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# Group Therapy for Loss: Attachment, Intersubjectivity, and Healing

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## ABSTRACT

*Loss is a fundamental human experience that can impact a person's mental health in diverse ways. While this experience is potentially formative, harmful manifestations can fracture one's sense of self and undermine relational health. In this article, we present a*

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*rationale for process-oriented group therapy focused on healing relational injuries associated with loss. We draw on attachment, self-psychology, intersubjectivity, and Yalom & Leszcz's (2005) model of group psychotherapy to explore how group processes allow clients to work through losses and relational frustrations in the here-and-now. A case vignette and discussion offer practical insight on the ways in which loss manifests in the room and demonstrate the uniqueness of the group setting for reparative processing.*

[I]f unmourned losses are like wounds waiting to be reopened, then the hurts and disappointments we mete out to each other in the normal course of life are the arrows that repierce those wounds, causing what often feels like unforgiveable pain.

Robert Karen, *The Forgiving Self* (2001, p. 52)

I will try to disappoint you better than anyone else has.

Stephen Dunn, *Between Angels* (1989, p. 64)

**W**e have found process-oriented group therapy to be a useful intervention for treating loss and the commonly associated feelings of disappointment, anger, and anxiety. In this article, we describe key conceptual foundations and clinical strategies of this form of group therapy intervention. The quotes above introduce two key themes that have informed our approach to group therapy for loss. Psychologist Robert Karen speaks to the vulnerability of repetitive relational experiences and patterns that re-enact and reactivate the pain of earlier losses. The ironic line from poet Stephen Dunn strikes us as central to the therapeutic ethic of group therapy for loss, as we understand it. We cannot promise to *not* disappoint or frustrate one another in human relationships, including therapy relationships, but the constructive intention is to try to work through inevitable ruptures in ways that are ultimately healing.

Karen (2001) suggests that “all lives are rent with losses from the very beginning” (p. 47), and those losses come in many forms. Losses common to the human experience include the death of a loved one, a broken romance, the end of a friendship, loss of job or needed resource, professional disappointments, infertility, declining health, frustrated ideals, and a myriad of others. Disappointment is often associated with

experiences of loss. Bowlby (1980) describes disappointment as a common emotional reaction in the loss process of mourning the death of a loved one. The bereaved often becomes disappointed by both the realization that their beloved will not return and by the inadequate attempts of others at consolation (p. 92). Anger and frustration often come up in response to the feelings of absence and not being understood. This process unfolds in the context of non-bereavement losses as well. When expectations of oneself and others are not realized or deprivations become too difficult to bear, loss and subsequent disappointment and anger may lead to psychological distress and instability.

Clinicians treating clients who struggle with loss may draw on any number of perspectives to explain and address its potential negative impact. The therapy group that inspired this project is process-oriented and rooted in a relational psychodynamic approach. Therefore, for the purposes of this article, we present an understanding of loss rooted in theories of attachment, self-psychology, and intersubjectivity. We draw on the theoretical and empirical literature to demonstrate how loss can undermine secure attachment and self-cohesion. In doing so, we describe the clinical significance of attachment dynamics and self-object needs when caring for clients who live with loss. Next, we explore the nature of intersubjectivity and its connection to attachment and self-psychology concepts. Then we describe how a process group approach to treatment, with a focus on intersubjective relationality, facilitates secure attachment and self-cohesion after experiences of loss. Finally, we offer an illustrative case vignette to demonstrate how this works clinically.

## **LOSS, ATTACHMENT, AND SELF-PSYCHOLOGY**

### **The Nature of Loss**

Despite its universality, there is no comprehensive psychology of loss. Some have articulated the potential scope of such a psychology. Harvey and Miller (1998) call for a field of scholarship dedicated to studying loss as manifest in both objective events (e.g., death of a loved one, divorce, financial ruin) and subjective experience (e.g., disappointment, hopelessness, anger). References to loss are frequent in the psychological literature on various subjects ranging from trauma to relationships to

vocation. However, these references often fail to conceptualize loss in all its complexity, assuming the reader understands its nature in relation to the subject being discussed. Judith Viorst (1986) provides an enlightening, though not rigorously theoretical, understanding of loss in her book *Necessary Losses*. Viorst argues from a psychodynamic and humanist perspective that loss, though painful, is essential for personal growth. Such losses include both external realities (material goods, relationships) and internal attachments (personal dependencies, unrealistic expectations).

A similarly rich conception of loss may be gleaned from, of all places, the literature on spirituality and spiritual formation. Spiritual development literature highlights the potentially formative aspects of loss. Shults and Sandage (2006) articulate many important areas of rapprochement between psychological experience and spiritual development. They assert that confronting and containing the anxiety, anger, and disappointment associated with loss in the spiritual realm can potentially facilitate personal transformations toward spiritual maturity. Contemplative spiritual writers across numerous traditions have described losses as both unsettling and as potential pathways toward growth (Hollingsworth, 2015). For the second-century Indian Buddhist sage Nāgārjuna, spiritual formation is a process of “empty non-acquiring,” which entails acceptance of sorrow and destruction as well as origination and release (Streng, 1978). Plotinus, the third-century founder of Neoplatonism, taught that the agonistic process of “letting go” of graspable objects, words, and mental images (aphaeresis) is key to achieving insight into the nature of ultimate reality (Plotinus, 1992). In many Islamic spiritual traditions, growth takes shape as profound inward struggle (jihād), in which the painful relinquishment of ignoble impulses takes center stage (Renard, 1988). Likewise, in the Christian way of negation (via negativa), absence, brokenness, weakness, renunciation, and despair are crucial elements in personal growth and the discovery of religious meaning (Lane, 1998). These traditions articulate a profound dialectic of loss that psychologists may expound upon, particularly the notion that loss and disappointment can be spiritually formative under constructive relational conditions. Many spiritual writers across varied traditions also teach that love or desire is implied in spiritually formative purification or loss. Thus, in his Letter from a Birmingham Jail, Martin Luther King, Jr. (1963/2000) wrote, “[T] here can be no deep disappointment where there is not deep love.” That is not to say that love negates the anger and disappointment of

loss, but rather that it can work in tension with these emotions towards growth.

Consistent with our earlier discussion of loss, some suggest that disappointment can lead to growth if it is tolerated rather than internalized or deflected (Clancy, Vince, & Gabriel, 2012). Clancy and colleagues (2012) assert that mature responses to disappointment occur when frustrations are understood as able to be transcended rather than as fixed failures of self or other. Perceived failure of the self often leads to shame (i.e., “I’m bad, flawed ... and I act on these beliefs”; Brown, 2012, p. 58). McGregor and Elliot (2005) found that perceptions of failure were positively correlated with shame in a sample of undergraduate men and women. Other-failure often manifests in contempt, hostility, and mistrust. However, when disappointment does not translate into personal shame or disavowal of others, but rather as an opportunity for growth and connection, it may serve to strengthen relationships and one’s sense of self. Disappointments may hinder progress and emotional development, but they can also “promote development, helping us search for new experiences, new ideas, and new ways of communicating” (Bronstein, 2016). Recent empirical findings support the generally accepted psychodynamic view that expressed anger can lead to personal growth (McCormack & McKellar, 2015). However, similar to disappointment, anger can also frustrate growth in the face of loss if it promotes rumination and social isolation (see Gabler & Maercker, 2011; Orth, Montada, & Maercker, 2006). Later on, we will discuss intersubjectivity as a potential mechanism for cultivating that growth. Now, we provide a relational psychodynamic understanding of loss.

### **Attachment and Self-Psychology**

In the attachment and self-psychology literatures, loss experiences have been theorized to undermine secure attachment and healthy self-development. Attachment theory asserts that each individual seeks affectional bonds with caregivers that meet developmental needs for safety and emotion regulation. While initial attachments are typically formed with primary caregivers, the need for attachment manifests in multiple relationships and persists throughout the life course. Persons develop patterns of attachment based on formative relational experiences (Bowlby, 1980). Secure attachment figures act as a) a safe haven for alleviating anxiety through physical and emotional support and b) a

secure base from which to explore the environment (Bowlby, 1988). Adults with secure attachments are typically able to maintain a solid sense of self amidst loss and disappointment, are comfortable with both intimacy and independence, can regulate painful feelings, and are able to effectively problem solve around difficult relational experiences. Insecurely attached persons may adopt either anxious (clinging), avoidant (distancing), or disorganized (inconsistent) patterns of relating to others. Insecure styles often result from emotional and physical neglect on the part of caretakers. In addition to overt neglect, inadequate or inconsistent support and responsiveness to the child's needs, also contribute to attachment problems.

The experience of painful relational experiences in life, such as personal loss, may perpetuate the development of or reactivate latent insecure attachment styles (Bowlby, 1980). Persons with insecure attachment styles are more likely to have trouble regulating affect and maintaining psychological integrity in the face of loss. They may struggle to establish healthy relationships as they either rely too heavily on others for self-affirmation or distance themselves from others and hide their vulnerability. Consistent disappointments in a child's life disrupt intrapsychic structures that maintain self-esteem, calm the self, and so forth (Baker & Baker, 1987). As an adult, loss may also serve to solidify problematic core beliefs about self and others, making it difficult to experience secure attachment. From an attachment perspective, people can typically cope with losses through relational supports, but it is particularly tragic when insecure attachment templates prevent seeking or experiencing healthy supports and perpetuate negative relational experiences (Lewis, Armini, & Lannon, 2000). These insights are supported by empirical evidence suggesting that problems in coping with loss are linked to insecure attachment patterns, loneliness, and lower reported relationship quality (Fraley & Bonanno, 2004; Fried, Bockting et al., 2015; Huttu, Armstrong, Myers, & Hall, 2015).

In addition to attachment difficulties, loss may also disrupt the healthy development of self. Kohut (1977) suggests that loss, in terms of relational absence and overwhelming disappointment, can disrupt the development of self-cohesion. For Kohut, self-cohesion emerges when one's needs for mirroring (empathy/approval), idealization (healthy admiration), and twinship (connectedness) are met by caregivers and other significant relations. These needs are referred to as *self-object transferences* (Kohut & Wolf, 1978). The cohesive self is characterized by stable self-

confidence, having achievable goals, and a feeling of similarity to others. Losses in the form of empathic failure, frustration, and absence promote the discontinuity of experience, fragile self-esteem, and low empathy associated with a lack of self-cohesion. This is supported by empirical evidence indicating that a damaged self-concept is a common feature of loss experiences (Papa, Lancaster, & Kahler, 2014). There are conceptual links between secure attachment and the development of self-cohesion. Each is rooted in appropriate caregiver responsiveness. In infancy, the availability of significant others is crucial for both soothing separation anxiety (attachment) and reinforcing healthy narcissism (self-psychology) (Banai, Mikulincer, & Shaver, 2005). Persons dealing with loss may be experiencing attachment difficulties and/or a paucity of self-object satisfactions.

Loss may hinder the development of self and the formation of healthy attachments. However, we are reminded of the potential for loss to be transformed into an opportunity for growth. Therapists in a relationally oriented process group must be prepared to help clients both consolidate secure attachments and meet their needs for mirroring, idealization, and twinship. In our experience, this often occurs through intersubjective relating. We now turn to intersubjectivity, its connections to attachment and self-development, and its role in the clinical process.

### **THE ROLE OF INTERSUBJECTIVITY**

Intersubjectivity may be understood as a key construct in the context of group therapy in general, but it also holds particular significance and sensitivity in group therapy for loss. Aviv (2010) described the unique relational climate of group therapy, in which clients experience and navigate complex connections between fellow clients, therapists, and co-therapists, by saying “the individual is shaped by the intersubjective system in which it crystallizes” (p. 94). Yalom and Leszcz (2005) assert, “An intersubjective perspective acknowledges the group leaders’ and other members’ contributions to each member’s here-and-now experience” (p. 42).

There are several different conceptions of intersubjectivity within psychology and psychoanalysis. Stolorow and Atwood (1992) understand intersubjectivity broadly and phenomenologically as the dynamic context or psychological space within which multiple subjects make contact,

in a receptive or vulnerable manner, and influence each other. Benjamin (1996) asserts that this influence is formative. For Benjamin, intersubjectivity is a developmental process by which the self is “reciprocally constituted in relation to the other” (p. 79). The view that intersubjectivity is a constitutional process in human development is also evident in the work of Stern (2004). Stern describes intersubjectivity as a human motivational system involving the needs to both encounter the other and affirm the self. Intersubjectivity involves both a desire to “read the intentions and feelings of another and a need to define, maintain, or reestablish self-identity and self-cohesion to make contact with ourselves. We need the eyes of others to form and hold ourselves together” (pp. 106-107). It may be concluded that Stern, like Benjamin, views intersubjectivity as a formative facilitator of developmental self-cohesion resulting from co-constructed relational experiences.

A philosophical basis for this assertion is found in Marcel’s (1951a) concept of *participation*. Participation is the state of being in fundamental relation to another. For Marcel, the self is fundamentally relational. Persons only exist materially because of their parents’ participation in sexual intimacy and continue to exist only insofar as they participate in being and are in relationship to others. For Marcel, the idea of an isolated self is not real but merely an abstraction. The most basic self is founded on a participation in being, and existence is intersubjective in nature. This reflects Storolow and Atwood’s (1992) description of intersubjectivity as a particular psychological context. However, Marcel expands beyond particularity to encompass the essence of being or developmental ontology. Consistent with the views of Benjamin and Stern, Marcel (1951b) views the self as one in being with the “intersubjective element from which the *ego* seems to emerge like an island arising from the waves” (p. 14). Thus, Marcel can be read as an integration of both phenomenological (Stolorow) and developmental (Benjamin and Stern) perspectives on intersubjectivity. To be fair, the aforementioned theorists also recognized both the experiential and formative aspects of intersubjectivity. Marcel, distinct from the others, characterizes the fruits of intersubjectivity as fundamentally beneficial to self and other. He explicitly equates intersubjectivity with *caritas*, or love; “We cannot fail to see that intersubjectivity...is after all nothing but charity itself” (as quoted by Gallagher, 1962, p. 78).

Resonances of attachment theory and self-psychology are embodied in this rich understanding of intersubjectivity. Attachment and

intersubjectivity differ with respect to their relational emphases. For attachment theorists, secure objects are experienced as sources of stability and trust, facilitating the capacity to manage anxiety. Intersubjective encounters, rather, are characterized by recognition and understanding, and are not necessarily elevating (unless you ascribe to Marcel's view). However, the importance of emotional connection and intimacy in both understandings suggests a close connection. Stern (2004) describes the link between attachment and intersubjectivity: "For the fullest connection between people, attachment and intersubjectivity are needed" (p. 101). He suggests that healthy attachments allow intersubjectivity to "develop" and "deepen," while intersubjectivity enhances understanding of self and other, thereby "creat[ing] conditions that are conducive to forming attachments" (p. 102). Those with insecure attachment styles are likely to struggle with intersubjectivity, as such participation often requires trust, vulnerability, and the ability to maintain a cohesive sense of self. Secure attachment, understood as a receptive and stable participation in the other, is compatible with healthy intersubjectivity.

The connections we have articulated suggest that intersubjectivity plays a significant role in the treatment of loss, particularly in a group setting. First, struggles with attachment and self-cohesion are common responses to loss. Second, intersubjectivity enhances the understanding of the self and other that is necessary for establishing secure attachments and pursuing self-cohesion. Third, as stated above, group therapy is an intersubjective phenomenon, in which each group member contributes to the subjective experience of every other member in the group in ways that can foster or hinder healing responses to loss. An intersubjective setting allows clients to "gain through giving" (Yalom & Leszcz, 2005, p. 13) of themselves to other members of the group. This gain comes through reciprocal comfort and the intrinsic value of making oneself available to the other, or what Marcel would call participation. Thus, intersubjectivity not only constitutes the self but can be the facilitator of mutual healing.

Restoring the self in the face of loss involves developing secure attachments and bolstering the capacity to relate to others intersubjectively. However, it must be noted that intersubjectivity is a risky venture. One must not only be receptive to the vulnerable other but also be willing to expose the vulnerability in themselves. Those who seek intersubjectivity risk being hurt, rejected, and disappointed. This dynamic is summed up

by Brown (2012), who defines vulnerability in terms of “uncertainty, risk, and emotional exposure” (p. 34). Paradoxically, a person must expose the self to potential injury in order to cultivate greater relational security, establish a firm identity, and cope with life’s inevitable losses. Brown (2012) goes on to beautifully expound on vulnerability as “the birthplace of love, belonging, joy, courage, empathy, and creativity” (p. 34). This implies that vulnerability is essential to the development of a cohesive sense of self and secure attachments. Group therapy, at its best, may serve to support constructive risk-taking in this area while minimizing its downsides. In the following sections, we explore in greater detail how the group facilitates such risk-taking.

### **GROUP THERAPY AND LOSS**

Group therapy immerses individuals in an environment where members are asked to face loss, disappointment, and anger; this includes both losses experienced in their personal lives as well as losses they will inevitably experience in group. Members courageously join group therapy, investing in a process that will likely include certain parallels to the experiences of loss in their personal lives. For example, group members may come and go, leaders and other members will enact empathic failures or other disappointing or frustrating responses, and the group may have a termination point (depending on the structure), among other dynamics. Also, there are no guarantees that this often painful process will lead to positive results (Gans, 2005). The pain of loss may emerge in response to specific events that have yet to be processed. It may also emerge from difficulty coping with the existential givens of life (isolation, death, dissatisfaction) that have left, or will leave, us wanting. In either case, loss provokes intense emotions; there is no way of pushing it forward or hurrying the process. One may experience the emotions as so heavy that the feelings need to be lifted long enough for the person to process and understand what has occurred. Although grief might evolve over time, one may never find the complete, hoped-for resolution.

Grief and loss support groups are relatively common, but an interpersonal process group with the specific theme of loss appears to be less common based on the absence of literature on this mode of intervention. Support groups provide space to talk about and share one’s

experience as well as offer advice or general support to one another. Groups such as these are helpful for those who feel isolated and want to connect with those facing similar difficulties. Interpersonal process groups go a step further by a) promoting insight into how ways of coping, sharing, or relating to others may get in the way of building and maintaining relationships and b) providing a safe space to share one's experience. Such a group can help relieve the loneliness and disconnection that often accompany loss, and at the same time bring awareness to ways one might be perpetuating such loneliness and inhibiting the grief process.

This led us to develop a process-oriented therapy group for loss, which can include a variety of kinds of losses (i.e., not just bereavement). While general process-oriented groups will often move toward engagement with losses and disappointments, we have found it helpful to organize groups around the theme of loss to activate this process more efficiently. There is also a demand for the group in the sense that persons are interested in sharing and processing loss specifically, in a setting that encourages insight as well as support. The group we have developed obtains members by therapist referral and through flyers posted in the clinic. The group is intended for those struggling with a sense of loss brought on by death, separation, injury, neglect, or, more broadly, a felt absence of things wanted but never had. Potential clients are screened by the therapists who are set to run the group to determine whether they are a good fit. These sessions also give clients the opportunity to explore their interest in the group and get more information before joining.

It is recommended that group therapists seek to understand the uniqueness of a loss group during the initial planning stages. During the pre-group screening meeting, it is helpful to give examples of the different ways people get "stuck" in loss so that members understand the purpose of the group and what they might expect in the process. Communicating the ways loss can impact one's relationships to clients will increase buy-in. Leaders should pursue the theme of loss explicitly through observations or interventions incorporating the word "loss." Members should be primed to process losses, but if the theme becomes latent, leaders should make attempts to bring it to the group's awareness by naming the theme directly. Leaders should also attend to the ways in which loss impacts each member's relational experiences and how members' responses to one another may be influenced by experiences of loss.

For example, we watch for ways members may feel invalidated by the different experiences of others, or how members may try to rescue others from pain because they struggle to tolerate their own pain. In a group like this one, the aftermath of loss, such as how others responded to a member after a loss, is very important. For example, clients may feel invalidated, dismissed, or neglected in their loss experience, or may have coped with the loss in a way that led to further relational ruptures. A new therapeutic aftermath, in the form of the group process, is where the healing can happen through corrective experiences. We cannot prevent losses from happening. However, we can help members feel more empowered to cope with them.

A basic goal of the loss group we developed is to help members grow in the capacity to explore their grief reactions and express authentic emotions regarding the loss without feeling consistently overwhelmed (Parkes, 2001; Stroebe, 2002). If a member does become overwhelmed, other members and the group leader can provide attuned responses in the service of helping that member feel understood. This is an important place where experiences of intersubjectivity, attachment, and self-cohesion can potentially collide. It is difficult to feel securely attached or have a solid sense of oneself without feeling understood by others. Subjective experiences of loss can be very complex and unique to a given individual. It is virtually guaranteed there will be struggles with feeling misunderstood at times in a loss group. Leaders can help clients cultivate the ability to regulate emotion and tolerate the difficult process of achieving and recovering intersubjectivity by guiding their exploration of the loss, facilitating connection among members amid feelings of loss, and demonstrating particular ways that their styles of engaging with other members may be overwhelming or distancing. Levine (2011) describes the difficulty of recognizing the other, and one's impact on the other, as a regressive narcissistic state. Loss can cause individuals to regress into an earlier state of relational selfhood, bringing to the surface ways of relating that have been imprinted by early painful interpersonal experiences. In such cases, a desirable goal is to create an intersubjective capacity for an awareness of self and other (Levine, 2011). Opportunities for intersubjective relating may act as catalysts for this growing awareness. The capacity to tolerate the complex emotions related to loss impacts an individual's ability to connect with others beyond the group therapy context (Rutan, Stone, & Shay, 2014).

One of the benefits of group therapy is that loss and disappointment within the group process activate previous losses, providing opportunities to work through the unresolved aspects of those losses. For example, a group member starts to feel close to another group member who then misses a session. Or a punctual client starts to rely on the group and looks forward to sessions but is disappointed and frustrated that another member keeps arriving late. The raw emotions or core beliefs about the self and the world become activated and present in the room, along with the myriad of ways members deal with the losses and disappointments. Leaders have direct access to how members can become dysregulated, create distance from other members, and/or strive to protect themselves. Clinicians work with the emotions in the room to help members gain insight into their patterns of relating when losses are activated. Leaders can use the here-and-now intersubjectivity to work through members' grief reactions. As a member becomes more self-aware, the capacity to reflect on and recognize others' subjectivity increases. Levine (2011) describes this as the ability to "tolerate contradictory, frustrating, disappointing, and ambivalent experiences—love and hate—for another with concomitant capacity to tolerate the same from the other. There is an increasing tolerance for the flaws within one's self and for the limitations of the other" (p. 625).

In a group process for loss, re-establishing the self through intersubjective relating may begin by confronting painful emotions tied to the experienced shortcomings and inadequacies of both self and other. Such confrontation constitutes an invitation to clients to rebuild healthy interpersonal and emotion regulatory skills. The personal and existential fortitude required for this task should not be underestimated. We are reminded of the theologian Paul Tillich, who speaks of the "courage to be" despite the possibility of nonbeing (Tillich, 2000). Perhaps in this case, we might speak of the courage to engage despite the possibility of estrangement or loss. To stay open and seek connection, resisting the urges to either attack the other or collapse in on oneself, in the midst of disappointment, is a great challenge indeed. But it is one well suited for group therapy.

Groups can help maintain relationships in these moments of rupture by providing space and opportunities for reparation. Instead of leaving or dismissing the relationship, one learns how to communicate and act in ways that lead to greater connection, but this can only be done with

the group's willingness to accept mistakes or immature ways of relating without shaming the member or disconnecting from others (Levine, 2011, p. 631). Members learn how to allow acceptance for self and other through mature relating, without allowing themselves to be treated poorly (Levine, 2011). Group leaders who support members in maintaining connection when they feel dysregulated, misunderstood, or disengaged help resume a vital developmental process that will help members develop more secure attachments within and outside the group. Relationships outside the group may be more likely to end with ruptures because it is easier to leave those relationships than work through the rupture. However, group therapy offers the opportunity for consistent, continuous relationships (Levine, 2011). The repeat of ruptures and repairs in group will ultimately build resilience, and help members learn how to tolerate the difficult emotions while remaining connected to the group. This may be too intense or overwhelming for some, which could lead them to leave or withdraw. Thus, the group therapist must work to cultivate "optimal arousal" levels (Marmarosh, Markin, & Spiegel, 2013). Optimal arousal may be understood as a level of anxiety conducive to change but not so overwhelming as to further damage already fractured selves. This experience essentially resumes a process from childhood. When young children experience that their needs are consistently met most of the time, they can then experience "optimal frustration" (see Kohut, 1971) while maintaining their sense of self in the face of empathic failures (Freinhar, 1986).

The transformative path toward healthier relating is not typically a linear one. Rather, the movement feels variable as regressions, previous losses, transitions, or difficult interactions are experienced over and over again (Levine, 2011). As Rutan (2014) puts it, the horizontal transference (i.e., how members might misperceive the leader and others due to past ways of relating) provides the space for new ways of relating to one another in the here-and-now. Groups may present additional tasks because opportunities for misattunement may be higher than in individual therapy; alternatively, there also is the potential for *more* empathic attunement (Abernethy, Tadie, & Tilahun, 2014). As members persevere through the losses and disappointments inherent to the group process, they may grow in their capacity to relate intersubjectively outside the group and perhaps adopt new attachment styles. This ultimately allows a new and more mature, dynamic, and cohesive sense of self.

### ATTACHMENT, LOSS, AND GROUP THERAPY

Attachment patterns also impact experiences of grief within and outside the group experience. Individuals with protracted grief can have difficulties engaging in life after loss, especially if the experience leads to rumination or the feeling that they have lost a portion of themselves. Such difficulties often lead to a search for the lost attachment figure (Bowlby, 1980). In contrast, individuals may react by moving forward in life, as though there have been no significant changes. They may not express emotions indicating that the loss had an impact on them. Marmarosh and colleagues (2013) present the ways group therapy members with different attachment patterns often react to losses: anxious members can become dysregulated by the loss and can “feel but cannot deal” (p. 90); avoidant members may “deactivate and withdraw from affect” and their own needs; and disorganized members may experience both dysregulation and withdrawal from affect due to high “attachment anxiety and avoidance” (Marmarosh et al., 2013; Marmarosh, 2014, p. 90, 161). Securely attached members are able to process the loss and have insight into the emotions that are triggered, while also empathizing with others’ experience of the loss. One of the greatest challenges after a loss is for an individual to find connection and maintain relationships with those who are present in their lives. Many individuals who are grieving encounter interpersonal difficulties that lead to isolation. For example, some may feel as if others do not understand what they are going through, some inevitably push others away because they are unable to cope with or manage their emotions, and some become dismissive of relationships due to fears of future losses. The loss they experienced may have been so traumatic that they seek protection by not allowing themselves to attach to others. In the next section, we explore how the interaction between relational styles and process-related losses occurs in the context of Yalom and Leszcz’s (2005) exposition of group dynamics.

### YALOM AND LESZCZ’S MODEL AND LOSS

Yalom and Leszcz (2005) provide three developmental stages that include primary themes at each stage: 1) engagement and affiliation; 2) control and power; and 3) intimacy and genuine cohesion. (Rutan

and colleagues [2014] also provide a three-stage model that aligns closely to Yalom and Leszcz's: the formative stage, the reactive stage, and the mature stage). Termination comes at the end of the stages for most short-term therapy groups or groups with a uniform end date, while termination is experienced at various points throughout the life of a group for longer-term therapy groups. The group therapist must be aware of the parallels between what occurs in each stage and the losses that members bring into group from their personal lives. There is an intricate weaving of lives and experiences among members and therapist. Although each group functions in unique ways, there are common themes and goals that arise in each stage.

In the engagement and affiliation stage, the need and desire for structure and clarity lead some members to look to others, and especially the group therapist(s), for answers regarding what they should say or talk about, and they seek or provide advice or solutions to their losses. For example, group members may want to know how others have dealt with a certain loss, specific tasks or activities they engage in to "forget" the object of loss, or where they might be stuck in their process. The efforts to seek these ideas are helpful to join together and provide some cohesion, but it is not enough for members to work through their own unique experiences of loss at an intersubjective level. Members also develop intense desires for an "omnipotent, omniscient, all-caring parent or rescuer" in the group therapist (Yalom & Leszcz, 2005, p. 312). These fantasies that fail to become a reality in the group stir up frustration, anger, and a sense of disappointment. A challenging aspect about dealing with loss is that individuals incessantly question how they should deal with it. Thus, members look to one another for answers, eventually becoming disappointed and frustrated with one another.

In the second stage—control and power—storming, conflict, fight for dominance, and acts of rebellion are the salient themes. Due to the expectations with which group members enter the group, disappointment, frustration, and anger are going to be felt at every moment that another member or group leader does not meet those expectations. Group members may feel that their vulnerability was not met with empathy, or the response given was not as meaningful as they had hoped. If members are willing to stay in group long enough to bear the frustrations of being disappointed, they will likely learn that the group therapist's role is to help the group explore their processes of loss, explore their inner

worlds, and understand how their way of dealing with loss impacts their interpersonal relationships and their narrative of the loss.

Interpersonal loss groups can help maintain connections with others while grieving, even if members get hurt in the process. The therapist helps build empathic bridges among members in order to increase cohesion and empathy for self and others. In a loss group, the particular focus may be on keeping members from getting stuck in their own grief so that they can meaningfully engage with others. In other words, members are asked to actively work towards attuning to others while acknowledging and reflecting on their internal experience and needs (Abernethy, Tadie, & Tilahun, 2014). This is not to say that all transferences experienced toward the leader are the client's responsibility. It is imperative that therapists work toward self-awareness to understand how countertransferential issues might impact the client's subjective experience, as leaders also contribute to the overall intersubjective experience of the group. Therapists must also know how to provide a safe but strong structure to allow for uncertainties without alienating or isolating members completely. It is not an easy task for group members to attend to individual as well as group processes. In this second stage, group members are faced with loss and disappointment again as they recognize that their fantasies of what group leaders and members might provide will not come to fruition. In addition, the uncertainties and ambiguities about dealing with loss are even more salient as they cope with the uncertainties and ambiguities of the group process itself.

In the third stage—intimacy and genuine cohesion—the mature group experiences safety, trust, and balance which result in greater intimacy and closeness (Yalom & Leszcz, 2005). A mature group is marked by the ability of members to feel safe enough to feel and express their affect and work through the difficult emotions and reactions in group together. As mentioned previously, group therapy helps individuals understand how their losses impact their ability to be vulnerable with people in their personal lives. In group, members work through their own emotions and reactions to one another in order to learn how to remain connected with others. This can be a very difficult task, and it is worth noting that we must not see “resistance” as resistance to therapy, but as a resistance to anticipated pain (Rutan, 2014). While a desire to be in intimate, close relationships is common, the fear of pain and disappointment may be too overpowering for an individual to engage fully.

However, members may also begin to understand how disappointment and loss can lead to growth and resilience if they tolerate the beginning stages of group.

Termination is not a part of the developmental stages because members may leave the group at any point. Termination brings loss, grief, and disappointment to the forefront of the group process. At the beginning of treatment, it is imperative for group therapists to provide a structure and guideline for termination, especially for a group focusing on the theme of loss. The complexity of this process in group is that a member is not just leaving an individual therapist, but rather a group of people (Rutan et al., 2014). At the onset of group, members are asked to commit to giving the other members an ample amount of time to say goodbye to the leaving member. In some groups, members are given the opportunity to set a timeline together once a member announces that he or she is leaving. In other groups, the therapist decides on a specific number of sessions that the leaving member has to remain so that the group can process the termination together. This is especially helpful for those whose personal loss in life was out of their control or occurred suddenly, so they were unable to have a proper goodbye. Termination offers members an opportunity to explore and explicitly talk about the experience of loss, grief, goodbyes, and disappointments, with the leaving member present. This is a powerful experience for those who have difficulties saying goodbye or those who withdraw from engaging in group due to fears of tolerating difficult affect. Group leaders are responsible for guiding the process of focusing on the affect experienced, which leads to greater insight into members' internal worlds (Rutan et al., 2014).

The stages that have been presented do not necessarily move linearly. Hamburg suggests the term "cyclotherapy," which is the process of working through the same issues repeatedly, but with a different viewpoint each time (Yalom & Leszcz, 2005, p. 219). With each repetition, individuals understand themselves in a deeper manner, and the narrative around the loss transforms in a way that allows for healthier functioning. The developmental stages are important for group therapists, as it allows them to provide structure and some form of objectivity to an intersubjective experience. In some ways, this type of structure and frame is needed for members who experience their personal world as confusing, chaotic, and lonely. Ultimately, group requires members to process,

react, and grow from loss that comes at each developmental stage in the group process.

### CASE VIGNETTE

Shannon, a Caucasian, 43-year-old, single, lesbian female joined a process-oriented loss group after the loss of her wife through divorce after 15 years of marriage. It was clear at her first session that she was distraught by the loss; she was tearful, defensive, confused, and craved attention and affirmation from the leader and other group members. Over the course of six months, she became increasingly more comfortable and learned how to express her affect in the group. When George, a veteran group member with a more secure attachment, came into group to inform the group that he had met his goals in treatment and would be leaving in four weeks, Shannon's anxious attachment style became active in the group. What ensued in the session demonstrated Shannon's inability to identify and articulate her feelings of sadness and anger toward George for her experience of his abandoning her, and difficulties tolerating these painful emotions. When George empathized with Shannon's sadness and anger, Shannon attacked him by naming ways she felt that George was not ready to leave group. Not only did she criticize his way of informing the group that he was leaving, she threatened to leave the group herself because she felt that others were not as committed as they should be. She then turned to the group therapist and criticized his techniques and lack of competence that had led George to leave the group. She then began to express anger toward herself, naming ways she had pushed George out of the group.

Shannon had joined the group after a significant loss, but transitioned well. She was able to learn from others and was patient with herself in the process. When George announced that he was leaving, we immediately witnessed her difficulties tolerating his leaving, and the intersubjective space collapsing, as she struggled to identify her underlying feelings and to empathize with George. We learned later that it activated emotions that paralleled the previous loss in her life.

Shannon sat back in her chair, took a deep breath, and began crying. When a group member gently asked her what she was feeling and how she was dealing with the loss of George, she apologized to

the group and began disclosing to the members that she was being reminded of her divorce. She shared that her wife had decided to leave the marriage without giving her much notice, or the opportunity to fight to keep the marriage intact. When another member asked what was triggered in the moment, she was able to articulate that the hurt and pain she experienced in her divorce was triggered when George said he planned to leave, saying, "I felt like I had no say. That he was deciding to leave and that I had no choice."

Over the course of the next four weeks, Shannon worked through her feelings of anger and sadness by expressing how she felt toward George and his leaving. She learned that attacking George was an effort to push away the pain of feeling abandoned because it was easier for her to access her anger toward George rather than to feel and acknowledge her sadness about his leaving the group. Even when George initially provided empathy toward Shannon, she rejected the gesture with further criticism and threatened to leave the group as well. This was an unreflective effort to have the group members join her in her anger and hope that they would also beg her to stay. The group helped Shannon connect her reactionary response to her feelings of abandonment and lack of control in the situation. Shannon's willingness to jump in with her reactions allowed others to articulate their feelings about the group process. For example, Corey shared that he didn't mind that George was leaving because George had justifiable reasons, and he also stated that he felt annoyed at Shannon for making such a big deal out of the situation. While sharing this with the group, Corey shifted in his seat every few seconds and clenched the arms of his chair as if he were wringing out water from a shirt. He wished that the group wouldn't waste time talking about things the group couldn't change. Corey's avoidant attachment style was reflective in his body language, avoidance of negative emotion, and negativity toward the group process. Corey's involvement in this process provided the group with a model for a different way one can respond to a member leaving. For Shannon, the group functioned as a secure base, which allowed her to explore her emotional reaction and process how George's leaving brought up feelings similar to those she experienced at the end of her marriage. The secure base was exemplified by the group's ability to attune to Shannon's pain, empathize with her, and not criticize or judge her reaction to George. Diane, a more securely attached group member, pointed out to Corey that he seemed

uncomfortable in his seat and that it was okay for him to have feelings about George leaving as well. When the leader explored what this loss was bringing up for Corey, he shared that Shannon's anger felt too intense for him and reminded him of his father's anger, which he described as "explosive." The group helped him work through his fears of anger by bringing to awareness that his protection of George ultimately minimized Shannon's feelings, while also minimizing his authentic feelings about George leaving. Diane reiterated that vulnerability did not mean he was weak, but that he was a human being who felt things when bad things happened. Diane's empathy allowed Corey to disclose that he felt shame because he was sad about George leaving, and had a difficult time staying strong. It is important to note that avoidant members often struggle with feelings of shame and fear being humiliated in group (Marmarosh et al., 2013), and that confrontation must be well balanced with empathy. Thus, it was helpful for Diane to provide this confrontation rather than the therapist because he might have felt defensive if the therapist had made the comment. The therapist instead provided a reflection on the value of feeling disappointment, anger, and sadness, even if the outcome did not change. This seemed to resonate with the group as they all nodded in agreement. This process helped Shannon stay engaged in the goodbye process without retreating or overwhelming the group with her affect, and it also allowed other members like Corey and Diane to reflect on their authentic reactions to the process. By the time we reached George's termination session, Shannon was able to acknowledge and trust her own feelings, while also trusting George's decision to terminate group therapy.

### **Case Discussion**

This case demonstrates the ways in which attachment and intersubjectivity theory is embedded in group therapy work when dealing with losses. Shannon's response to George's leaving allowed for her anxious-avoidant response to surface, and as a result, she was able to process her fears of abandonment with George. For Corey, his avoidant style was triggered, and he was able to explore his way of coping with loss. Further, the therapist allowed for intersubjectivity by creating space for diverse responses to Shannon's anger as well as toward George's leaving. No one response was valued more than another.

Providing space for subjectivity helped group members learn how to tolerate difference in the group, where the inability to tolerate varying responses to loss often creates difficulty in relationships after a loss.

### CONCLUSION

The intersubjective space created in the context of group therapy allows for members to increase their capacity to understand themselves and their impact on others. When members open themselves up to the group, they essentially facilitate healing through reciprocity of thought and feelings as they understand how their attachment patterns make it difficult to connect with others. Each member contributes something valuable to the subjective experience of others in the group through this sharing (Yalom & Leszcz, 2005), facilitating one another's ability to tolerate complex emotions in the hope of relating to self and others in healthier ways.

### REFERENCES

- Abernethy, A. D., Tadie, J. T., & Tilahun, B. S. (2014). Empathy in group therapy: Facilitating resonant chords. *International Journal of Group Psychotherapy*, *64*(4), 517–535. doi:10.1521/ijgp.2014.64.4.516
- Aviv, A. (2010). Where intersubjectivity and group analysis meet. *International Journal of Group Psychotherapy*, *60*(1), 91–109. doi:10.1521/ijgp.2010.60.1.91
- Baker, H. S., & Baker, M. N. (1987). Heinz Kohut's self psychology: An overview. *American Journal of Psychiatry*, *144*, 1–9.
- Banai, E., Mikulincer, M., & Shaver, P. R. (2005). "Selfobject" needs in Kohut's self psychology: Links with attachment, self-cohesion, affect regulation, and adjustment. *Psychoanalytic Psychology*, *22*(2), 224–260. doi:10.1037/0736-9735.22.2.224
- Benjamin, J. (1996). *The shadow of the other: Intersubjectivity and psychoanalysis*. New York, NY: Routledge.
- Bowlby, J. (1980). *Loss: Sadness and depression*. New York, NY: Basic Books.
- Bowlby, J. (1988). *A secure base: Parent-child attachment and healthy human development*. New York, NY: Basic Books.
- Bronstein, C. (2016). The analyst's disappointment: An everyday struggle. *Journal of the American Psychoanalytic Association*, *63*, 1173–1192.
- Brown, B. (2012). *Daring greatly: How the courage to be vulnerable transforms the way we live, love, parent, and lead*. New York, NY: Random House.

- Clancy, A., Vince, R., & Gabriel, Y. (2012). That unwanted feeling: A psychodynamic study of disappointment in organizations. *British Journal of Management*, 23(4), 518–531. doi:10.1111/j.1467-8551.2011.00780.x
- Dunn, S. (1989). *Between angels*. New York, NY: Norton.
- Fraley, R. C., & Bonanno, G. A. (2004). Attachment and loss: A test of three competing models on the association between attachment-related avoidance and adaptation to bereavement. *Personality and Social Psychology Bulletin*, 30(7), 878–890. doi:10.1177/0146167204264289
- Freinhar, J. (1986). Oedipus or Odysseus: Developmental lines of narcissism. *Psychiatric Annals*, 16(8), 477–496.
- Fried, E. I., Bockting, C., Arjadi, R., Borsboom, D., Amshoff, M., Cramer, A. O. J., ... Stroebe, M. (2015). From loss to loneliness: The relationship between bereavement and depressive symptoms. *Journal of Abnormal Psychology*, 124, 256–265.
- Gabler, I., & Maercker, A. (2011). Revenge phenomena and posttraumatic stress disorder in former East German political prisoners. *Journal of Nervous and Mental Disease*, 199, 287–294. doi:10.1097/NMD.0b013e3182174fe7
- Gallagher, K. T. (1962). *The philosophy of Gabriel Marcel*. New York, NY: Fordham University Press.
- Gans, J. S. (2005). A plea for greater recognition and appreciation of our group members' courage. *International Journal of Group Psychotherapy*, 55(4), 575–593. doi:10.1521/ijgp.2005.55.4.575
- Harvey, J. H., & Miller, E. D. (1998). Toward a psychology of loss. *Psychological Science*, 9, 429–434. doi:10.1111/1467-9280.00081
- Hollingsworth, A. (2015). The architecture of apophysis: Exploring options for a cognitive scientific interpretation of the via negativa. *Religion, Brain, & Behavior*, 1–17. doi:10.1080/2153599X.2015.1032998
- Hutti, M. H., Armstrong, D. S., Myers, J. A., & Hall, L. A. (2015). Grief intensity, psychological well-being, and the intimate partner relationship in the subsequent pregnancy after a perinatal loss. *Journal of Obstetric, Gynecologic, & Neonatal Nursing: Clinical Scholarship for the Care of Women, Childbearing Families, & Newborns*, 44, 42–50.
- Karen, R. (2001). *The forgiving self: The road from resentment to connection*. New York, NY: Anchor Books.
- King, M. L. (1963/2000). Letter from a Birmingham jail. In M.L. King (Ed.) *Why we can't wait* (pp. 64–84). New York, NY: Signet Classic.
- Kohut, H. (1971). *The analysis of the self*. New York, NY: International Universities Press.
- Kohut, H. (1977). *The restoration of the self*. New York, NY: International Universities Press.

- Kohut, H., & Wolf, E. S. (1978). The disorders of the self and their treatment: An outline. *International Journal of Psychoanalysis*, *59*(4), 413–425.
- Lane, Belden C. (1998). *The solace of fierce landscapes: Exploring desert and mountain spirituality*. New York, NY: Oxford University Press.
- Levine, R. (2011). Progressing while regressing in relationships. *International Journal of Group Psychotherapy*, *61*(4), 621–643. doi:10.1521/ijgp.2011.61.4.621
- Lewis, T. L., Amini, F., & Lannon, R. (2000). *A general theory of love*. New York, NY: Random House.
- Marcel, G. (1951a). *The mystery of being, volume I: Reflection and mystery*. Chicago, IL: Regnery.
- Marcel, G. (1951b). *The mystery of being, volume II: Faith and reality*. Chicago, IL: Regnery.
- Marmarosh, C. L. (2014). Empirical research on attachment in group psychotherapy: Moving the field forward. *Psychotherapy*, *51*(1), 88–92. doi:10.1037/a0032523
- Marmarosh, C. L., Markin, R. D., & Spiegel, E. B. (2013). *Attachment in group psychotherapy*. Washington, DC: American Psychological Association.
- McCormack, L., & McKellar, L. (2015). Adaptive growth following terrorism: Vigilance and anger as facilitators of posttraumatic growth in the aftermath of the Bali bombings. *Traumatology*, *21*(2), 71–81. doi:10.1037/trm0000025
- McGregor, H. A., & Elliot, A. J. (2005). The shame of failure: Examining the link between fear of failure and shame. *Personality and Social Psychology Bulletin*, *31*(2), 218–231. doi:10.1177/0146167204271420
- Orth, U., Montada, L., & Maercker, A. (2006). Feelings of revenge, retaliation motive, and posttraumatic stress reactions in crime victims. *Journal of Interpersonal Violence*, *21*, 229–243. doi:10.1177/0886260505282286
- Papa, A., Lancaster, N. G., & Kahler, J. (2014). Commonalities in grief responding across bereavement and non-bereavement losses. *Journal of Affective Disorders*, *161*, 136–143. doi:10.1016/j.jad.2014.03.018
- Parkes, C. M. (2001). A historical overview of the scientific study of bereavement. In M. S. Stroebe, R. O. Hansson, W. Stroebe, & H. Schut (Eds.), *Handbook of bereavement research: Consequences, coping, and care* (pp. 25–45). Washington, DC: American Psychological Association.
- Plotinus. (1992). *The enneads* (S. MacKenna, trans.). New York, NY: Larson Publications.
- Renard, J. (1988). Al-jihād al-akbar: Notes on a theme in Islamic spirituality. *The Muslim World*, *78*(3–4), 225–242.

- Rutan, J. S. (2014). Things I have learned: 45+ years of group psychotherapy. *International Journal of Group Psychotherapy*, 64(4), 555–566. doi:10.1521/ijgp.2014.64.4.555
- Rutan, J. S., Stone, W. S., & Shay, J. J. (2014). *Psychodynamic group psychotherapy*, 5<sup>th</sup> ed. New York, NY: Guilford.
- Shults, F. L., & Sandage, S. J. (2006). *Transforming spirituality: Integrating psychology and theology*. Grand Rapids, MI: Baker Academic.
- Stern, D. N. (2004). *The present moment: In psychotherapy and everyday life*. New York, NY: Norton.
- Stolorow, R. D., & Atwood, G. E. (1992). *Contexts of being: The intersubjective foundations of psychological life*. Hillsdale, NJ: Analytic Press.
- Streng, F. J. (1978). The process of ultimate transformation in Nāgārjuna's mādhyamika. *The Eastern Buddhist*, 11(2), 12–32.
- Stroebe, M. S. (2002). Paving the way: From early attachment theory to contemporary bereavement research. *Mortality*, 7(2), 127–138. doi:10.1080/13576270220136267
- Tillich, P. (2000). *The courage to be*. New Haven, CT, and London, UK: Yale University Press.
- Viorst, J. (1986). *Necessary losses: The loves, illusions, dependencies, and impossible expectations that all of us have to give up in order to grow*. New York, NY: Simon and Schuster.
- Yalom, I. D., & Leszcz, M. (2005). *The theory and practice of group psychotherapy*, 5<sup>th</sup> ed. New York, NY: Basic Books.

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