictions and flat out buffoonery of the human experience and encourage my clients

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### ***The Introduction (Continued)***

to laugh with me as well. In addition, as Victor Borge so eloquently says,” laughter is the shortest point between two people.”

5-I carefully explain my use of self-disclosure on the part of the therapist. (Hay, Dude, I’ve been there myself) This is never competitive with my clients based upon some form of the scarcity model but rather an enhancement that helps them to understand that my self-disclosure is my way of demonstrating my empathy toward them.

I hope that my comments above encourage you to develop your own particular style in a thoughtful and systematic manner. Effort spent on this task will diminish your anxiety, which is an inevitable part of attempting to join with another human being. ♦

### **Military Care Giver Groups: Hope and Resiliency**

*Richard Beck & D. Thomas Stone*

*Working with Sue Phillips and Liz Hammer of AGPA’s Community Outreach Committee, Richard and Tom, respectively from the Affiliated Societies in New York City and San Antonio, Texas, developed a Special Interest Section process group for the recent AGPA Institute in San Diego for Military Care Givers. They very generously agreed to put together this tantalizing piece as an introduction and hors d’oeuvre for a possible longer, more explanatory piece for the next edition of the Newsletter. The Editor thanks them very much for their time and response as well as their commitment to a vital arena of group work.*

Our military caregivers are saturated with traumatic material.

As more veterans return to the US after serving in war, the greater our responsibility and need to provide support and help for their mental health providers.

This is crucial, whether the provider has been on the front line overseas or provides treatment to our veterans at facilities across our country in regional facilities.

There is a toll that trauma treatment takes on these providers.

There is a hidden toll that occurs when the system that provides the structure and the holding environment for these mental health providers, military personnel, and veterans also creates systemic stress and overwhelming demands on providers.

What is it that our mental health providers most need and deserve to ameliorate and detoxify the cumulative assault on their selves and sensibilities as they listen to horrific traumatic material day in and day out?

What do our providers need after they are required to document the details of the terrors that they listen to for a system that requires data collection and accountability reports?

***They need a group!***

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### *Hope & Resiliency (Continued)*

They need a group of peers who understand their pain without the need to put the "details" into words.

Trauma begets trauma.

Old wounds lie festering beneath the surface, waiting to erupt with traumatic symptoms when breathed upon by current traumatic data.

What is this group like that our military caregivers need?

It is a space where our chaplains, nurses, psychologists, psychiatrists, and social workers can simply be with each other, with people who know what their experience is like day in and day out.

The group leaders must appreciate and understand, in a non-pathologizing fashion, the toll that listening to and documenting trauma takes on our military caregivers.

The leaders must respectfully follow the group and allow for the group members to share as much or little of the traumatic details as they chose.

There is a passive captivity in listening to trauma. The group itself becomes the container wherein the emotionally traumatic toxins carried by each member can be metabolized and eliminated and then personal mastery can be resumed.

Our military caregivers are saturated with traumatic material.

As the group leaders model containment of the group's traumatic material with authentic warmth, caring, humanity and even good-natured humor, the members of the group can begin to regain and reclaim their feelings of hope, resiliency and even love for the work that they have been providing "in the emotional trenches." ♦

### **Reginald Nettles, PhD, CGP**

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## My Experience at MAGPS Fall 2009 as a MAGPS Scholar

*Clinton Martin*

If I had to put my experience at MAGPS in one sentence I would say “It has enriched my life”. The experience was so fulfilling that I walked out feeling happier and lighter. I joke more easily and share my feelings more easily now. I feel that my participation in the groups, as a group member, had a lot to do with that. I never imagined even in my wildest dreams that I would open up my feeling to a group of strangers. That experience gave me a sense of comfort and made me feel more at ease with my inner self. At the end of my group sessions on the final day when my group leader processed what had happened in the group, he said that I gave the group a gift. All the group members reiterated that they enjoyed my company and had learned something. Hearing that my heart was filled with joy.

Much of what happened to me during those days had to do with what I had experienced or felt within myself rather than something that I learned by watching or listening. It is something hard to put in words because it is an experience that I went through; the emotions that I felt is what enriched me. How can I put them to words?

My Residency program director was at the conference also. That person came up to us from time to time and asked me what I felt and advised me on how I should explore my feelings. It was very helpful to have somebody mentoring us. I should mention my mentor assigned to me as well: Mr. Kopolow, who spent time talking to me about the field.

Regarding the conference itself, I wore a suit the first day and realized I was the only one in that attire as the rest were all dressed less formally. At first I did not realize the importance of it. As I spent more time, I came to realize that the informal nature of this gathering was deliberately created. It was so important because I realized that, unlike other conferences I have attended, at this meeting people call each other by first names and talk to each other as they would their family members. There were few inhibitions. People would speak about almost anything they felt. I was amazed by this show of confidence.

The take home message is that it was a fulfilling experience that helped me grow as a person and helped me understand myself better. I am looking forward to future meetings. ♦





# MAGPS NEWS

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MAGPS 2010 SPRING CONFERENCE  
with  
*Ellen Weber Libby*

April 24 & 25, 2010  
Johns Hopkins Rockville Campus  
[www.magps.org](http://www.magps.org)

**the favorite patient**  
the group therapist's dilemma



**Fall 2010 Conference  
of MAGPS will be  
in Richmond VA  
At the End of October 2010**  
*Details to follow*