

The Group Circle

Fall 2005

The Newsletter of the American Group Psychotherapy Association

From the President

Robert Klein, PhD, CGP, FAGPA

This is a painful and sobering moment as we learn about the devastating effects of Hurricane Katrina on the southeastern United States. In the face of such heart-break and suffering, all else pales by comparison. For me it is a time to once again put into perspective the safety and security we all tend to take for granted. Many are not nearly so fortunate. It is also a time to once again commit ourselves as individuals and as an organization to do all that we can to help others in their time of need. Our collective experience, competence and willingness to give can and will make a difference.

AGPA is coordinating our efforts with those of the Louisiana and all of the Texas GPSs, the Red Cross and local onsite departments of mental health. Already through our website, our Trauma Training Modules have been posted and the population-specific protocols under development will be available on an as needed basis. The members of AGPA's Community Outreach Task Force, under the leadership of Jeffrey Kleinberg, PhD, CGP, FAGPA, and Kathleen Ulman, PhD, CGP, FAGPA, remain available by telephone and/or e-mail for support, consultation and supervision for front line mental health professionals. We ask that you, too, continue to let us know about identified needs for this disaster relief effort, which is broadening in geographic scope as the survivors are relocated.

On a much different but nevertheless important note, this is also the time for me to recount and reflect upon the successes AGPA is continuing to enjoy. Put simply, our organization is thriving! Let me bring you up-to-date on our most recent triumphs.

First, I am delighted to inform you that we have closed the June 30, 2005 fiscal year with a balanced budget. This was achieved largely through reductions in expenses, coupled with increased income from our spectacular Annual Meeting in New York City, further grant acquisitions, and timely stock market profits. Furthermore, the budget approved in June by the Board of Directors for this coming year suggests that we may well be able to replicate this feat over the course of this next year, particularly since we already have received \$499,000 for the recently awarded Red Cross Youth Services Grant. Under the GPF's auspices, we are hard at work identifying foundations in the San Francisco area that will hopefully provide scholarship support for the Annual Meeting. And, we are continuing to submit grant proposals to foundations we believe may support our research interests.

continued on page 3

Searching for the Curative Power of Gratitude and Forgiveness in Groups

Robert Weber, PhD, CGP, FAGPA

The secret to aging well is developing the capacity to be grateful and to forgive. Writers and researchers in the behavioral sciences are noting the importance of gratitude and forgiveness for healthy aging (e.g., Seligman, 2002; Vaillant, 2001, 2002), and group therapists can benefit from this research. For example, Dr. George Vaillant (2001) analyzed data from a longitudinal study of Harvard graduates and drew the surprising conclusion that "despite what Freud said, personality is not formed by age 5 or even age 45. After 60, age brings increasingly more adaptive coping mechanisms, a wider social awareness, and better marriages. In short, the study participants who have aged most successfully are those who worry less about cholesterol and waistlines and more about gratitude and forgiveness." Gratitude and forgiveness may be important healing factors in group therapy.

Often in groups we hear the expression "Thanks for asking." Is this gratitude? Not in the sense in which gratitude can be most usefully defined as a "curative factor" in groups. The survey of gratitude used by Seligman (2002, p. 71) includes statements such as (1) "I have so much in life to be thankful for;" (2) "When I look at the world, I don't see much to be grateful for;" and (3) "As I get older, I find myself more able to appreciate the people, events, and situations that have been part of my life history."

Minimally, "gratitude is an emotional response to a gift. It is the appreciation felt after one has been the beneficiary of an altruistic act" (Emmons & Crumpler, 2000, pp. 56-57). It is also an excellence of character that helps one to flourish in life, a quality that contributes to the completeness or wholeness of a person. In fact, these definitions suggest that gratitude may be construed in a variety of ways, for example, as an emotion, a virtue, a moral sentiment, a motive, a coping response, a skill, or an attitude.

Likewise, forgiveness is a more complex phenomenon than the adage "Forgive and forget!" would suggest. Enright et al. (In McCullough et al. 2000, p.8) define forgiveness as "a willingness to abandon one's right to

resentment, negative judgment, and indifferent behavior toward one who has unjustly hurt us, while fostering the undeserved qualities of compassion, generosity, and even love toward him or her."

It is also important to understand what forgiveness is not, so that it will not become a saccharine, meaningless exercise. Forgiveness is not: (1) pardoning, i.e., a legal term; (2) condoning, i.e., a justification of the offense; (3) excusing, i.e., the offender had a good reason for committing the offense; (4) forgetting, i.e., the memory of the offense has simply decayed or slipped out of conscious awareness; (5) denying, i.e., an unwillingness to perceive the harmful injuries that one has incurred; or (6) reconciliation, i.e., the restoration of a relationship.

Should we as group leaders look to access and cultivate these two factors in our work for the therapeutic benefit of our patients? If we do not, are we missing two very important "therapeutic factors" not mentioned in Yalom's (1995) well-known list? While most group clinicians operate from a diagnostic and treatment approach that emphasizes the psychopathological elements of our groups and group members, the work of Vaillant, Seligman and others (Czikszenmihalyi, 1997) places emphasis on the healthy functioning of the individual and is a more positive psychology. In fact, many group therapeutic factors have a more positive cast, i.e., cohesiveness, the instillation of hope, and altruism.

Psychological researchers are actively investigating gratitude and forgiveness in people's lives. Some clinicians already apply them quite explicitly in group therapy settings. Some of these researchers (Seligman, 2002; Worthington, 1998) have begun to generate protocols for groups to study the effect of interventions intended to evoke people's gratitude and forgiveness and the conditions that contribute to their realization.

Seligman's research, for example, strongly suggests that a person's happiness and life satisfaction grow as he/she increases a sense of gratitude. His research protocol involved two exercises and the completion of a survey of gratitude. For the first exercise, he asked par-

continued on page 6

Correction

Our apologies to Lorraine Mangione, PhD, CGP, whose name as co-author was inadvertently left off the article *Trial By Fire: Lessons Learned by a First-Time Group Therapist*,

which appeared in the spring 2005 issue of *The Group Circle*. The corrected issue can be found in its entirety on the AGPA website at www.agpa.org/pubs/index.html.

What's Inside

From the Editor	2
2006 Annual Meeting	3
Revised CORE Battery	4
Group Assets	insert
Consultation, Please	7
Affiliate Society News	8

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Dear Editor:

I was first introduced to AGPA through an early mentor and the director of my graduate program at Trinity University—Albert Riester, EdD. He was actively involved in AGPA and the Southwestern Group Psychotherapy Affiliate Society, and his enthusiasm for group therapy was contagious. He strongly encouraged me to attend an AGPA Institute and Conference. Unfortunately, I was unable to do so until a few years later, but the seed was planted. I was able to attend a regional workshop hosted by AGPA on gestalt techniques conducted by Rae Perls, PhD, FAGPA, in San Antonio. It was a fascinating experience for a young student fresh out of college to be learning from and interacting with experienced group therapists in such an intimate and experiential way. This was my first “real” group experience, and I was hooked. Sadly, I never had the opportunity to share my AGPA experiences with Al as he died from cancer before I attended my first Institute. I miss him and will always be grateful to him.

After I completed my graduate studies in San Antonio, I enrolled at Penn State University in its counseling psychology program. Here is where my love for group therapy truly blossomed. My program had a strong emphasis on groups, and I had the opportunity to lead several groups at the counseling center. There is nothing like those first nervous, tentative group sessions as a novice to make you realize how much you have to learn. I remember feeling (and probably looking) like a deer in the headlights. It was those early group experiences that helped me appreciate how challenging, difficult, and rewarding groups are. I also realized how necessary it was to obtain specialized training in group therapy to truly become a competent group therapist. In graduate school, we spent the vast majority of our time learning individual therapy theory and technique, while barely scratching the surface of group theory. If anything, I think it should be the other way around.

At this point, I was reminded about AGPA through my relationship with Jennifer Harp, PhD, CGP. She lived in the community, led groups through her private practice, and was actively involved in training students in my graduate program. She spoke with great fondness and enthusiasm for AGPA and her experiences in the Annual Institute and Conference. I remember how she spoke about the level of intimacy and connection she encountered at AGPA, not to mention the incredible quality of training she received. First Al; then Jennifer; something in the universe was telling me to attend the annual AGPA Institute and Conference. So I did.

I have now attended the four consecutive AGPA Institutes and Conferences, beginning in New Orleans in 2002. They have been the most enjoyable professional training experiences of my career so far. I have had successful experiences with the Institutes and have always come away refreshed, rejuvenated, and having learned a great deal about myself and group therapy. This is one of the main aspects I look forward to in attending the Institutes—the opportunity to have my therapy batteries recharged. This particularly occurs for me through the powerful feeling of connection I encounter with the other participants, the increased self-awareness I obtain through these interactions, and the knowledge I gain from experiencing different types of groups first hand. This past Institute was held a week or two later than usual. I noticed a few weeks before that I was feeling particularly exhausted and in need of renewal. That is when I realized I was overdue for an AGPA fix. It could not come soon enough.

Finally, I have especially appreciated the relationships I have formed through my involvement with AGPA and the Annual Institute and Conference. I still maintain relationships with people I met in my first year at AGPA and have developed a network of wonderful colleagues around the country (and globe for that matter). I have found AGPA to be a warm and accepting environment, even for someone as young and inexperienced as myself.

The e-communities I have been involved with (Students/New Professionals SIG and Educational Settings/Groups in College Counseling Centers SIG) are examples of AGPA's attempt to reach out to new and young members. I am thrilled about being a part of AGPA and hope it is a relationship that lasts throughout my professional career. Of course, as a new professional I wish the Conferences were less expensive, but I greatly appreciate the reduced cost extended to students and new professionals. Otherwise, I would not be able to attend. I have also had several friends and students benefit from the scholarships that are available. I applaud the membership of AGPA for their efforts in helping make the Institute and Conference affordable and feasible for students and young professionals like myself.

I obviously can't say enough good things about AGPA. I am thrilled to be a part of what I consider a fantastic organization. I am very grateful for becoming aware of AGPA and indebted to Al Riester and Jennifer Harp for their tutelage. I have learned well. Like my mentors, I have been actively involved in recruiting students and new professionals to attend AGPA. I am confident that once folks have had a taste of what AGPA has to offer, they will want to come back again and again.

*Chad Johnson, PhD
 Staff Psychologist and Group Counseling
 Coordinator, Iowa State University, Student*

Notification of Election Slate

Harold Bernard, PhD, ABPP, CGP, FAGPA
 Chair, Nominating Committee

In preparation of the slate for Board of Directors (2006-2009 term), the Nominating Committee met its responsibilities to present candidates best qualified for Board of Directors positions, as well as for the Nominating Committee (2006-2008 term). The slate below presents well-qualified candidates with an impressive record of achievement in national and local activities. The ballot for this slate of candidates will be forwarded to members in good standing at least 90 days before the Annual Meeting. Additional candidates may be nominated by a petition of five percent (approximately 110) of the members in good standing. Names by petition must be received at the office of the Association no later than October 31, 2005.

The Nominating Committee would like to thank all those who submitted names for consideration and took the time to respond to our call for nominations. Please participate in the election when the ballot is sent in November.

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 - Trish Cleary, MS, LCPC, MFT, CGP (Maryland)
 - Josephine Cunningham-Tervalon, MSW, CGP, FAGPA (Texas)
 - Ruth Hochberg, PhD, CGP, DFAGPA (California)



painful budget cutting. The AGPA Board recently approved a balanced budget for the next fiscal year. This reflects both improvement in revenues and a decrease in expenses. Optimism, energy, and enthusiasm for new projects are alive and well in AGPA these days.

The feature article on gratitude reminds us of the benefits of counting our blessings. The work of therapy is often about scarcity and deprivation, but therapists as well as clients benefit from noting the positive in life as well.

The CORE Battery series continues in this issue. Many AGPA members are research-avoidant and hope that evidence-based therapy will simply go away. As Elizabeth Knight, MSW, CGP, FAGPA, wrote in the spring issue of The Group Circle, that is wishful thinking. The CORE Battery offers user-friendly methods to prove what we already know: that Group Works!

Our hearts go out to those affected by Hurricane Katrina, particularly our AGPA family. We are grateful for their safety and appreciative of those who are volunteering to help. The winter issue of The Group Circle will publish some of their experiences.

I am delighted to report that The Group Circle will increase to four issues per year, thanks to funding from the National Registry of Certified Group Psychotherapists. The Group Circle frequency was reduced in June 2004, as part of necessary but

The 2006 Annual Meeting is a Winner!

Jerome Gans, MD, CGP, FAGPA, and Esther Stone, MSSW, CGP, FAGPA, Co-Chairs, Annual Meeting

The 2006 AGPA Annual Meeting, to be held in San Francisco from February 20–25, will be one of our finest. The Annual Meeting will begin on Monday afternoon, February 20th with a Special Institute entitled “The Schopenhauer Cure: Group Therapy Demonstration and Discussion” led by Irvin Yalom, MD, DFAGPA, and Melyn Leszcz, MD, FRCPC. Drs. Yalom and Leszcz are co-authors of *The Theory and Practice of Group Psychotherapy*, now in its fifth printing. Dr. Yalom is Professor Emeritus of Psychiatry at Stanford University. World famous and the father of group psychotherapy in this country, he is the author of many books including *Love’s Executioner & Other Tales of Psychotherapy*, *The Gift of Therapy*, *Momma and the Meaning of Life: Tales of Psychotherapy*, *Existential Psychotherapy*, and *The Schopenhauer Cure*. Dr. Leszcz is Professor of Psychiatry at the Mount Sinai Hospital in Toronto and a Fellow of the Royal College of Physicians and Surgeons and the Canadian Group Psychotherapy Society. A prolific author with nearly 30 refereed articles and 18 book chapters, he has done research and written on a variety of topics including the group treatment of substance abusers, cancer patients, schizophrenics and patients with chronic illness. Dr. Leszcz has given over 150 invited lectures and presentations.

Institute Events

Elaine Jean Cooper, MSW, PhD, CGP, FAGPA, will give the Institute Opening Plenary on “Growing Up and Old and What This Has To Do With the Institute.” She will talk about her progression from young adulthood to mature clinician and how this played out in her Institute experiences. She will address the frame of mind that she believes leads to participants having the best possible experience. Dr. Cooper is Professor at the Langley Porter Psychiatric Institute at the University of California School of Medicine, where she has been awarded the Excellence in Teaching Award six times by the graduating psychiatric residents. She is the author of numerous articles and book chapters on group therapy, as well as a book—*Group Intervention: How to Maintain Groups in Medical and Psychiatric Settings*.

The Institute component of the Annual Meeting

offers 12 Process Group Experience (PGE) groups, 2 Senior PGEs, 2 Three-Year Continuous and 2 Two-Year Continuous Institutes, and 19 Specific Interest Sections. The Affiliate Designate Section and the National Instructor Designate Section will also be offered. The wonderful holding environment that the Institute Subcommittee has evolved over the years helps participants to feel safe enough to be spontaneous and responsible enough to be appropriate.

Group Psychotherapy Foundation Mitchell Hochberg Memorial Public Education Event

George Lakoff, PhD, Professor of Cognitive Science and Linguistics at the University of California at Berkeley, will present this year's Public Education Event, sponsored by the Group Psychotherapy Foundation. Dr. Lakoff is one of the world's best-known linguists. His expertise is in cognitive linguistics, the scientific study of the nature of thought and its expression in language. Described as one of the most influential political thinkers of the progressive movement, he is the author of the New York Times bestseller *Don't Think Of An Elephant! Know Your Values And Frame The Debate*. Some of his other publications include *Women, Fire and Dangerous Things: What Categories Reveal About the Mind*, and as co-author, *Philosophy in the Flesh: The Embodied Mind and Its Challenge to the Western Tradition* and *More Than Cool Reason*.

Opening Plenary Session

Daniel Siegel, MD, Associate Clinical Professor of Psychiatry at the UCLA School of Medicine, will give the Conference Opening Plenary Address on “The Social Brain in Human Relationships.” His presentation will offer an overview of the wide range of sciences that form the foundation for the emerging interdisciplinary approach of interpersonal neurobiology. This view offers a conceptual foundation and practical application of understanding the central role of “mindsight,” the capacity for empathy and insight within interactive processes. An award-winning educator, he formerly directed the UCLA training program in child psychiatry and is the recipient of the departmental teaching award

and several honorary fellowships. Trained in pediatrics, adult, adolescent and child psychiatry, Dr. Siegel is the author of *The Developing Mind: How Relationships and the Brain Interact to Shape Who We Are* and *Parenting From the Inside Out*, as well as numerous articles and book chapters.

The Conference, which commences after Dr. Siegel's lecture, offers 16 Early Morning Sessions, 91 Three-Hour Workshops, 13 All-Day Workshops, 15 Three-Hour Open Sessions, the Large Group, one Two-Day Course, and four One-Day courses. The workshops will be designated for both beginning and senior group therapists.

This year, due to the large number of excellent proposals submitted, an additional 15 One-Hour Open Sessions will be offered continuously during the day on Thursday and Friday of the Conference, in addition to the usual early morning Open Sessions presented on Thursday through Saturday.

Elizabeth Knight, LMSW, CGP, FAGPA, will give her Presidential Address entitled “The Role of AGPA in the ‘Bowling Alone’ World of the 21st Century” on Friday morning. Ms. Knight will address the question: In a nation of alienated strangers who are glued to cell phones and computers, how can an organization like AGPA, dedicated to the belief that people heal and prosper in group settings, survive? Ms. Knight is an Assistant Clinical Professor in the Department of Psychiatry at Baylor College of Medicine and the University of Texas Health and Science Center of Houston. She also has a private practice in Houston.

As usual, there will be Conversation Hours and SIG meetings during some lunch breaks, breakfasts for new members and first-time attendees, and several evening receptions.

A newly formed Entertainment Subcommittee of the Annual Meeting Committee is hard at work selecting special entertainment for the Friday evening dance and the Saturday luncheon. Throw into the mix all that San Francisco has to offer combined with the collegiality of old friends and the making of new ones and you are sure to have fun times and a great educational experience. Our local hosting society—the Northern California Group Psychotherapy Society—will do all it can to welcome you to San Francisco and help you feel at home. ●

President

continued from page 1

Second, the National Registry of Certified Group Psychotherapists, under the gifted leadership of Jeanne Pasternak, MSW, CGP, FAGPA, has continued to take the lead with regard to curricula development in connection with our education/learning goal. Specifically, we have developed a new ethics curriculum, and a supervision curriculum is in production; a group dynamics curriculum is in preparation. Among those in the planning stages are curricula for working with children and for adolescents. One of the first goals of AGPA's new Science to Services Task Force is practice guidelines for group psychotherapy which is underway. The publication and dissemina-

tion of population-specific protocols for treating trauma survivors is anticipated in 2006. These will serve as an important companion volume for our previously published modules on *Group Interventions for Treatment of Psychological Trauma*.

Third, at a broader level, the AGPA Board of Directors is now addressing how to integrate our considerable wealth of educational programs—e.g., the Annual Meeting, the *International Journal of Group Psychotherapy*, our various curricula, online learning, etc.—into a coherent, coordinated and comprehensive year-round education/learning experience. Establishing a more collaborative relationship with our Affiliates, many of whom have developed their own training pro-

grams, is an important component of this process. Consideration is being given not only to the nature and content of such a program, but how to present what we have to offer to our colleagues, students and residents in a user friendly, easily accessible and financially affordable way. The Academy of Group Practice and Training Task Force presented their final report recently with many promising suggestions for the Board of Directors to consider. There will more to report as the discussion progresses. We also look forward to the membership's input in that discussion.

Finally, I am pleased to report that our membership numbers have risen for the first time in several years. The splendid efforts of the Membership Committee, co-chaired by Sara Emerson,

MSW, CGP, FAGPA, and Hylene Dublin, MSW, CGP, FAGPA, have been instrumental in bringing about this most welcome change. Our free membership sampling program is already paying handsome dividends and will be expanded in preparation for our next Annual Meeting in San Francisco to include newly minted mental health professionals in California. Members coming in through this program, other new members, plus reinstated members topped 750 for this past year. The Membership Committee's goal for next year is to surpass 900!

I hope this gives you an overview of where we are heading. Your continuing support is essential to our success as the representative voice for group psychotherapy. ●

The Revised CORE Battery:
Assessment of Group Therapy Process Anthony Joyce, PhD

Research Editor's Note: This is the third in our series of articles introducing members to the newly revised AGPA CORE Battery. This column focuses on measures of group process.

The CORE Battery working group, led by Gary Burlingame, PhD, CGP, and Bernhard Strauss, PhD, and supported by a grant from the Humboldt Foundation, aims to develop a user-friendly measurement toolbox for informing clinical group therapy practice. The Battery consists of four sections: (1) an introduction to the use of measurement tools in clinical practice; (2) materials for use in patient selection and preparation for group; (3) assessment of group therapy outcome; and (4) assessment of group therapy process.

Assessing Group Therapy Process

Generally speaking, *process* is whatever occurs during a group therapy session independent of the content of what is discussed by the participants. The therapy process thus includes dimensions that are directly observable (e.g., the quality of inter-member interactions), and those dimensions that must be inferred (e.g., the members' experience of the therapist's empathy or group cohesion). The CORE Battery Task Force believes that the assessment of process variables can provide the clinician with indications of the quality of the therapeutic environment in his or her group. The therapeutic environment, in turn, is a function of the individual member's relationship both to the therapist and to the other members. The Task Force also believes that the assessment of process variables can provide information on the action of critical change mechanisms that are held to operate in group therapy. In this sense, evaluation of the process of the group can inform the clinician about whether the group is working therapeutically (i.e., if the treatment is being effectively delivered in real time), while assessment of outcome indicates whether the group treatment worked (i.e., whether the members derived benefit from their group therapy experience).

A number of criteria for selection of process measures were established in the CORE working group's early discussions in 2003. The original CORE Battery, developed by K. Roy MacKenzie, MD, FRCP, CGP, DFAGPA, and Robert Dies, PhD, was formulated to "establish the nature of particular group processes." The objective of incorporating measures of group therapy process into the original Battery was never realized but was regarded as an integral part of our plans for the revised Battery. The

Table 1: **Group Process Measures and Process Component-Perspective Combinations**

Measure	Bond Relationship		Working Relationship		Negative Factors	
	Therapist	Group	Therapist	Group	Therapist	Group
Working Alliance Inventory						
Bond	•					
Tasks			•			
Goals			•			
Empathy Scale						
Positive	•					
Negative					•	
Group Climate Questionnaire						
Engagement		•				
Conflict				•		
Avoidance						•
Therapeutic Factors Inventory						
Cohesion		•				
Cohesion to the Therapist Scale						
Positive Qualities	•					
Personal Compatibility				•		
Dissatisfaction					•	

Task Force's perspective on the concept of particular group processes was to select instruments that addressed process variables regarded as essential to the change process in therapy groups, in line with the research literature since the early 1980s. We agreed that selected measures had to be well-established and psychometrically sound or had to show particular promise at an advanced stage of development. The measures also had to represent process variables that had been demonstrated to be linked to successful whole group and individual member outcomes. The measures would encompass both individual-level process variables (e.g., therapeutic alliance) and member perceptions of group-level or group-as-a-whole processes (e.g., group cohesion). Finally, selection of measures was restricted to patient self-report, both for convenience and because the patient's experience provides the critical perspective on group process. It should be noted that each measure can be manually scored quite quickly, without the need for computer software or complex scoring algorithms.

A Conceptual Model of Group Process

The Task Force still needed to be sure we chose measures of process variables that the literature suggested were essential for understanding therapy phenomena in the group setting. We relied on a simple but elegant model for a selection framework. The model is based on recent and state-of-art research by Jennifer Johnson, conducted for her dissertation under the supervision of Gary Burlingame (Johnson, 2003, 2004). The model asserts that there are three main components of the therapy process, each encompassing a number of constituent variables. The first component represents the *positive relational bonds* in the group, that is, the individual member's emotional connection or attachment to

the other members of the group, including the therapist, and the group-as-a-whole. The second component represents the *positive working relationships* in the group, that is, the individual member's collaborative engagement in therapeutic work with the other members, the therapist, and the group-as-a-whole for the purpose of progressing towards treatment goals. Finally, the third component represents the *negative relationship factors* that may be operating in the group, that is, those aspects of the group process that may adversely affect member attachments or impede the therapeutic work. A given group member can provide information on these three components of process from two perspectives: first, in terms of his or her relationship with the therapist, and, second, in terms of his or her relationship with the other members and/or the group-as-a-whole. Crossing the three process components with these two perspectives results a matrix of six cells (see Table 1). Our task was to select measures that would provide for an evaluation of each of these six component-perspective combinations.

Process Measures

At the time of this writing, the working group has agreed to incorporate five measures into the process section of the CORE Battery. The measures provide for good coverage of the component-perspective combinations described above.

1. *Working Alliance Inventory* (WAI, Horvath & Greenberg, 1989). This instrument will be recommended as a primary measure should the clinician desire only the most basic assessment of the therapy process. A strong working alliance is regarded as a foundation for the effective implementation of specific therapeutic techniques—the alliance enables

continued on page 5

CORE

continued from page 4

and facilitates the impact of specific interventions. Patient reports of a strong alliance, particularly early in the course of therapy, augur well for positive therapy process and outcome. The 36-item WAI can be completed within 10 minutes and provides an assessment of the quality of the therapeutic collaboration between the individual member and the group leader. In addition to a global score reflecting the overall quality of the patient-therapist alliance, three subscale scores can be calculated: (1) the *Bond* subscale considers the personal attachment (trust, acceptance) of patient and therapist; (2) the *Tasks* subscale addresses the level of patient-therapist agreement on in-session behaviors and activities; and (3) the *Goals* subscale evaluates the level of patient-therapist agreement on the target objectives of the treatment. Importantly, measures of the alliance early in the course of treatment or averaged over the whole of therapy, have shown moderate but consistent relationships with outcome (Martin, Garske, & Davis, 2000). In terms of our component-perspective matrix, the WAI reflects the member's experience of his or her Bond Relationship (Bond subscale) and Working Relationship (Tasks, Goals subscales) with the therapist (see Table 1).

2. *Empathy Scale* (ES, Persons & Burns, 1985). The 10-item ES assesses the patient's perception of the therapist's warmth, empathy, and caring. Five of the 10 items are worded positively (reflecting a good therapeutic relationship) and five are worded negatively (reflecting a poor therapeutic relationship). Scores on the ES have been found to predict remaining versus dropping out of therapy, and also to be associated with therapeutic change on measures of depression (Persons & Burns, 1985). In terms of the matrix (Table 1), the ES addresses the Bond Relationship with the therapist (Positive Empathy subscale) and Negative Relationship Factors in the patient-therapist dyad (Negative Empathy subscale).

3. *Group Climate Questionnaire-Short Form* (GCQ-S, MacKenzie, 1983). The short-form of the popular GCQ evaluates members' perceptions of the emotional tone of the group interaction, specifically in terms of closeness, conflict, and withdrawal. Three dimensions of group climate can be evaluated using the 12-item GCQ-S. (1) The *Engaged* subscale (five items) reflects the degree of self-disclosure, feedback and understanding, and confrontation present in the group interaction. (2) The *Conflict* subscale (three items) reflects the degree of interpersonal strain and mistrust between the members. (3) The *Avoiding* subscale (four items) reflects the degree to which the members avoid taking responsibility for the work of therapy. The research literature is mixed on the clinical utility of the Avoiding subscale, but there is good evidence that the Engaged and Conflict subscales are useful for tracking group development and as predictors of group therapy outcome. An impor-

tant finding is that the early emergence and resolution of conflict in a group is directly related to a positive working process and benefit (Kivlighan & Lilly, 1997; MacKenzie, 1994). With regard to the matrix in Table 1, then, the Engaged subscale provides an assessment of the member's Bond Relationship with the group, and the Conflict subscale provides an assessment of the member's Working Relationship with the group. The Avoiding subscale can be seen to reflect the member's perception of negative factors in his or her relationship with the group; however, the CORE working group felt further empirical study of this subscale was warranted and it will not be recommended for clinical use.

4. *Cohesion Subscale of Therapeutic Factors Inventory* (TFI, Lese & MacNair-Semands, 2000). The TFI was designed to assess the range of therapeutic factors originally formulated by Yalom (1995). The nine items of the TFI-Cohesion subscale reflect the member's sense of belonging and experiences of acceptance, trust, and cooperation in the group. Cohesion represents a consensus investment in and commitment to the group by the members, a step that is required before engagement in the work of therapy can proceed. In turn, the group members' experience of significant therapeutic work during sessions further increases the level of group cohesion. By way of contrast, problems with subgrouping or member acting-out can have deleterious effects on group cohesion and, in turn, the productivity of sessions. Research has shown that the TFI-Cohesion scale is correlated with a number of the other factors assessed by the parent instrument (e.g., Existential Factors, Instillation of Hope, Universality, Interpersonal Learning), indicating that cohesion is important to the operation of these other elements of the group experience (Lese & MacNair-Semands, 2000). Research has also demonstrated that the TFI-Cohesion subscale can be a reliable marker of changes in group development, as well as differentiating the experiences of members with contrasting interpersonal "styles" (MacNair-Semands & Lese, 2000). In terms of our component-perspective matrix, the TFI-Cohesion subscale represents the member's perception of his or her Bond Relationship with the group-as-a-whole.

5. *Cohesion to the Therapist Scale* (CTS, Piper, Marrache, Lacroix, et al., 1983). The final measure selected for the process section was originally designed to evaluate the "basic bond" between patient and therapist, as one element of group cohesiveness. More recent empirical study has suggested that the CTS may be more appropriately regarded as an indicator of the therapist's perceived qualities as a group leader. The nine-item CTS provides scores on three subscales. The *Positive Qualities* subscale reflects the member's perceptions of the therapist's trustworthiness and likability. The *Personal Compatibility* subscale reflects the member's perceptions of the therapist's similarity, familiarity, and friendship potential. The *Dissatisfaction with the Therapist's Role* subscale reflects the member's

perception of problems with the therapist's activity, attentiveness, or expressiveness. Recent unpublished analyses of data from a comparative trial of two forms of short-term group therapy for complicated grief (Piper, McCallum, Joyce, et al., 2001) indicated that the CTS was able to discriminate the two forms of treatment, showed relationships in the expected directions with the GCQ-S and measures of the therapeutic alliance, and was predictive of patient attendance and therapy outcome. The Positive Qualities subscale appears to have the most utility of the three CTS indices. In terms of the matrix in Table 1, the CTS reflects the member's perception of the Bond Relationship with the therapist (Positive Qualities subscale), the Working Relationship with the therapist (Personal Compatibility subscale), and negative factors in the patient-therapist relationship (Dissatisfaction subscale).

The process section of the CORE Battery will provide detailed information on each measure, including how to obtain the instrument and score and interpret the group members' ratings. In addition, hypothetical case examples will be provided to demonstrate how process evaluation can be used to inform and facilitate the clinical practice of group therapy. As examples of these uses, consider the following. Gauging the quality of the group therapeutic environment early in the life of a new group can indicate whether the group is on track and likely to be beneficial, or whether problems with member engagement need to be addressed. Similarly, frequent process assessments may help clarify the nature of the group's development over time, or help identify dimensions of process that are absent or having a negative impact, either for individual members or for the group as a whole. The identification of problems in the group process can help suggest strategies for intervening with individual members or the group. Direct feedback of process assessment findings to group members can increase their awareness of group dynamics and optimal group work, and help clarify issues the group may need to address to clear impediments to an effective process.

My involvement with the CORE Battery working group has been very enjoyable, and all members are excited about the potential of the Battery to inform group practitioners and, ultimately, the field of group psychotherapy. We look very much forward to presenting the complete Battery to the AGPA membership and initiating a dynamic process of feedback and revision. ●

Anthony Joyce, PhD, is a member of the AGPA CORE Battery Task Force. Other members include: Gary Burlingame, PhD, CGP; Rebecca MacNair-Semands, PhD, CGP; John Ogrodniczuk, PhD; Shawn Taylor, PhD; K. Roy MacKenzie, MD, FRCP, CGP, DFAGPA; and Angela Stephens, CAE, AGPA Professional Development Director.

continued on page 6

Gratitude *continued from page 1*

ticipants to choose an important person from their past who had made a major positive difference in their lives and to whom they had never fully expressed their thanks. Then, he asked them to prepare a testimonial, just long enough to cover one laminated page. Next, each person was to arrange a face-to-face meeting without telling the individual its purpose. During that meeting the participant reads the testimonial, then lets the other person react to it. Finally, both reminisce together about the concrete events that make this person so important and that generate gratitude; then, the laminated testimonial is given as a gift.

In Seligman's second exercise, he suggests that participants set aside five free minutes each night for 14 days. On the first night, they take his surveys of general happiness and life satisfaction. Next, each day they are asked to think about the previous 24 hours, writing down up to five things in their lives for which they are grateful or thankful. These might include things such as a friend's generosity, wonderful parents, or good health. On the last night of the two weeks, participants repeat the general happiness and life satisfaction scales and compare their scores to the first night's scores. If they score higher on the latter gratitude survey, they are encouraged to incorporate this practice of gratitude reflection into their nightly routine.

Worthington (1998), developed a group format in which he uses a model called "REACH," to deepen people's capacity for forgiveness. REACH is an acronym for the five steps involved in order to develop forgiveness: R—recall the hurt in detail; E—empathize with the offender to the extent possible; A—give the altruistic gift of forgiveness; C—commit yourself to forgive publicly; and H—work to hold onto the forgiveness you have begun to develop. A first glance at this protocol might leave one feeling that Worthington is Pollyannaish about the possibility of cultivating a forgiving spirit. However, when one realizes that his interest in the subject was probably born, at least in part, of the brutal murder of his very elderly mother by two young intruders during an attempted robbery, and, we can only guess, of his own struggle to forgive, the impact of his research and approach is given much more substantial power.

My own interest in gratitude and forgiveness is motivated by remembrances of my father, a man who possessed a deep capacity for both gratitude and forgiveness. I recall an incident when my family was at a religious service, and I was in my twenties. The man who conducted the service noted that my father was crying profusely and asked him what was happening. My father responded, simply, "Sometimes you don't know just how lucky you are!" The context of the service and my earlier experiences with my father's tears at such times, which I witnessed with great admiration, suggested that his response was derived from a deep and heartfelt sense of gratitude that was accompanied by a capacity for forgiveness that still goes beyond my own.

Spurred on by these remembrances, I became curious and discovered a variety of psychological researchers who were actively and earnestly investigating the meaning and efficacy of these two phenomena in people's lives. These experiences have encouraged me to cultivate them as therapeutic factors in my own long-term psychodynamic therapy groups, not using specific protocols such as Seligman or Worthington do, but in rather preliminary and exploratory ways. Here are two examples of my rudimentary efforts.

Gratitude. A female patient continually complained about how rotten her life was in all areas: she was financially in debt; her relationships were problematic; her work was frustrating and unsatisfying; and she still grappled with significant family-of-origin issues. For her, there was never enough and she was "not enough." In the midst of one session, I asked if she were grateful for anything in her life. I suggested she think about anything for which she might have a sense of gratitude. She returned the following session and appeared to be in a much better mood, saying that she had begun to re-discover things about her life and herself for which she was grateful. This shift in perspective has enabled her to make greater use of the group for her work and to become a much more valuable and productive member.

Forgiveness. A male patient talked about his mother in a very angry tone while professing that his relationship with her was good. I asked him if he had, indeed, forgiven her for the offenses he kept listing. At first, he protested that he had forgiven her and forgotten her misdeeds; however, after further

exploration with the help of the group members, he realized that he still wanted to make her pay for her offenses against him. When the subject of his mother surfaced again at a later group, he realized that his increasing reluctance to come to the group sessions was connected to the fact that he was still very embittered and that he continued to pay a high price for his unforgiving disposition. This was evident in the persistent scowl on his face and a tension his body could not hide. As he slowly deepened his capacity to forgive her, his body became noticeably more relaxed, and he actually began to smile more genuinely than he ever had in the group.

While my work on searching for and cultivating gratitude in my psychodynamic groups is still in the early stages, I am convinced, based on these and other group examples, and on my own personal attempts to enhance my own capacities for gratitude and forgiveness, that incorporating them as therapeutic factors adds a very powerful force for effecting change in the members of groups and promoting greater well-being in living. I am also convinced that gratitude and forgiveness are closely linked. If a person is filled with gratitude, he or she cannot help but forgive, and if a person is capable of forgiving others, then, he or she is much more able to be grateful. Try to cultivate these qualities yourself and see if you agree. You might even live longer! ●

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CORE

continued from page 5

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Dear Consultant:

My first experience as a group leader is proving to be a challenge. The group is just over one year old and seems stable. Two men in the group have formed a strong attachment to each other; last week they came into group and announced that they had a date the previous weekend. They made a plan to meet at a local bar, spent the evening dancing, and eventually shared a meal at a late night spot. When pressed by other group members, they asserted that nothing sexual had occurred between, but they confessed their physical attraction to each other, and did not rule out the possibility of a future sexual relationship. Naturally, this stirred feelings of envy, anger, fear, and paranoia among the other members of the group. I have never had to confront a situation like this before, and I confess to being at sea with how to respond. My immediate reactions were anger at the two men, fear for the implications for the group, and an impulse to be punitive towards the two members who acted out their feelings in this way. I realize that being punitive may not be helpful. How do I manage this situation?

Signed, At Sea

Dear At Sea:

Beginning group therapists may often overlook clearly defining sexual boundaries between members in the group contract and reviewing this during the initial orientation. An orientation statement about what is expected of group members' sexual contact or romantic involvement is essential for the development of group norms of sexual health and sex positive group norms. This error of omission often comes back in the form of group members acting out their feelings in response to the group leader's reenactment of do-not-talk dynamics that are all too common in the myriad of group settings within childhood and adolescence.

Being at sea in how to respond and the awareness of punitive feelings and impulses are common feelings. Parents feel this often when their children require them to address sexuality in response to sexual boundary crossings (child sex play, young children masturbating over their clothes while Grandma is visiting). Group members bringing undefined, unspoken sexual desires and attractions to group is an essential aspect of group sexual health. When the group contract around sexual and romantic feelings is not delineated, individual or multiple members may bring the issue to the group via their behavior. The sexual behavior unaccompanied by language and group inclusion can be indicative of many historical and current life factors. The therapist's countertransference responses may be useful to understand in the context of his or her own sexual development, family sexual values and attitudes, and ability to discuss and address human sexuality with clients. Clients may not know how to manage their sexual feelings in the context of group membership due to the lack of preparation and normalization of these feelings.

It is helpful if the wording of the group contract does not assume heterosexual attractions. This approach will acknowledge the possibility of attraction for the same gender, opposite gender, as well as for the group leader(s).

The question is where to go from here. I recommend acknowledging a mistake as a group leader. These boundaries were not clarified in the group orientation. They must be addressed now. In my outpatient groups for gay men with compulsive sexual behavior, my guidelines state, "No sexual, dating or roommate relationships can occur with other group members." There is not enough space here to address correction strategies, but certainly contact with a trusted supervisor or colleague with significant experience in addressing sexuality in group therapy would be a useful consultation to pursue.

Douglas Braun-Harvey, MFT, CGP
San Diego, California

Dear At Sea:

Enactments occur with a certain degree of regularity in long-term group therapy. Group members communicate all sorts of messages about individual, social, interpersonal, and group dynamics. When enactments do occur, they need to become part of the group process and interpreted. In this situation, the group members who have "acted out" have brought their relationship into the group. This is not only noteworthy but suggests, on some level, that they want to work on what is happening. In this particular scenario the leader is reacting as if the communication will have a destabilizing effect on the leader and the group. Enactments can also offer an opportunity for profound growth for the individuals in the group, the therapist, and the group-as-a-whole.

From one perspective the two men have openly and courageously brought up their subgrouping to the group's attention. This announcement suggests that while something has happened to solidify a bond between them, they respect the group contract (to talk about extra group relationships) enough to bring it up in group. Essentially, the two group members' communication has an impact on the group boundaries, group cohesion, their special relationship, the group-as-a-whole and the dynamics of competition, rivalry, and love/hate of the leader.

The leader must take note that the male members who are potentially forming a subgroup (threatening group cohesion?) may be expressing something that is lacking in the group, or something that has made the group stuck, hence appearing to be stable. I suspect that the group has probably been flirting with more intimacy, including dealing with unspoken aggression and competition among group members. It appears that the leader perceives the two as posing a threat to the therapist's leadership and fears their special relationship will harm the group. One has to wonder about whether the therapist has unconsciously encouraged this acting out by not interpreting the relationship as it appeared in the group because of the leader's concerns about where this might lead.

By sub-grouping and threatening to sexualize their relationship the two men challenge the therapist to exert leadership and set limits while interpreting the enactment. Their bold announcement suggests they are also attempting to usurp

the leader's domination of the group and challenge the group morality. Since these types of enactments are the bread and butter of group therapy, the leader may do well to be supervised in order to better understand the developmental dynamics of group therapy over time.

We are apprised of the group member's feelings and the therapist's helplessness over the enactment, as if their threat to destroy the group is viewed by the therapist as *de facto* and not something the leader can work with. Is this a place for personal growth and understanding or is it a replication of the childhood experiences of helplessness in which no action can be taken and impotency is the rule? The group members may worry whether the leader (the parent surrogate) will set limits without being too stern and judgmental.

When the men announced that they "had a date" the past weekend I would have been tempted to make a group-as-a-whole interpretation focusing on their experience as representing a communication from the whole group. I would have asked the group to reflect on what they think members A and B are communicating about the group's task through their date? Deflecting the issue back to the group de-intensifies the enactment and allows the group to think about the relationship between individual issues and group process.

How does the therapist manage this situation? First, do no harm. Do not express your feelings to the group at this point. Get supervision or consultation to learn about the meaning of your reactions in order to know whether they are real feelings or unresolved countertransferences. Ultimately, the group is about the patients and not the leader. Keeping this in mind places some of the leader's concerns in a more benign context.

Leslie Lothstein, PhD, ABPP, CGP
Cleveland, Ohio

Members are invited to contact Michael Hegener, MA, LCP, CGP, the Editor of the Consultation, Please column, about issues and/or questions that arise in your group psychotherapy practices. They will be presented anonymously, as in the question here, and two members of AGPA will be asked to respond to your dilemma. In this way, we all benefit from members' consultation from an objective point of view. SIG members are also encouraged to send cases that pertain to your particular field of interest. Michael can be reached by fax at 512-469-0839 or e-mail at mhgener@onr.com.

In Memoriam—Jerome Frank, MD, PhD

In March I spent a few days in Washington, DC, before taking the train to New York City to speak at the American Group Psychotherapy Association's Annual Meeting. It was my intention to stop in Baltimore to pay a visit to Jerome Frank, MD, PhD, who had been in a nursing home there for several years. However, a rare, fierce blizzard made it impossible for me to stop, and I continued straight to New York where, the following day, I addressed the Annual Meeting and mentioned, as is my wont, my debt to my mentor—Jerome Frank. A couple of weeks later, I learned the sad news that he died only a few days after that blizzard.

I first met Jerry when I started my psychiatric residency at Johns Hopkins in 1957. He was a professor of psychiatry and devoted much of his attention to research in psychotherapy. I immediately

accepted his offer to observe his psychotherapy group through a small one-foot square two-way mirror—one of the first used for such purposes. At that time it was exceedingly rare for a therapist to permit students to observe his work. A few months later, under his excellent supervision, I formed and led a therapy group.

His first book (*Group Psychotherapy: Studies in Methodology of Research and Therapy*), written with Florence Powdermaker, MD, was one of the early attempts to develop a research methodology for the study of group therapy. Throughout, he remained interested and deeply involved in both clinical work and its epistemology—the question of how we know what we know in our approach to psychotherapy. Later he turned his attention to a comparative study of the psychotherapies and produced

his widely read and much admired text *Persuasion and Healing*. For many years, he was greatly concerned about the psychology of political leaders and its implications for nuclear proliferation. He lectured widely on this topic and wrote an extraordinary book, *Sanity and Survival*.

A lovely, gentle, optimistic, generous man, he was much loved by all those who had the privilege to be in contact with him. Even until his late eighties, he remained curious and intellectually vigorous and discussed with gusto the books he was reading; in those years he had turned to historical biographies.

He taught me a great deal. Even near the very end of his life, he offered a lesson in the value of sheer being. By my last visit with him, severe memory loss had gripped him and he did not know who I was. After I reminisced with him for 30 min-

utes about the old days, a gleam of recognition (I think) entered his eyes. Then he shook his head and rubbed his hand across his brow, saying "Whoosh, everyday the slate is wiped clean."

"How is it for you, Jerry," I asked, "to have lost so much memory and to sit here talk with me when you're not really certain who I am."

Perhaps, divining my personal horror of losing my precious memory, of being unable to recognize old friends, even my children, he gave me a final gift.

"It's not so bad," he smiled. "I get up, eat breakfast, and then I watch. I look at people in the home. I look out the window. I see the trees and the flowers. Life is still good. It's not so bad."

Irvin Yalom, MD, D FAGPA
Originally published in Australian Psychiatry

Affiliate Society News

Visit AGPA's website at
www.agpa.org/mtgs/affiliatemtgs.html
for updated Affiliate Society meeting information.

The **Atlanta Group Psychotherapy Association** will be providing a CGP training program September 24–25. The instructors will include members of the Faculty & Planning Committee: Eleanor Brower, PhD, CGP; Catherine Deering, PhD, CGP; Hank Fallon, PhD, CGP, FAGPA; Philip Flores, PhD, CGP, FAGPA; Lisa Mahon, PhD, CGP, FAGPA; and James Siwy, PhD.

The **Dallas Group Psychotherapy Society's (DGPS)** exciting training program in group psychotherapy beginning this fall offers experiential training, experienced practitioner faculty, and advanced and beginner tracks. The group training will be applicable to private practice, managed care settings, agencies, inpatient and outpatient facilities, schools, nursing homes, chemical dependency facilities, psychoeducational and organizational settings. Check the DGPS website (www.dgps.org) for dates. DGPS members continue to volunteer to facilitate support groups for the parents/guardians of truant youth who have been court-ordered to attend educational programs provided by the AIDS/ARMS Network. In the spring, Mary Ellen Bluntzer, MD, presented a fun and informative program on *Double Teaming the Client: MDs and Therapists Working Together*, and Julien Devereux, BA, MSSW, LCSW, LCDC presented *'PSYCHO'therapy in the Movies: Maintaining Ethical Practice in Spite of Cultural Projections onto Our Profession*.

On November 19–20, the **Eastern Group Psychotherapy Society (EGPS)** will host its Annual Conference, "Love, Desire, and Competition in Group Therapy," at Mt. Sinai Medical Center in New York City. Henry Spitz, MD, CGP, DFAGPA, will offer a keynote address looking at the future of group therapy. Saturday's plenary presentation will feature J. Scott Rutan, PhD, CGP, DFAGPA, and Sunday's plenary will present Mary Nicholas, PhD, LCSW, CGP, FAGPA, and James Collins, MSW. The conference, chaired by Barbara Feld, CSW, MSW, CGP, and Michelle Collins, PhD, offers a large group experience both days, networking opportunities, and nearly 40 different workshops and panels addressing the current issues in the field of group therapy and couples' work. New EGPS officers include: President, Margaret Postlewaite, PhD, CGP; and Secretary Barbara Feld. Peter Taylor, PhD, CGP, was reelected Treasurer. Immediate Past President Richard Beck, RCSW, CGP, FAGPA, was recognized for his guidance and leadership over the past two years,

which have strengthened the group therapy community and raised the bar for the organization.

The **Mid-Atlantic Group Psychotherapy Society's** Fall 2005 Conference will be held in Virginia Beach, Virginia, November 4–6, and will feature Kenneth Porter, MD, CGP, FAGPA, who will be speaking on *Who We Really Are: A Spiritual Approach to Group Psychotherapy*.

The **Missouri Group Psychotherapy Society (MoGPS)** hosted Ed Harris, PhD, who spoke on *Group Psychotherapy from a Gestalt Perspective: Contemporary Theory and Applications* at its Spring Workshop. Dr. Harris is well-known in the Gestalt therapy community and has conducted training in Missouri for 30 years. His work is integrative and exciting and was well received by the participants. MoGPS continues to focus on ongoing education with its new Training Committee. The Committee is designing a series of group therapy supervision sessions for new professionals and those who would like to re-ground in their practice. CGPs from a variety of theoretical perspectives will provide leadership for the series. Contact: Ann Elise Parkhurst, PhD, MoGPS President, 417-823-3414; anelise@forest.edu.

The **Northern California Group Psychotherapy Society (NCGPS)** held a successful Bi-Annual Training Institute, with attendees from as far away as South Africa. There is newfound enthusiasm for group training among younger therapists and renewed interest from senior therapists. NCGPS feels this bodes very well for next year, when it hosts the 2006 AGPA Annual Meeting in San Francisco. Institute Co-Directors, Geraldine Alpert, PhD, CGP, FAGPA, and Robert Zeszotarski, MD, CGP, are credited with the program's success. NCGPS formed its first Training Committee and will be having its first core course weekend September 23–24, in Walnut Creek, California. Barbara Ilfeld, MSN, RNCS, CGP, Walter Stone, MD, CGP, DFAGPA, Carla Haimowitz, PhD, and Patricia McCaffrey, MS, have worked long and hard to bring this to fruition. On November 5 in San Francisco, Erving Polster, PhD, will conduct a training program for NCGPS. Dr. Polster, a master Gestalt therapist, will present his new writings on life-focused communities, and religion and everyday life and the connection to group psychotherapy. For details on NCGPS programs, visit its website at www.ncgps.org.

The **Philadelphia Area Group Psychotherapy Society** reports a very successful and exciting year. Its website (www.pagps.org) is up and running and includes a list of members' groups. It is also compiling a Membership Directory. Programs for this past year included: *Marketing Your Group Practice*, presented by Diane Feirman, CAE, AGPA Public Affairs Director; *Breaking the Rules: What Structured Groups Have Taught Me*, presented by Jay Efran, PhD, CGP, FAGPA; *Balance and Integration in Psychoanalytic Group Therapy* led by Bob Gordon, PhD; *Getting a Group Going and Growing*, an ongoing support group led by Amy

Member News

Elaine Jean Cooper, LCSW, PhD, CGP, FAGPA, and **Dennis Zeitlin MD**, were awarded the Excellence in Teaching Award by the graduating psychiatric residents of Langley Porter Psychiatric Institute, University of California School of Medicine. They co-teach a course on "Theories of Group Therapy." This is the sixth time Elaine has received this award and it is the second time Denny has received it. It is testimony to the value the residents place on group therapy training.

Dean Janoff, PhD, CGP, has been appointed Director of Masters' Programs in the School of Human and Organizational Development at Fielding Graduate University. Dr. Janoff has over 23 years of experience working with graduate level, adult learners in five different academic institutions and previous experience as Director of a masters program in psychology.

Fantalís, LCSW; and *Group Therapy; A Framework for Promoting Transformation* led by John Brendler, MSW, ACSW.

The Puget Sound Group Psychotherapy Network (PSGPN) continues to revel in the many benefits of its Annual Conference, which featured Darryl Pure, PhD, CGP, FAGPA. The highlights of process groups, linked to fundamentals of attachment theory, provided a rich learning experience, plus some significant community building for PSGPN. It enjoys a new coalition of AGPA members, with those with a psychodrama focus expanding PSGPN's membership markedly. The Quarterly Professional Meeting, to be held October 14, will feature Marv Thomas, MSW, a long-time group process and community theory expert from the region, who will present on *Group Therapy as an Experience in Community*. Thomas has practiced group psychotherapy in Seattle for many years, founding the Lakeridge Institute to ignite intelligent conversation about community and the antidotes to isolation in the society. He will conduct a psychodrama process as a mode of community demonstration. The PSGPN Board continues to examine issues of its partnering with AGPA with rewarding outcomes.

Please note: Affiliate Societies may submit updates on their activities to Richard Beck, RCSW, BCD, CGP, FAGPA, Editor of the Affiliate Society News column, by fax: 212-721-1256; or e-mail: RBECKNY1@aol.com.



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