

Diederich-Klein-Schmidt

Dr. Diederich

Welcome. Before we get started on this interview with Robert Klein and Christine Schmidt, I want to note that we assume that the viewers watching this are enrolled in, or have taken at least one graduate level course on group psychotherapy. Those courses offer an introduction to group development, basic theories, an overview of the types of groups typically run, but rarely have time to dive into a specific type of group. Thus, it's my pleasure to focus this, the third part of our series on support groups. Let me introduce our two guests today.

Robert Klein is a licensed psychologist and a certified psychodramatist. He has published in proceedings of numerous drug and alcohol abused conferences. He has also taught at the Community College of Philadelphia and is certified to teach various courses for the National Institute for Drug Abuse. He is a certified a trainer for the Office of Drug and Alcohol Programs for the Commonwealth of Pennsylvania. He is one of the co-founders and now a partner emeritus in GKSW/ Crystal Group Associates.

His clinical work includes individuals, couples, group and family counseling as well as training and organizational development. He has provided training and consultation services to international groups such as the U.S. Peace Corp and has worked in the private sector and for public health organizations. He provides training and consultation in clinical, administrative, and management skills to a large number of drug and alcohol rehabilitation facilities. He serves on advisory boards to hospitals, schools and health care agencies. Welcome, Robert. Good to have you here.

Mr. Klein

Good to be here.

Dr. Diederich

Next, I'd like to introduce Christine Schmidt, who is a 66-year-old white-identified, cisgender female psychotherapist in Brooklyn, New York. She provides combined group and individual psychotherapy that is informed by a social justice perspective. She brings her awareness of whiteness to her daily life, work as a group psychotherapist and as an organizational change-maker.

As a racial literacy consultant in education and mental health, she is committed to helping clients and organizations deepen their commitment to undoing white racism and historical arrangements of power.

Christine has published articles about race in psychoanalytic and group journals and has contributed to books on these subjects. She co-chairs the Work Group for Racial Equity of the Eastern Group Psychotherapy Society.

In addition to her psychotherapy practice, she leads Whiteness Learning Groups and Racial Literacy Groups and volunteers with New York State's Coping Circle to help support citizens during the COVID-19 pandemic. She is active in many professional psychoanalytic, group psychotherapy and mediation associations. Christine has three adult sons. Welcome, Christine.

Dr. Schmidt

Thank you.

Dr. Diederich

It's my pleasure to have both of you here with us today. To get us started, can each of you please tell us about the support groups you are currently running and what you found to be powerful about these types of groups.

Dr. Schmidt

I would like to speak about the Coping Circles' initiative mentioned in your introduction, Leann. It's a response in New York State to make psychotherapy-led support groups available to absolutely every citizen and resident in the state who requests one, which is an amazing, audacious initiative to provide support groups to anyone, everyone, in New York State.

I applied, submitted an application that was vetted; actually went through a number of hours of training. That was something that the State wanted to have fairly consistent. Then, I stepped back and waited. These were short-term therapy groups. I'm still active and I'm sitting back and waiting for another assignment, so I've done a few groups as kind of interim.

It has been a really wonderful experience to be available, to provide the service as a volunteer, to people throughout the state because these have been on Zoom. The diverse geographies, I've had people who are urban, citizens here in the Bronx,

people who are in the suburbs in Long Island, people who are in upstate communities.

There's been an excitement for me as the group leader to have this kind of geographical and life experience diversity, but also this tremendous support and commonality that drew people to these in often their very first experience in any kind of psychological support group; not a therapy group, but any kind of psychological support group.

That's always very exciting for me, to have the experience with people who would never come near anybody who says, "Oh, I'm a therapist. I do therapy," and yet to find that this would be something that they really enjoyed and looked forward to week after week after week after week. That's what I'm currently doing.

I'll speak about another community COVID-related support group that I give, but I want to hear a little bit from Robert, too.

Mr. Klein

Thank you. I'm doing two groups right now that are actually outgrowths of my regular therapy group. I don't think it's realistic, in my experience, to think I can really do group therapy online with Zoom or any other one because of the inability to see all the body movements, to get the immediacy of what's going on in the interaction, both on a group level and on an individual level.

What I did was, in each of the two therapy groups, one is a young men's group, guys between 21 and let's say, 45, who were in therapy with me. Now we just meet once a week for an hour. I decided not to charge them because I'm not doing therapy. I can be kind enough during COVID to not have to make money on everything I do.

It's really a check-in, but it starts to get more serious as people check in about what's going on in their lives and what has been going on. The guys in the group are very supportive of each other.

The other group is a mixed therapy group, men and women, most between the ages of, I'd say, 35 to 45 to 65-75 and again, the same thing. They're very supportive of each other. I don't tease out things in these groups. I think that's what's different about a support group as opposed to an ongoing, psychotherapy group. I don't want to stimulate. I want to acknowledge, give room, help people to talk about and encourage—and they do it anyway because they know each other—support and

help each other. Many times, they tell me to be quiet, they're talking, which I totally respect them for because that sounds very good to me.

I had previously done an adolescent group. In thinking about it, I called it a therapy group, but it was really a support group because again, I wasn't wanting to stimulate. I wanted to help the adolescents begin to identify what they were experiencing and be able to talk about it without fear of having to move into something and reveal any more than they wanted to at any given time, so we had pizza several times in the session, too.

Dr. Schmidt

Yes. Food in a group definitely doesn't make it a therapy group.

Mr. Klein

Exactly, but sometimes—well, not everything that's therapeutic is helpful and many things that don't seem helpful are therapeutic.

Dr. Schmidt

Absolutely. I'm really interested in knowing more about the mixed men's group group.

Mr. Klein

The younger group or the mixed group?

Dr. Schmidt

The first one you described, that was the young men's group because it sounded like—you said these were some former patients. Was that something that you began as a response to the isolation from COVID and...

Mr. Klein

That sounds great. I wish it were true.

Dr. Schmidt

I want to know where it came from.

Mr. Klein

I'll be glad to tell you, but that would be a great what we call a functional lie. That would work.

No. I suddenly was treating about six or eight young men who all seemed to be dealing with issues around fathers, issues around separating from home, issues around career, issues around relationships. I thought to myself, you know what? Why not do a group, you know? I said, “You guys...” I didn’t do it together, but each one. I said, “Are you interested in a group?” Almost all of them said, “Yeah, yeah. It’s cheaper, too.” I said, “Great.”

So I started this group on Tuesday nights, a two-hour group. The only reason I do a two-hour group is that’s what I did in 1970 when I started doing group therapy and it seems like the right amount of time. But there really isn’t any right amount of time. Some people do group for an hour. Some people do an hour-and-a-half. If you remember marathons, I used to run marathons.

Dr. Schmidt

Oh, no.

Mr. Klein

Oh, yeah, in the days of encounter groups.

Dr. Schmidt

Right.

Mr. Klein

Excuse me?

Dr. Schmidt

You’re dating yourself.

Mr. Klein

I know. I’m what we call a dinosaur. I probably should be put out to pasture at this point.

Dr. Schmidt

I’m sort of dinosaur-ish, too. That’s why I put my age in the bio.

Mr. Klein

I’m 72.

Dr. Schmidt

So you've got a couple on me, but when COVID started to urge people to social distance—I won't call it isolate. I hate that word isolate, but social distance—and given my demographic, I thought, “You know what? I'm one of those. I'm going to sit and look at my computer and what can I do?”

I did reach out to many—I sent a BCC mass email to all of my current and former patients and said, “Hey. I'm going to be doing twice a week, some support groups if you're interested.” It was kind of a drop-in group idea, every Monday and every Thursday. I think those were the two days I did them. I said, “Let me know and I'll send you some [info].”

It was very upbeat and resilient. I'd say, “Let's talk about some of the things that are helping us stay connected, some of the pleasures in your life, some of the sadness that come into it.” It started that way, but these twice-a-week drop-in support groups that I would offer on Zoom and I'd send a link out to anybody who wanted.

Then, I thought because it's not a therapy group—I live in an apartment building with 180 units—and I thought let me see if there are neighbors who want to come in. Then, once my neighbors said, “You know, there's this mutual aid group in the community,” and I thought I love the mutual aid groups that are out there, helping people get groceries and deliveries and they have a website. I hosted it there. So up until I began doing the Coping Circle's group, I had my own little, kind of drop-in support group, anybody who wanted to come.

I had a number of people who were regular and would come every Monday, or every Thursday, a few people who would come every Monday and every Thursday, a few people who would—so I never quite knew who would be in the group. Sometimes I had people who knew people who came to the group whom I hadn't met. It was, for me, such an exciting opportunity to just offer a container and help people talk to each other about what's it like. What is it like? I did that for March, April, May and into the beginning of June. Then, June is when the Coping Circle picked up.

But it was so wonderful when New York was in such a place of fear and fear and people were so, even voluntarily locked in or really were because they were ill and diagnosed. It was such a terrifying time to do that.

That's part of my experience, which also made me really curious about how did you get these young men together and did they keep coming?

Mr. Klein

They've been coming for, it's going on three years now. Some for the whole time. Some are new. It's fascinating.

I was listening to you and I was really intrigued by what you said, especially about people coming in who were neighbors and other people, which I think, between you and I and anybody else who cares to listen, I think is wonderful. It's an anathema to the analytic community, but I think it's a really good thing. I do Gestalt therapy. I'm a certified psychodramatist, though in honesty, it's on hold now. I got tired of paying dues and I'm not doing psychodrama as a consultant anymore, so I put the membership on hold.

But I think all the therapy we do—you may or may not agree with me about this—it's always ultimately to get to an honest conversation.

Dr. Schmidt

Yes.

Mr. Klein

Can we have an honest conversation?

Dr. Schmidt

With another person, right, that connection.

Mr. Klein

I would never have one with myself. I don't want to know all of me. That's really, I think, the goal and so, what you're doing which I'm so impressed with, is being able to have people in where you can have that honest conversation, acknowledge you're a neighbor. I've never found anything in group we couldn't talk about.

I had somebody in a regular therapy group once who disassociated. She would disassociate in the middle of the group. Everybody was wonderful with it. We talked about it. They'd help her through it and we'd go right on. It's our courage as a clinician and that's where my greatest failing is when I'm not courageous and I don't actually say, "Hey, this is what I think is going on, or this is what I'm feeling or this is what I'm seeing."

It also strikes me—I don't know if you have this experience, Christine—how many individual therapists are terrified of doing group.

Dr. Schmidt

Oh, absolutely.

Mr. Klein

I find that sort of mind-boggling.

Dr. Schmidt

Yeah, yeah. I think you do have to be nimble and playful in group because there are so many different dynamics going on; playful, I wanted to back to that because what liberates me as a group leader is that I know where I can get in and play. I love doing groups.

Something I was thinking about when you were talking a moment ago about knowing what the boundaries that are important and knowing what boundaries we can challenge and test. I was thinking of that when you remarked about opening this up to neighbors in my building. I thought I did have to go through what would that mean for me in my therapist identity to do that and is that important at this time, or is there a different way I can think of what healing and safety and comfort and honesty are like when I'm surrounded by people who are terrified.

Mr. Klein

Yes.

Dr. Schmidt

It's like yeah. I'm going to scratch at some of those and I can maybe disclose a little bit more about myself in a support group because people want to know who am I. What's my skin in the game?

Mr. Klein

Who is it? There was a guy named Sid Wolfe who wrote an article on helping qualities years and years ago. I used to use it in training. He said, "We self-disclose when it will help the client move forward, not to meet our own needs, not to reduce our own anxiety, not to get pity, but we do it only when we think it will help the person move forward."

Dr. Schmidt

Right.

Mr. Klein

I have to be careful with that. I think we all do. I've had clients tell me, "Would you shut-up, Robert? I'm not interested in you." They aren't hurting my feelings. I think they're right.

Dr. Schmidt

Uh-huh, uh-huh.

Mr. Klein

I think I've made every mistake you can make. I think that's maybe what new therapists...

Dr. Schmidt

And the ones you didn't make, I've made.

Mr. Klein

Well, I've made some I won't even talk about out loud. They're too embarrassing. But I've done them all.

Dr. Schmidt

Yeah.

Mr. Klein

My mistakes are what gives me the best material because then, my clients correct me or get mad at me or give me something to work with.

Dr. Schmidt

Right.

Mr. Klein

So, I want people to make mistakes. When I'm training group therapists, I will sometimes say to them, "You need to take this and I want to see you make at least five egregious mistakes." I'm sure you know in training with people. They're, "I can't do that. The group will explode. You'll see. They'll die. They'll kill themselves." People forget. Our clients survived long before they met us.

Dr. Schmidt

Yes, yes.

Mr. Klein

It's that powerful.

Dr. Schmidt

Our neighbors and the people down the block and whoever they are.

Mr. Klein

Yeah.

Dr. Schmidt

I did get a little bit of extra supervision last spring before I decided to do this very creative, just make myself available for drop-in support groups with Nancy Kelly in Santa Fe, who is another amazing, amazing group leader. She helped me formulate how I might think about group agreements as something very different for support groups as opposed to therapy groups. It really helped me put into words and have a different kind of framework around confidentiality, for one.

What I offered people who came into my support group is don't say anything in this group, don't feel that you have to say or disclose anything that you aren't fairly comfortable saying in a somewhat public setting because I am not going to—it's not a therapy group. I'm not going to ask people to hold confidentiality. I'm not going to record or say anything that I've heard, but I'm not going to ask for anybody to agree to that, so we're going to be friendly, but I'm not going to ask you to say everything that comes to your mind. That was a big difference.

Mr. Klein

Here's a problem that I had and lost a client because of it. It's really interesting. As a sidelight, one of the things we have our staff meetings. I'm part of a group practice. When somebody presents a case, what we all do is talk about where we get stuck instead of giving advice or telling anybody what to do. It makes it safe for people to share. That's really a support group. That's why I brought that up, that staff meeting.

One of the people in the group, a woman who has adult son who was really struggling and had gotten in trouble in college. Kids are stupid, okay? It's not personal. They're just dumb. It's not their fault. I was dumb as a kid. If you've ever seen a movie where someone breaks a bottle over somebody's head in the movie, they are made out of sponge sugar. They're not real.

This kid hit a kid over the head with a champagne bottle. Needless to say, he broke his orbital bone in his eye. The kid is fine. They're friends. They were classmates, but whatever. During the whole business with this racism and what's been

happening recently, one of the guys was saying that it's really ridiculous that some people get away with that because they're white, whereas if it were an African-American kid or a Hispanic kid or whatever, it may well have ended up in jail. They got into an argument online through Facebook. Now that's not something I could have prevented. It's stupid, but that happened.

This woman, the mother of the son's brother recognized it was his nephew. So this other guy had broken confidentiality by putting enough out there so that the kid could be identified. They had a huge fight in group and he left, one of the longest-running members of the group. He was getting ready to leave, but that was not...

Dr. Schmidt

Right, right.

Mr. Klein

I probably should have said, "Stay the hell off of Facebook," but...

Dr. Schmidt

But the toxicity of social media, the disruptiveness that yeah, it's...

Mr. Klein

And I called him and I talked to the guy. Everybody wants him to come back. He's too embarrassed. It's almost like—and I assume you've had this—somebody comes into a regular therapy group, shares too much in the first session and then, can't come back. The group doesn't want them back because are they expected to share that much.

Dr. Schmidt

Right, right. I really do think it's important in a support—well, let's think about this now. I would love you to weigh in on it. I was about to say in a support group, I want to not promise confidentiality, but I'm thinking maybe it was the more drop-in nature of the group, where people didn't know if they were going to see the same people the following week, or the following week. There was something about that that was both magical and exciting because you never knew, but it was also...

Mr. Klein

It's threatening.

Dr. Schmidt

Yeah. There was something threatening about it and that's why at the beginning of every group, even if it was the same people, kind of my ritual to go over how we came together, what we were going to do, what we were not going to do and what I was able to provide in terms of you talk about what's on your mind. Talk about what it's been like for you this week. What helped you? What frightened you?

Mr. Klein

That's great. I struggle with that, sometimes because on one hand, I don't want to set every norm for the group. The one thing I learned when I was working in drug and alcohol—and I worked in the therapeutic community back in the early '70s—but I still had hair. It was a long time ago. I had a lot of hair, but it was a very long time ago.

Dr. Schmidt

Now it's here.

Mr. Klein

It's all I have left now. You got it, Christine. You scoped me out. But there were only two rules in the whole community: no violence or threats of violence, no drug and alcohol on the grounds. Everything else we could discuss. The closest a hospital that I had been a part of had ever been to a real therapeutic community. It was a wonderful experience. I learned so much.

I used to do group and I had video cameras. I had three cameras. Two were remote and somebody working them, but I was doing training there. It was wonderful, but we could talk about everything. I go through the rules of the group whenever somebody new comes in, but everything else, we can discuss.

You've got to figure out how to deal with this, which in some ways almost makes it like a work group. I was thinking. Who was the social worker, Slavson, who worked with kids and did these work groups with these kids who were in orphanages and in daycare? Am I remembering correctly? Something like that.

Dr. Schmidt

[Unintelligible].

Mr. Klein

[Unintelligible].

Dr. Schmidt

Um-hmm, yeah.

Mr. Klein

I think we forget we can do things.

Dr. Schmidt

I know. I really like that. Two group rules or norms.

Mr. Klein

Yeah, that's it. Everything else we can discuss.

Dr. Schmidt

Right, right. I started out with the idea of having no interrupting, but it very quickly morphed into...

Mr. Klein

You are from New York and the Eastern part of the country. How can you not interrupt?

Dr. Schmidt

I'm from Iowa, even though I live in Brooklyn.

Mr. Klein

You're middle class and Jewish. All you do is interrupt, like I'm doing right now.

Dr. Schmidt

Yeah, I'll say. Okay.

Mr. Klein

Sorry. I apologize.

Dr. Schmidt

Well, my idea of no interrupting work into what we want to make a space so that everybody who wants to talk can talk. We just want to be aware that there's a space for everybody's voice to come in, if they want to. That made it a lot gentler than this no interrupting, which is where I had started. It took me maybe two of these support group sessions before I realized they'll get it. Then, the second rule was we're not going to have this confidentiality thing. You can just talk about what you're comfortable.

The third one was is there anything else that you all want to bring up that we should talk about? It really—sometimes they'd come with an idea. Sometimes they wouldn't.

Mr. Klein

I often trick new clients when they come into therapy by saying you don't have to share anything you don't want to share.

Dr. Schmidt

Right.

Mr. Klein

Which is what they have anyway. I'm not giving them anything they don't have.

Dr. Schmidt

Yeah, except that you're amplifying it back to them, that's something that's very comforting, like, "Oh, okay. So I'm in the right place."

Mr. Klein

Right, except hopefully the goal of therapy is they realize they don't need that from me. That is their choice and they should tell me when to not ask it.

Dr. Schmidt

Right, right.

Mr. Klein

It's so hard to get people to—and why would I expect people to feel safe in the beginning?

Dr. Schmidt

Right, right.

Mr. Klein

I like your idea about the modeling of not cutting people off and setting the norm by saying, "Excuse me. I'm not sure so-and-so finished what they were saying." Again, I'll use humor a lot. I'll say, "Listen. I have this fetish about unfinished sentences. I'm really curious about the end."

Dr. Schmidt

Right, right, and then everyone laughs.

Mr. Klein

Right and then, we model the norm and it starts to get going.

Dr. Schmidt

I know you like to play.

Mr. Klein

I don't even know they'd pay me for therapy. I still don't understand it.

Dr. Schmidt

I love it.

Mr. Klein

I have too much fun.

Dr. Schmidt

Yeah. It really is. It really is. I learn so much from people who come into these support groups, too. They're pretty phenomenal, getting stories about people kept on coping. What they did to get up and go into work every day, what fed them. I have these little, kind of files in the back of my head right now. "Wow. I'm going to remember that. I'm going to try that one on."

Mr. Klein

Sometimes I feel guilty. Did you ever feel guilty? Sometimes I feel guilty because I don't have to leave my house. I can do all the work from here and I've got clients who have to go into the office or have got to do something. I start thinking why should I be around to do this? If I was any kind of person, I'd be putting myself in harm's way doing stuff and yet, I'm such a wuss. I'm [not].

Dr. Schmidt

It's so true. I have somebody, a person in one of my groups who worked in foster care and he had read about so widely with the rise in domestic violence during the pandemic, where people are so confined and isolated. They had lost a number of people in their own immediate family and so, were struggling with loss, the fear of going out there, but having to make home visits because you can't do foster care and domestic violence investigation on Zoom or on the phone and exactly what you're saying.

I would sit in the comfort of sitting in front of my computer and having this opportunity to try and offer support to somebody who is so traumatized and going out there and doing just incredibly important, front-line work and from that place of isolation, too. I would like to be able to look at myself that way, too. It's like wow. I am so lucky that I can do this.

Mr. Klein

Yeah. I think many times, we don't appreciate it. At least for me, I don't appreciate my luck. All from the stuff I've gotten, either gotten away with growing up or even get away with now by not having to put myself in those situations. Should I be in a hospital helping people who are caretakers or patients?

Dr. Schmidt

Was there a point in these last months where you felt like you had just reached your limit to how much you could put out?

Mr. Klein

It's interesting. I've never felt burnt out, I think because I play. I think that's the reason and who knows? Tomorrow I'll probably feel burnt out, but what I have felt is exhausted from Zoom, literally, about to fall asleep as someone's talking because Zoom fatigue is so real.

Dr. Schmidt

That's right.

Mr. Klein

I'm aware that I'm drinking coffee. I've got a drink now to keep myself functional as I do something. It's so weird.

Dr. Schmidt

Yeah. I totally am with you there. I'm hungry to get back into a physical space where I can meet with groups, not so much individual people. I think I'm more interested in meeting with groups. I hate Zoom. I hate the grid. I want to see a circle. I want to smell people. I want to have all of those sensations and yet, this opportunity to be with people from rural, upstate communities, urban Long Island, south Bronx, all in one circle, or one grid, right? It's not a circle. It's a grid. I was willing to give up the circle in person in order to have a grid that let me offer something that I couldn't do otherwise. I don't know how else I'd do it.

Mr. Klein

I think you're saying something very special, Christine, or at least as I think about it. We think about and plan in terms of what's the best [Break in Audio Recording] We do what we can do given the situation, full well knowing we'll never get the best of all possible worlds. Not [Break in Audio Recording] , but I can talk when I do training in a drug and alcohol group of therapists and about group therapy, I can talk to them about [Break in Audio Recording] and they go, "Yeah, but I have seven things other else to do and we're not allowed to do that. We can't do this. Our [Break in Audio Recording] video camera," or whatever else.

Dr. Schmidt

Right, so yeah, you do make do with what you have.

Mr. Klein

I applaud you for what you're doing. I think you're amazing.

Dr. Schmidt

Thank you. I'm loving it. I'm loving it.

Mr. Klein

You should. You're really terrific.

Dr. Diederich

I'm going to jump in here now. My internet connection is getting unstable, so I don't want to keep this going and lose the wonderful things that you're both saying. I'm going to work to wrap this up with one final question here. I certainly appreciate everything that you've shared so far, but if you could offer any words of wisdom to students watching this, students going to school in the midst of these pandemics of the focus on Black Lives Matter movement, thinking about moving into running support groups when they graduate or co-leading them, what recommendations would you give them?

Dr. Schmidt

Robert, you said something that I'm really sitting with. Maybe it's your wisdom, but I'm holding onto it part of it. That is the centering our reason for doing this and honesty and having honest conversations and honest connection. It's almost like that is the sole and main drive that you come into. I love the way you brought that in and I thought that that would be, if I could pick one advice, it would be to hold onto honesty and truth, which is not easy, but it's an aspiration, [unintelligible 37:10] aspiration.

Mr. Klein

I really don't have to add anything to that. I mean, that is what I believe. I'll just over-talk it, so let me shut-up. I totally support that 100%, not only because I said it, but because the way you said it is so real. Thank you for that.

Dr. Schmidt

Thank you.

Dr. Diederich

Absolutely and to both of you for this honest conversation. Certainly on behalf of Division 49 and the Society of Group Psychology, Group Psychotherapy, we certainly want to extend our deep thanks. This has been wonderful. Thank you very much.

Dr. Schmidt

Thank you. Pleasure to be here.

Mr. Klein

Have a good weekend.