

# The Group Circle

Fall 2006

The Newsletter of the American Group Psychotherapy Association

## Group Therapy Initiative in China

Anne Alonso, PhD, CGP, DFAGPA

With great excitement, I want to tell our members of a magnificent group psychotherapy initiative. Some months ago, I was invited to go to Shanghai, China, and present the possibilities of group psychotherapy at the Shanghai Mental Health Center.

I first met Dr. Xiao Zeping, who is the director of that Center, when she was visiting Harvard Medical School and the Massachusetts General Hospital. We began a conversation about psychotherapy and psychoanalysis. Dr. Xiao is an impressively intelligent and innovative leader, who is committed to the psychodynamic approach. She is especially interested in psychodynamic group therapy.

She explained that China had lost at least two generations of intellectual leaders to the Cultural Revolution, so she wanted to open the doors to me and a small number of colleagues to come and teach in Shanghai. "We have 'no grey hairs' and need them badly to mentor and show our faculty how to teach and supervise group psychotherapy," she explained in her very persuasive way. I accepted instantly, and then wondered what I had done, given distance, unfamiliarity with language and customs, and an unclear plan for how to proceed.

To my delight, Priscilla Kauff, PhD, CGP, DFAGPA, instantly offered to come along, as did Bonnie Jelinek, MAR, DMin, and along with my husband Ramon we set off for China for two weeks. I was armed with the Core Course curriculum, some books, articles, and a whole lot of chutzpah.

I must confess that I went loaded with assumptions about the Chinese culture's seeming disinclination to deal overtly with feelings. I was very concerned about shame and wondered about the exposure inherent in group therapy given the heavily shame-based ethos. But while all this swirled in my head, I was more immediately worried about how we would overcome the language barrier, navigate in Shanghai, find the food, lodgings and a Western-style bathroom, and other concerns ranging from the lofty intellectual to the silly mundane. Given how much I have traveled, I was surprised at my level of tension and reminded how much we all rely on familiarity and ease to navigate our daily lives. China was not familiar, and we were clearly a tiny minority. It gave me renewed empathy for my patients who enter a new group; I realized that it might as well be Shanghai as Cambridge, so far as their emotional upheaval is concerned.

Priscilla and Bonnie met up with us in Shanghai, and the four of us managed to overcome jetlag enough to function the next day. And what a day it was!

We were met in the lobby of our hotel by a driver and minibus and taken to a brand new state-of-the-art hospital. The Shanghai Mental Health Center is a gorgeous facility, with 1,200 beds for psychiatry patients alone. It has all the conceivable departments that one finds in our best teaching hospitals, from biological treatments, research, and addiction units to pediatric and geriatric units. The inpatient units care for the usual psychotic and character disordered patients, as well as those with depression and other mood disorders.

We were introduced to a group of dedicated, hard-working psychiatrists, (there are no clinical psychologists or social workers in China now). Their warmth and receptivity threw me back to my memories of being in the Boston Psychopathic Hospital in the 1950s. Here again was a throbbing excitement about this new method and theory. Here was an optimism that pulled staff to work way beyond the usual constraints of time and money. Here, too, was a poignant thirst for training and supervision.

I had been told that I should be prepared to lecture, since the custom was for formal top-down learning. Nothing, it turned out, was further from the truth. After about an hour, they interrupted and very politely told us they had read a lot, but really needed "self-experience" more than didactics. We were astonished and delighted, but wondered how to conduct training groups given the language difference.

We need not have worried. Most of them spoke some English, and several offered to translate. So we conducted a daily training group and followed it with some applied theory about group dynamics, much as we do at our Annual AGPA Institutes. Although it took some getting used to, the translations slowed us down and allowed us to be much more reflective and precise about what we were teaching and feeling during the process.

Any of you who have attended or led an Institute will be familiar with some of the resistances we encountered.

- Members tended to speak about ideas more than feelings, at least in the beginning, although this improved over the days.
- We analyzed a group dream on the second day, which led the way to deepening the access to the unconscious for the whole group.

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## From the President

Elizabeth Knight, MSW, CGP, FAGPA

The AGPA Board of Directors has been implementing strategic plans for over 20 years. Looking back at where we were then compared to where we are now is a pleasant and surprising experience. I have to admit to a sense of pride in our organization: We haven't reinvented the wheel; we've designed a modern, fuel efficient spaceship.

Some of you may not remember that group psychotherapy certification was once only a glint in the AGPA Board's eye. Yet look at us now. We have a Registry that has certified more than 3,000 Certified Group Psychotherapists (CGPs). In just five years, under the able leadership of Patricia Barth, PhD, CGP, FAGPA, the Group Psychotherapy Foundation initiated a Capital Campaign to, among other ambitious goals, pay off our office condominium. Who would have imagined that such a short time later we would have raised more than \$1.5 million and, paid-off the mortgage on a prime piece of New York City real estate?

As almost anyone who has participated in a strategic planning session will attest, it is not a particularly easy process. Demanding, frustrating, and confusing—yes. Crazy-making, grandiose, and soul-searching—at times. But easy—never. Probably the best description of this process as it relates to AGPA can be found in a very thoughtful 2004 Presidential Address by Robert Klein, PhD, CGP, FAGPA, and published in our *Journal (How we steer our course, International Journal of Group Psychotherapy, 55, 229-244)*.

In a far-too-simplified-nutshell, the process consists of establishing goals after reviewing the relevant internal and external environmental conditions, and then systematically creating strategies for achieving the goals.

Currently the Board has been working on our Education, Learning and Research Goal. In the fall of

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# From the Editor

Jerome Gans, MD, CGP, DFAPA, FAGPA

**The Group Circle** is published four times a year by the American Group Psychotherapy Association, Inc.

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**A**s I approach my 66th birthday, I find myself reflecting on the route I have traveled in finding my own voice as a group therapist. Two statements made by two different mentors, at critical junctures in my development, provided a basic framework. The first was a quote taken from Terrence, the Roman poet and philosopher: "I am a man (person); nothing human is foreign to me." The second teaching was "We all have something that no one else has, namely, our experience as we have experienced it. We may not have elected it; we may even think it stinks; but it is ours, so we should value it and use it." I have come to see that lessons learned from personal experience infuse our clinical approach with authenticity, conviction, and courage. Of course, personal experience without the guidance of theory, supervision, and our own therapy can lead to the state of solipsism, whereby our experiences and emotional states seem to be the only truths.

Let me list some of the seeming truisms I have come upon.

- A person seeking help will, in the vast majority of cases, take a step toward, not away from, someone who is trying, competently and respectfully, to understand them.
- A clinician's basic obligation is to attend to the needs of his/her patient, not a particular theoretical persuasion. Even though theories are important and we should be familiar with all of their methods, we should employ them as indicated by the clinical situation.
- There are no completely objective data in interpersonal relations. The way I am with you will partly determine the way you are with me.
- A clinician's determination to approximate knowing and being with the other person is more important therapeutically than insight or being right.
- People are usually doing the best they can.
- Thinking honestly about oneself is painful.
- Despite recent trends in mental health care and delivery, it is still a privilege to do psychotherapy.

Theory, especially in one's formative years of training and professional development, is indispensable; and yet, as the years go on it can, if inflexibly adhered to, be an encumbrance. Several years ago, I began treating Carol (not her real name), who was a very bright and accomplished architect. She would often sit silent for the first 30 to 40 minutes of an individual session, despite the warm greeting she would give me in the waiting room. We came to understand this remarkable and instantaneous change in feeling.

Stepping over the threshold into the office, Carol entered the toxic emotional world of her mother, where speaking was very dangerous.

I had been trained to let the patient speak first to insure that what we talked about was something on the patient's mind as opposed to any agenda I might have. In retrospect, it is kind of appalling to think, with regard to Carol, how long I adhered to what I had been taught, namely, that psychodynamic therapists follow rather than lead their patient's associations.

Carol joined one of my groups while continuing in individual therapy. To my astonishment, she had no apparent trouble speaking freely and openly in the group. I inquired in an individual session about this apparent paradox. She explained that individual therapy had provided her the opportunity to realize just how crazy was the alcoholic family in which she grew up. However, she remained terrified that she might be crazier than she imagined. If, in individual therapy, she began speaking first, she was afraid that what she said might go beyond the parameters of normality and that I would think she was crazy. In the group, the conversation of other members defined for her the parameters of normality and, in so doing, indicated topics that were acceptable for her to discuss.

Subsequently, I asked her if my remaining silent at the beginning of our individual sessions had ever been helpful to her. Her answer was an immediate and unequivocal "No." Daring to incur the opprobrium of my internalized supervisors and mentors, I decided to begin many of our individual sessions by speaking first. We were rewarded with a more responsive patient and a more productive therapy.

Lest I forget—another aspect of turning 66—I hope you enjoy the many interesting articles in this issue of *The Group Circle*. ●

## New Benefit For AGPA Members!



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## Notification of Board Election Slate

**I**n preparation of the slate for Board of Directors (2007-2010 term), the Nominating Committee met its responsibilities to present candidates best qualified for Board of Directors positions. 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 AGPA office no later than November 20, 2006.

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.

- Pat Alford-Keating, PhD, ABPP, CGP (California)
- Richard Billow, PhD (New York)
- Paul Cox, MD, CGP (California)
- Jeffrey Kleinberg, PhD, CGP, FAGPA (New York)
- Anne McEaney, PhD, CGP (New York)
- Joan Medway, PhD, CGP (Maryland)
- Dayne Narretta, MSW, LCSW, BCD, CGP (Louisiana)
- Katie Steele, PhD, HSPP, CGP (Indiana)

# Welcome to Austin!

Alaire Lowry, PhD, ABPP, CGP, Marketing Subcommittee Chair, Local Austin Annual Meeting Task Force

Austin, Texas, is a special place. Your colleagues here extend a warm, Texas welcome to you and want to give you an idea what the buzz is all about! Located in Central Texas in an area known as the Texas Hill Country, Austin is a very laid-back city, an intriguing combination of cosmopolitan and down-home. It is surrounded by rolling hills and lakes and is especially beautiful with all the wildflowers in the spring. The Texas state capital, Austin is politically more progressive than many other parts of the state. Home of the University of Texas at Austin, the largest university in the United States, and three other universities, the city is heavily focused on education. People from around the world come here to study, teach, and do research, making Austin very much a multicultural center.

It is also a hip, trendy and high-tech city, sometimes known as “Silicon Hills.” To check out the latest styles, cruise the funky shops along South Congress Avenue. And Austinites love food! Our restaurants attract world-famous chefs, and we have local specialties that will make your mouth water. For shopping and snacking, browse the huge new Whole Foods Market downtown—a foodie’s delight—with under-store parking and escalators for you and your shopping cart.

Blessed with a temperate year-round climate and 300 days of sunshine a year, Austinites live for the outdoors. Nature trails, parks, and wilderness preserves create oases in the heart of the city. Town Lake bisects the center of downtown and is bordered by 10 miles of hike-and-bike trails (a short walk from the Hilton Austin Hotel, site of our Annual Meeting). How about a tour of our beautiful lakefront? The Austin Duck Tours transport you in an amphibious vehicle from the street to the waters of Town Lake and the world’s largest urban bat colony. The Lady Bird Johnson National Wildflower Center is a botanical garden dedicated to native plants. Enjoy wandering among the streams and flowers or buy your own seeds in the gift store.

Austin is also known as the “Live Music Capital of the World.” One of the most appealing aspects of the local scene is the wide range of good sounds to be found at unexpected, completely original places: barbecue joints, Tex-Mex restaurants, and Threadgill’s, a converted 1930’s gas station where Janis Joplin got her start. Live music plays at more than 100 locations on any given evening. You can hear a little blues, some country, the beat of rock and roll, Tejano tunes, or a few licks of jazz. The largest concentration of music venues is downtown in the Warehouse District and along Sixth Street, a stretch of bars, clubs, and restaurants. Esther’s Follies, an iconic Austin comedy club, has early and late shows with all kinds of hilarity on tap. Local Austin Annual Meeting Program Chair Jeffrey Hudson, MEd, LPC, CGP, FAGPA, is happy to help suggest an evening program for you!

The Texas State Capitol, an imposing pink native granite structure, maintains a



stately presence on a hill downtown. Actually 14 feet taller than the nation’s capitol, the Texas statehouse is the largest domed statehouse in the country. To learn a bit about Texas’ larger-than-life history, we recommend a visit to the new Bob Bullock State History Museum, which features intriguing artifacts, interactive exhibits, multi-media shows, and an IMAX theater. Don’t miss the 20-minute video about Texas! Also recommended is the Lyndon Baines Johnson Library, located on the University of Texas campus. Collections include important papers from Johnson’s presidency, personal gifts received by Lady Bird and LBJ, a replica of the Oval Office, artifacts from Air Force One, and other memorabilia from LBJ’s life. To get the flavor of the University of Texas, take a stroll around the campus with its Spanish Renaissance buildings and majestic live oaks. Another fun and easy way to see major Austin landmarks is on a guided Segway tour. These self-balancing, battery-propelled personal vehicles are simple to use, and the tour office is only minutes from the hotel.

Austin is a health-conscious city. Runners, walkers, bikers, and swimmers are a part of the everyday scene. Our legendary Barton Springs Pool is a constant temperature, natural spring-fed pool built where Native Americans camped for hundreds of years. Today Austinites swim in its refreshing, crystal waters throughout the year and picnic and play in the surrounding shady acres of Zilker Park, less than two miles from our hotel and easily accessible by the Town Lake Trail. Because convention-going can be stressful, your Local Hospitality Committee, headed by Patricia Tollison, PhD, CGP, will offer free sessions in the hotel of Authentic Movement, yoga and Qi-Gong. Thanks to the generosity of local instructors, you will be able to experience these healing arts as a gift from our community.

Average daytime temperatures in early March run between 58 and 74 degrees with sunshine and a chance of showers. No fancy dress is required for Austin venues. You can go to the symphony or the opera in black tie or a nice shirt and jeans.

Ask Local Austin Annual Meeting Co-Chairs Michael Hegener, MA, LPC, CGP, and Janice Morris, PhD, CGP, or any member of the Local Austin Annual Meeting Task Force to share their favorite things about Austin. Relaxed, diverse, generous, friendly and casual—that’s Austin. Welcome to the Heart of Texas. ●

## President

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2005, Board members working in small groups, by e-mail and phone, grappled with how and if we can achieve continuing education offerings in addition to our Annual Meeting. The creativity generated by the small groups was awesome, and the Board is presently gathering information needed to decide how we can expand our teaching and training beyond our Annual Institute and Conference. What possibilities are there in a workshop that originates in the Annual Conference and continues throughout the year via phone or e-mail? Is there

an audience for continuing education credits from our *International Journal of Group Psychotherapy* now online? Would our Affiliates be interested in co-sponsoring training events with us? We still have more questions than answers but hope to have definitive directions set before our March Board meeting.

Although this is not a book review column, I can’t help mentioning a most engrossing biography of Abraham Lincoln, *A Team of Rivals*, by Doris Kearns Goodwin, which with Messianic zeal, I’ve been recommending to all colleagues. It reads like

a case study of a long-term group, with Lincoln as an untrained but brilliant group therapist. A dark horse in the 1860 Presidential race, Lincoln’s party was so fractured, yet he defeated the two major contenders for the nomination. After winning the Presidential election, he appointed his rivals to major posts in his Cabinet—a stroke of genius. His containment of this small group mirrored his leadership in avoiding the split in his party and ultimately in re-uniting the nation. Although I’ve never before considered politicians as group psychotherapists, maybe we have a lot to teach them. ●

*Editor's Note: Given that the readers of The Group Circle are not only members of AGPA but also citizens of the world and given the uniqueness and importance of the Imagine Conference, we are printing two articles on the conference. Reading these articles in the light of this summer's war in the Middle East certainly drives home a sense of the vicissitudes of hope and despair.*

## Reflections on Imagine

Pnina Rappoport, PhD, and Suzi Shoshani, MA

*The sea and the shore are always next to each other.  
Both want to learn to speak, to learn to say  
One word only.*

*The sea wants to say "shore"*

*And the shore wants to say "sea"*

*They draw closer, over millions of years*

*Towards talking towards saying*

*That single word*

*When the sea says "shore"*

*And the shore says "sea"*

*Redemption will come to the world*

*And the world will go back to its unformed potential.*

*The Sea and the Shore, by Yehuda Amichay*

Throughout history, people have organized themselves into groups, with diverse, often contrasting, interests, and viewpoints.

Different customs, beliefs, and values have been a source of continuous conflict, frequently breeding animosity and hatred expressed verbally and physically. Sometimes the effect has been widespread suffering and seemingly endless war.

Since the two World Wars, humanity has begun to understand that the destruction of the other also means self-destruction. Political culture has shifted in the direction of dialogue. By placing immense importance on plurality, the different other, once a stranger and a threat, this dialogue is becoming a resource of enrichment and promise. On the personal level, we define ourselves and build our identities through interactions with the other; on the social level, we have begun to discover ourselves through these same inter-subjective relationships.

"Imagine: Expression in the Service of Humanity," an international conference on Creative Approaches to Dealing with Conflict in Groups was born out of the need of therapists around the world to expand the boundaries of group therapy beyond the therapy room, by researching social processes and examining ways of coping among societies in conflict. Initiated by Lesley University in Boston, Massachusetts, the conference focused on the development of creative therapeutic tools appropriate for dealing with conflict in general and the Israel-Palestine conflict in particular.

The goal was to create encounters among Israelis, Palestinians, and representatives from around the world and establish a path toward open dialogue, in which each participant would be able to listen to the other, touch his pain, and find a place to express his opinions and feelings. The conference took place in Israel over three days. Each day focused on a separate theme—conflict; trauma; and hope, peace and conciliation. There were 460 participants; 150 came from abroad; 60 were Palestinians; and 250 were Israelis.

Mornings began with two keynotes dedicated to that day's subject, followed by roundtable discussions in the lecture hall. At each table, there were a variety of representatives from the Palestinian, Israeli and international professional communities. The impact of 30 diverse group tables simultaneously discussing the same topic in the same space echoed strongly in the consciousness and unconsciousness of all the conference participants, and undoubtedly influenced their emotional experience. The discussions were led by

Israeli and Palestinian facilitators, who had undergone preparation by participating in a special project, prior to the conference.

For some of the Israelis and Palestinians, it was the first time they had met face to face. One Palestinian participant summarized this new experience: "It was the first time that I looked straight into the eye of an Israeli and saw a human being. And it was the first time that an Israeli looked me in the eye and saw me as a human being." Another said: "It was the first time that I looked in the eyes of an Israeli and he didn't lower his eyes."

### The Roundtable Discussion Group

The roundtable discussions created an atmosphere of cooperation and openness, offering participants the opportunity to observe themselves and others sharing personal experiences and providing them with exposure to various viewpoints and opinions. These personal stories enabled us to touch the pain of the other and to become aware of a large variety of familiar family, work and daily existence conflicts played out against the backdrop of the Israeli occupation, Palestinian terrorist attacks, world traumatic events, and personal and national traumas.

The Palestinian participants from the West Bank and Gaza described how difficult it was to raise children in the shadow of the separation wall; their fear of Israeli bombardments; the hardship and humiliation accompanying the arrest of the family head; their poverty and hunger; and their difficulty in relinquishing their identity as victims

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## Imagine: Personal Notes on the Israel Conference

Esther Stone, MSSW, CGP, FAGPA, and Walter Stone, MD, CGP, DFAGPA

We didn't quite know what to anticipate about the Israel conference, "Imagine: Expression in the Service of Humanity," yet we were eagerly anticipating a return trip to Israel for the first time since 2000. The trip from Lod Airport to Jerusalem provided our first sense of dislocation. We had been over the road many times and knew the landmarks. They weren't there. We were told that we were on a new road that went through the territories, and even casual observations would make clear the differences between the Arab and Israeli villages. When we realized that all access to this superhighway had been closed off in the name of safety by large concrete barriers, we wondered if this was a metaphor for the upcoming conference.

We settled in at the Regency Hotel on Saturday afternoon, somewhat bedraggled after a 20-hour trip from San Francisco. Our energy returned as we met with Pnina Rappoport, PhD, Conference Co-Chair, and Suzi Shoshani, MA, Chair of the Conference Organizing Committee, who were voicing concern

that the Palestinians had received their permits to enter Jerusalem quite late. They were uncertain how many would actually get through the checkpoint and be able to attend the pre-Congress, to be held at Mormon University on Mount Scopus, overlooking much of Jerusalem and the Old City.

These early anxieties were partly realized when the following morning a major downpour hit Jerusalem. The result was flooding and uncertainty when to start the meetings because not only were the Palestinians delayed, but many others got caught in resulting traffic jams. We eventually started, about 45 minutes late. The theme for our experiential group was "Can we explore differences? Can we explore similarities?" The group of 11, included one Palestinian woman and another member who described herself as half Jewish and half Arab; the others were Jewish.

Although we were very much aware of the conflicts, particularly in the context of Hamas winning the election just weeks before the Congress, we may

have temporarily neglected the deadly nature of the conflict and its impact in the community with regard to the apparent openness among the members. Following an intervention aimed at further exploring feelings, we were told that the situation—for both sides—was truly life threatening. Some important exchanges did take place but, in general, intense emotions emerged only briefly.

We both left the pre-Congress with a mixture of feelings. We had accomplished one of the missions—sitting together and having as free a discussion as possible about fears and hopes from both Palestinian and Jewish perspectives. Yet in a way that was never so clear to us before, we also came to appreciate that the situation is a stalemate—both sides feel that they are victimized, and both sides feel the others are perpetrators. As is often the case, we wished for more dialogue and strongly endorsed the idea that follow-up sessions would continue what we had started.

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## Reflections

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when explaining to their children the two conflicting positions—to be against Israel and seek revenge, while searching ways to peace; to be happy when Israelis are hurt, while simultaneously feeling the pain of those who suffer. One Palestinian mother described how she copes with the traditional problem of balancing career and motherhood, which is exacerbated by her inability to return home to her sick daughter because of Israeli curfews. Another Palestinian woman opened a personal conversation with an Israeli male participant about the daily challenges of maintaining a happy household when both parents have a career.

The Israelis shared their experience of living in constant fear of terrorist attacks, which included preventing their children from moving about freely, avoiding crowded places and traveling on buses, always on alert and listening to the news. They asked how they could raise their children to believe in pluralism, flexibility, respect, and freedom for the other while living under constant threat and constantly threatening the other. They wondered if their confusion and ambivalence was being transferred to their children and how to reconcile the conquerors' feelings of guilt and shame with the fear of being conquered and the hate and anger at neighbors who forced them into this position. One Israeli mother, expressing deep concern for her ability to truly protect her children, described the difficulty and accompanying anger at having to wake her household early in order to drive her child across town to school rather than allow her to go by bus because of their fear of terrorist attacks.

### The Large Group

The large group, led by Earl Hopper, PhD, CGP, FAGPA, provided an additional opportunity for encounters between conference participants. This gathering was unique in that it enabled many to express emotions, attitudes and thoughts in an open atmosphere, while respecting, as Levinas has said, “the freedom of the other.” Many noted it did not require the search for unconscious conflicts as they were all there in the open—the feelings underlying the accusations, the sense of guilt, the avoidance of responsibility in stark contrast with the wish to see the other as a human being, to be understood and heard, to have a dialogue, to hope for peace.

Although the large group dialogue was personal, participants felt a commitment to represent their national positions. Three subgroups were apparent: Palestinians, Israelis, and foreign participants. Each subgroup experienced an internal conflict between extreme positions and moderate views, between those focusing on national suffering and those on the pain of the other.

The Palestinians claimed the occupation was the foundation of all evil. Describing their humiliation at the checkpoints, their helplessness living in a ghetto in the shadow of the separation wall, and their discrimination as second-class citizens, it was difficult for them to relate to the idea of the Israeli soldier's fear at the checkpoints.

The Israelis began the session with difficulty. They were defensive, afraid to insult the Palestinians, and often felt shame and guilt when answering them. Later they expressed fear of Palestinian terror and anger against the Palestinian one-sided approach to history that placed all the blame on the Israelis for their poverty and suffering in the territories.

A portion of the large group discussions focused on each participant's responsibility as an individual and a member of a national group to change the atmosphere of deprivation and victimization and to enable dialogue between equal partners.

The foreign participants also expressed fear and helplessness living with the threat of terrorism in the world. Their presence was important, especially in their capacity as catalysts and international listeners to both sides of the conflict. A Palestinian suggested at the conclusion of the conference that perhaps they had succeeded in showing that there were other aspects to each nation and people capable of creating dialogue despite different political viewpoints.

There was a fear to express all viewpoints and to interpret them psychologically, particularly within the context of the difficult realities existing in the Middle East and other parts of the world. This influence also frightened the group leader. In the first meeting of the large group, he sat isolated in the middle of the circle accompanied only by a conference organizer. In the second meeting, two male participants dared sit by his side, which raised the association of the group leader with his two bodyguards. By the third meeting, many more participants sat in the circle with the group leader.

This dynamic raised a question for further research: What is the role of the group leader in an open dialogue that expresses a difficult and threatening reality between people with extreme viewpoints?

Among the other AGPA members presenting at the conference were Richard Billow, PhD; Sara Emerson, LICSW, MSW, CGP, FAGPA; Jerome Gans, MD, DFAPA, CGP, FAGPA; David Scharff, MD; Esther Stone, MSSW, CGP, FAGPA; and Walter Stone, MD, CGP, DFAPA. Walter was active in the planning of the conference as well.

In conclusion, we are happy to report that the group leader training project begun prior to the conference will continue because all participants have expressed a desire to carry on the process. This important project helped open a small window to understanding and respecting the different other. We have tried to develop a dialogue between societies torn apart by long-term traumatic conflicts. Thanks to those who have supported this venture, we can continue to explore ways to dialogue among groups and societies in conflict. ●

*Pnina Rappoport, PhD, is a member of the Executive Board, Israel Institute for Group Analysis, Israel and Director of Tmorot Ve Anashim Institute, Tel Aviv, Israel. Suzi Shoshani, MA, was Chair of the Local Organizing Committee for the Conference. Both Dr. Rappoport and Ms. Shoshani are certified group analysts in Israel.*

## Personal Notes

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The Tuesday afternoon trip to Tel Aviv was again filled with anticipation, as we looked forward to the opening of the Congress. The headquarters at the Hilton housed the entire Congress. The mornings were almost entirely devoted to a plenary session, either two 30-minute related presentations or one presentation with a formal discussant. These were held in a large room organized with tables, rather than the usual auditorium seating. Upon entering the plenary, we were given directions to sit at specified tables. The seating arrangement created subgroups. Committee members assigned to each table facilitated the discussion following the presentations. The tables remained the same for the three morning plenary sessions, which enabled us to get to know others in a deeper and more meaningful way.

On Wednesday afternoon a special plenary focused on conflict resolution in the context of the Israeli Philharmonic Orchestra. The speakers Zubin Metha and Pinchas Zuckerman were well known to us, but Saleem Abboud Ashkar, a Palestinian pianist, was unknown. They each spoke from differing perspectives about the tasks of integrating Palestinians and Jews in an orchestra. Our sense was that focusing on producing great music overrode any conflicts. The realization of these ideas was amply demonstrated as we returned to Jerusalem for a concert in which all three demonstrated their virtuosity. The bus ride, returning to Tel Aviv after midnight, was filled with a quiet buzz; we all reflected on and talked about the extraordinary beauty of the concert.

Research presentations on the emotional impact of the conflict on both Israeli and Palestinian adults and children seemed to become a focal point for conflict among Congress participants themselves, as the validity of preliminary findings of greater PTSD in Palestinian children compared with Israelis was disputed. No doubt this major point of contention of the Congress, namely, who is hurting the most, reflected issues about the conflict at large. The emotions were reflected in the large group, conducted by AGPA member Earl Hopper, PhD, CGP, FAGPA, Chair of the Scientific Program Committee. His summation seemed particularly apt; he said that we should consider ourselves pleased and fortunate to have participated in this Congress, given that 60 Palestinians met with 250 Israelis, and 150 others from around the globe, to discuss difficult and seemingly insoluble conflicts.

Had this all been foretold in our initial trip from the airport? Were the roads still closed, or were there now places that all could enter on the road to eventual peace and understanding? Those may be grandiose thoughts, but hope is a powerful emotion, and for the two of us the personal experiences of the Congress offered a glimmer of hope for peace in what we in America only experience through the distance of newspapers and television. The conflicts are real and the emotions run high, but there are people who want to come together to find ways to resolve conflict, and that certainly is hopeful. ●

# Meditation in Therapy

Anne Mahoney, PhD

**M**indfulness meditation, in conjunction with psychotherapy, is a beneficial combination of eastern and western approaches to psychological well being. It offers techniques for clients to observe and interrupt the cycle of thought patterns that negatively impact their lives and their health.

Mindfulness meditation is the simple and direct practice of moment-to-moment observation of the body and the mind through calm and focused awareness. Mindfulness is not a hypnotic technique, nor is it a relaxation practice, or a form of therapy. Mindfulness meditation is the mental discipline, which enhances our ability to be experientially aware.

Cultivating the capacity to be fully present (awake, attentive and responsive) in all aspects of life is the essence of the practice. It is a practice that helps us to take responsibility for our lives, develop personal leadership, and allows us to recognize the impact our thoughts, words and actions have on those around us and on ourselves. This in turn allows us to relate to life's stresses in a calm, accepting manner. We become less emotionally reactive, experience less stress, anxiety and dissatisfaction. Furthermore, this awareness allows us to see emotional and behavioral patterns in our lives that may negatively impact our psychological and physical health.

Mindfulness meditation is about learning to be in touch with what is actually happening through non-judgmental self-observation. This is not a goal-oriented practice and does not involve trying to get anywhere or to feel anything special. Mindfulness is cultivated by intentionally paying attention to things we ordinarily ignore. This includes external input from our five senses, as well as internal mental phenomena such as thoughts, attitudes, memories, emotions and moods. (Gunaratana, 1991)

The basic instructions for mindfulness meditation involve sitting comfortably with your back straight, but relaxed. Then, you bring your awareness into your body and begin to watch the rise and fall of your abdomen as you breath in and out. Observing your breath represents the primary object in this meditation. When your mind moves away from the breath, mentally note where your attention goes. The object that draws your attention (these are referred to as the secondary objects) may be a sound, a sight, a smell, a taste, a touch sensation or mental phenomena, such as, a thought, a memory or an emotion. You may use a word to help reinforce the mental noting. For example, as you meditate you may remember an event that occurred earlier in the day, just note "remembering" and return your awareness to your breath. It is important not to personalize the mental noting (thinking "I am remembering" is not useful). This basic technique can be adapted to any activity. In daily life the primary object of awareness is the task at hand. For example, as you read this article the primary object is reading. As your awareness moves away from that task (to a secondary object) note where your awareness goes and bring your awareness back to reading. The difference between

reading the way you usually do and reading with mindfulness is the ability to consciously note the secondary objects as they arise in your mind. This technique is extremely simple and straightforward. The difficulty is only in remembering to practice.

As you practice mindfulness meditation you develop an experiential understanding of how your perception influences your reactions to events. Events are rarely perceived directly. Human beings impose a cognitive perspective and an emotional judgment (liking, disliking or feeling indifferent) on what actually happens. This conceptual overlay occurs very rapidly and frequently outside awareness, through a series of unconscious emotional reactions and automatic thoughts.

That is to say, ordinary awareness of any sensory input involves not only the perception of the object but an attempt to categorize the object, judge the object (liking, disliking or feeling indifferent), and think about the object. This internal process moves away from experiencing the actual object and to a conceptual understanding of the object. The space between the actual object and the conceptualization of it is frequently filled with thoughts, assumptions and emotions.

For example, if you hear a sound in the middle of the night and you think it is the sound of glass breaking (categorizing), you may think that your cat knocked the vase off the mantle (assumption). Your emotional and behavioral reactions will be based on that thought, not on the sound *per se*. If you didn't like the vase (judging), you may think all is okay and go back to sleep. If you were very attached to the vase, you may feel sad (judging) and/or angry, and you may yell at the cat. If you hear the same sound in the middle of the night and you think it is the sound of glass breaking (categorizing), you may tell yourself that someone is breaking into your home (assumption). In this case your reactions (physical and emotional) are going to be very different than when you thought the vase was broken.

Although it appears you are reacting to the external stimuli (the sound of glass breaking), you are, in fact, reacting to a series of mental processes. Ordinary awareness is frequently unable to separate these mental components. The practice of mindfulness meditation allows us to experience the sound, the emotional tone (judging), the perception (category), and the assumptions as separate phenomena. The separation of these mental phenomena opens up the possibility of choice. When you see judgments and assumptions with mindfulness, a choice can be made to respond to them or to let them go. The ability to observe mental phenomena without judgment is a powerful tool.

The integration of mindfulness meditation with group psychotherapy facilitates an increased capacity for clients to tolerate painful, emotional material. Awareness without judgment (i.e., mindfulness) allows one to observe painful, emotional material without becoming trapped in the feelings and without intensifying the emotional pain. Furthermore, mind-

fulness awareness allows one to experience emotions directly rather than engaging the emotions cognitively. The ability to be experientially present with emotional pain allows individuals to heal from emotional difficulties. The process of being able to heal by feeling the emotion occurs when one is able to remain focused on the emotion rather than the context producing the emotion. This direct, non-judgmental experience of emotion allows it to dissipate. In contrast, cognitive dialog about emotion, whether as internal self-talk or dialog with another person, often serves to entrench the painful emotion. This increases the likelihood that the individual will avoid painful feelings in the future. Mindfulness meditation is particularly effective for dealing with unpleasant emotional feelings such as grief, despair, sadness, shame, or rage. In my therapy practice, I use mindfulness meditation as a tool to help clients unravel overwhelming and confusing thought patterns and emotions.

Beginning each group therapy session with a few minutes of mindfulness meditation can be beneficial to the work of the group. The practice allows members to bring themselves into the present mentally and psychologically. It also helps members become aware of what they are feeling emotionally. Mindfulness can be used as a tool to help both the individual and the group explore feelings without getting caught in the story.

Another useful application of mindfulness meditation in group relates to prolonged silences. Periods of silence in groups are typically waited out by the therapist, the understanding being that the most anxious member will speak first. It may be more productive to ask the group to mindfully watch their feelings during such silence and then to speak of their internal experience. This moves the group away from "wishing someone would talk" to the experience of what it feels like when no one is speaking.

Another aspect of mindfulness that has clinical relevance involves the changing nature of phenomenon. Practicing mindfulness helps clients face painful emotions that they have previously avoided either consciously or unconsciously. As they learn to mindfully watch emotion rather than react to it or replay the story around the emotion they learn to tolerate painful emotions. Furthermore, they experience the true nature of emotion. That is, emotions come and go. If, for example, anger is felt about some situation and the client is able to just feel the emotion it will naturally rise to a key point and then start to fall away. Emotions appear static when they are continually fed by thoughts. For example, if you continue to think about or talk about the reason for the emotion, (recurrent thoughts or speech such as: "How can he speak to me like that? Who does he think he is? What right does he have to do that? I will show him.") what happens? The anger increases because thinking about the situation rather than focusing on the emotion itself fuels the anger. Through mindfulness, clients can learn to stop thinking about the rea-

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**Dear Consultant:**

**J**oe” has been in my group for two years. Six months ago, he began dating a woman, “Jill,” and frequently talks in group about their developing relationship. One of the issues he talks about is the fact that his girlfriend is a recovering alcoholic, is quite active in her local AA group, and sponsors others earlier in their recovery. Joe has previously been unaware of the whole recovery process and brings a lot of questions about the 12-step program into group. He also talks about his concerns about her possible relapse and what implications her alcoholism may have for their future. Recently he came to group and reported that his girlfriend has become quite upset over the fact that he has discussed her in the group. She says she understands he needs to talk about their relationship, and is OK with him discussing anything he needs to talk about in individual therapy, but she does not trust the group to keep this information confidential. They continue to disagree about this, and her fear and anger have intensified since they have started making plans to live together. How can I help Joe (and the group) with this issue?

Signed,  
Troubled

**Dear Troubled:**

**T**his is a rich question, one that I am sure will resonate with most group therapists in some way. All too often, one of our group’s members will present the group with a compelling problem concerning a relationship outside of the group (i.e., spouse, partner, children, parent, etc.) that will require attention and rally the group’s time and energy around solving their dilemma. Sometimes this will be done in the service of group work; more often, it represents a group resistance. While it is always necessary for the group and its members to spend some time talking about their relationships outside of group, it is never productive if too much time and energy remains focused out there.

Before I attempt to answer your question (How can I help Joe [and the group] with this issue?), I want to be sure that you are correctly identifying the issue. After reading your question, I know more about Joe’s girlfriend than I do about Joe, the group, or the feelings all this might be stirring up in you. Are you annoyed, bored, or anxious about Joe’s issue and the group’s response? Understanding the feelings that our groups evoke in us provides a rich source of information about the kind or level of emotional communication that the group may be avoiding. Other information, such as the membership of the group, its size, gender distribution, and length of time it has been together without a change in membership, all contribute to the underlying dynamics going on with Joe and the group. How

long and how much time is this issue consuming each week? Probably the most important question to ask: What theory guides your group treatment? Is it a generic psychodynamic, interpersonal model or an individual focus with a take turn format?

Despite the limitations of information you provide, I’ll offer some generalized suggestions for your consideration. It is a well-accepted principle that there are three primary forces operating at all times in a therapy group: 1) intrapsychic or individual dynamics; 2) interpersonal dynamics; and 3) group-as-a-whole dynamics. Consequently, as group leaders, we have the option of intervening on any of these three levels. There are a multitude of variables (such as, but not limited to, stage of group development, target population being treated, individual resistance operating in concert with group-as-whole resistances, group role inductions, the training and the personality of the group leader), which will influence which level of intervention (intrapsychic, interpersonal, group-as-whole) we choose at any particular time. It is also important to remember that intervening at one level will have an impact on the other two levels. While there is no concise formula for determining which level is the best level to utilize at any particular time, it is usually judicious to keep all levels of interventions balanced over the course of a few meetings.

Regarding the particular question you ask, if you decide to take Joe’s presenting problem at face value and not some form of group collusion and resistance, you might intervene at the intrapsychic level. Encourage Joe to tell the group less about his girlfriend’s feelings and more about his own feelings of fear, anger, and mistrust—especially as it might apply to the group. Invite Joe to be curious about how he might be contributing to her insecurity by exploring the timing or way he might be describing the discussion of her in group. For instance, is he inducing fear or mistrust in her by using the group to express his own fears (“My group says I need to be careful that you don’t relapse.”), instead of taking more ownership of his own feelings with her by directly speaking to her about his own fears (“I need you to tell me more about AA and recovery, so I don’t let my fears get the best of me.”)?

On an interpersonal level, I would encourage you to frequently ask the other group members what they are feeling as they listen to Joe. Use every opportunity to promote bridging and joining between group members. Because of the ubiquitous presence of addiction in our culture, feel confident that some other members have had similar struggles with an alcoholic parent, sibling, or partner. Fear of commitment and intimacy are universal themes, even if alcoholism is not involved.

Encourage the group to not allow these feelings to be contained by one single member of the group.

On a group-as-a-whole level, consider the possibility that the group may be colluding with or even recruiting Joe to help avoid the underlying theme of fear and distrust in the group. This topic is easier to deal with if the group can keep it outside of the group room—contained in Joe and his girlfriend. It is much more threatening for the group to bring this issue into the here-and-now and explore the ways this theme is played out with the emerging relationships that are developing in the group.

One last thing to consider: It has been my experience that most recovering alcoholics, who are active in AA, are usually highly accepting and look very favorably upon all forms of group treatment.

Consequently, Joe’s report of his girlfriend’s distrust of the group is very unusual. This leads me to wonder what is going on with Joe in relation to her, but more importantly, what is going on with Joe in relation to you and the group.

These suggestions might not work all the time, but if you can keep the group curious and help them explore all the potential possibilities, be confident that you can trust the group to get at the bottom of all this.

Philip Flores, PhD, ABPP, CGP, FAGPA  
Atlanta, Georgia

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 512-469-0889 or e-mail at [mhegener@sbcglobal.net](mailto:mhegener@sbcglobal.net).

**China**

*continued from page 1*

- Member-to-member confrontations were sometimes awkward, but in truth, were more direct than we have tended to experience in the United States. There is a cultural bluntness that is very helpful in this regard.
- Shame and other affects are the primary concerns underlying the material members tended to discuss.
- Role-playing often gave way to more personal involvement, and eventually the group aban-

doned role-playing for the most part, in favor of more personal self-experience.

- Goodbyes were bittersweet as always; the distance between us was too daunting to even consider.

As our training group schedule came to a close, we then worked on formulating ways to continue a distance-learning model. We have begun e-mail supervision and consultation and have provided two guest memberships, which will permit our Chinese colleagues to travel and join AGPA at its Annual Meeting in Austin, Texas. They now have online

access to *The International Journal of Group Psychotherapy*, which they find an invaluable resource and for which they are most grateful.

I came away with the renewed conviction that we are more alike than different, that dynamics are ubiquitous across externals, that humans in groups find common cause and intimacy and respect, as we did. I feel so privileged to have had a chance to open this door, and grateful for the many years of training that this “grey hair” person could offer our magnificent new colleagues. ●

## Meditation

*continued from page 6*

son for the emotion and just feel it. Mindfulness meditation is ideal for teaching this because non-judgmental awareness leads to experiencing rather than thinking.

In group therapy, mindfulness meditation provides members with a means of exploring their resistance and learning to be present with the underlying painful emotions. Members do this by bringing their awareness to the physical sensations associated with their resistance and the underlying distressing emotions. This is a way for members to directly experience their numbness, anger, sadness, anxiety, shame, or rage. In this exercise the primary object of awareness is the emotion or the physical sensations associated with the emotion. Sitting quietly and calmly watching one's emotions facilitates the ability to see the way painful emotions are buried under other protective emotions. For example, the therapist's (and perhaps other group members') understanding that an individual member's anger at her is a defense against the profound shame the individual feels at not being special reflects a cognitive understanding. However, when the group member is able to mindfully feel the anger, allow it to dissolve and then mindfully experience the shame, this is experiential understanding. The latter facilitates the individual psychological growth and greatly accelerates the work of the group. If being present with the emotion becomes overwhelming, then the member can go back to watching his/her breathing. Again, non-judgmental awareness allows group members to be the observer of their emotions, rather than reliving the situation.

I also apply the principles of mindfulness to my group leadership. The practice of mindfulness allows me to be present with my therapy groups at a deeper level. The practice of letting go and being in the pre-

sent moment intensifies the ability to listen to the individual clients as well as to hear the group level dynamics. Furthermore, as Fulton (2003) points out, mindfulness meditation enables the therapist to tolerate the client's disowned emotions rather than just containing them cognitively. This in turn opens the door for the group to learn to feel these disowned emotions rather than process them cognitively.

Mindfulness also allows me to empathize more deeply with the client's distress without being caught in that distress. This occurs through non-judgmental observation. Furthermore, mindfulness meditation helps develop a deep sense of respect for the other person's experience and understand the importance of allowing the client to have that experience. Perhaps most importantly, the practice of mindfulness has helped me let go of what I want for the client and the group, thereby allowing the client and the group to choose. Mindfulness allows me to keep my 'self' out of the therapy. ●

*Anne Mahoney, PhD, is a clinical psychologist in private practice in Calgary, Alberta, Canada. She is also the director of the Group Therapy Training Program, a nationally accredited education program that trains mental health professionals as group therapists, and an Adjunct Assistant Professor in the Department of Psychology at the University of Calgary. A Fellow of the Canadian Group Psychotherapy Association, she teaches meditation courses and leads meditation retreats in the Theravadin Buddhist Tradition.*

## References

- Fulton, P. 2003. Meditation and the Therapist, *Insight Journal*.
- Gunaratana, H., 1991. *Mindfulness in Plain English*. Wisdom Publications: Boston

# Affiliate Society News

Visit AGPA's website at [www.agpa.org/mtgs/affiliatemeetings.html](http://www.agpa.org/mtgs/affiliatemeetings.html) for updated Affiliate Society meeting information.

Martha Gilmore, PhD, CGP, and Haim Weinberg, PhD, CGP, directed a conference on *The Large Group Experience* for the Colorado Group Psychotherapy Society. All AGPA members and non-members were invited to attend.

Nora Dzierwa, MSW, and Barney Straus, MSW, MA, CGP, Co-Chairs of the Training and Programming Committee of the Illinois Group Psychotherapy Society (IGPS), announced a Conference and Experiential Institute to be held at the Water Tower Campus of Loyola University. The October 27 Conference on *Boundaries: Ethical Implications for Clinical Practice with Groups* will feature Hylene Dublin, MSW, CGP, FAGPA. Leaders of the October 28 Institute are Bruce Aaron, MSW, Barney Straus, MSW, CGP, and Lawrence Viers, PhD, CGP. Attending this program will fulfill the social work continuing education requirement in ethical practice. When members join IGPS at conferences, they receive a discounted IGPS membership and a complimentary time-limited membership in the American Group Psychotherapy Association. To receive a brochure or for more information, contact IGPS at 847-604-0356.

The Northeastern Group Psychotherapy Association (NSGP) looks forward to a busy fall of training and celebration. The Sunday morning Breakfast Club resumed when Walker Shields, MD, CGP, FAGPA presented on *Wilfred Bion: Reverie and the Group Therapist in the 21st Century*. On December 3, Sara Emerson, LICSW, MSW, CGP, FAGPA, will present on *Passion and Authority in Groups*. Members who would like to promote their work were invited to a Networking Potluck Dinner on September 24. Participants brought business cards, fliers, and other materials to share over dinner as they set marketing goals. On October 14, NSGP presented a special event to members and the community-at-large. Psychologist Gerald Stechler, PhD, presented on *Affect in Families and Couples*. The NSGP Training Program is now a one-year program starting this fall. It offers an experiential training group, five weekend courses, and preceptor meetings with experienced group psychotherapists. NSGP is celebrating its Fiftieth Anniversary with a Gala Dinner and program on November 4. Contact NSGP at 617-484-4994 or [www.nsgp.com](http://www.nsgp.com).

Puget Sound Group Psychotherapy Network conducted a two-day course for Certified Group Psychotherapy credentialing in September. The Board of Directors of the Affiliate will spend a day in November visioning the coming period in its life and work. It will incorporate insights and directions gleaned by President Eugene Kidder, MDiv, CGP from his attendance at the Affiliate Society Assembly meeting in Denver this past June.

The Westchester Group Psychotherapy Society met for lunch, networking and a presentation by Patty Donovan-Duff, RN, BFN, CT, Program Director of the Bereavement Center of Westchester, on *Coping with Bereavement Utilizing a Support Group Setting*. Contact Gloria Batkin Kahn, EdD, ABPP, CGP, FAGPA, 914-478-7633 for information on future events.

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](mailto:RBECKNY1@aol.com).



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