The Role of the Body in Group Psychotherapy: A Sensorimotor Psychotherapy

An Interview with Opening Plenary Speaker Pat Ogden, PhD

Martha Gilmore, PhD, CGP, FAGPA, Co-Chair, Annual Meeting Committee

Editor’s Note: Pat Ogden, PhD, is a pioneer in somatic psychology and both Founder and Education Director of Sensorimotor Psychotherapy Institute®, in Boulder, Colorado, which trains clinicians in sensorimotor therapy techniques to address traumatic stress disorder and attachment disturbances. She is also Co-Founder of the Hakomi Institute, past faculty of Naropa University (1985-2005), a clinician, consultant, and sought-after international lecturer. She is the author of Trauma and the Body: A Sensorimotor Approach to Psychotherapy, which describes her approach, and Sensorimotor Psychotherapy: Interventions for Trauma and Attachment, a guide to integrating sensorimotor psychotherapy into the treatment of trauma and attachment issues. She will deliver the Opening Plenary at AGPA Connect 2018, to be held in Houston, Texas.

MG: What is the focus of your Plenary?

PO: In group and individual work, the body is usually left out of the process, even though the body is as important as the words, thoughts, and emotions with which we work. In the group setting, we can help members access their bodies to work with the themes that come up in the group. We look at how posture, movement, and the way the members live in their bodies affect or reflect the issues that they’re bringing to group therapy. Some important examples are working with boundaries and support within the group. We often explore the different ways people reach out for support or seek proximity to others. The body is both an access route into these issues and a vehicle for working through them. For example, in one of Bonnie Mark-Goldstein’s, MSW, PhD, EdM, CAMFT, child groups, when the children were talking about how they didn’t get enough attention from their parents, Bonnie noted how all their postures were slumped. When she asked them to try sitting up straight, the children started to make their own meanings out of this experience. One child said it meant, “Pay attention to me.” So group members can learn to live in their bodies in a way that addresses their issues, in this group for example, by understanding that a physical habit like a slumped posture might prevent them from being assertive or getting attention.

MG: How did you first become interested in integrating your work with the somatic self along with the psychological self?

PO: My own body and movement has always been a resource for me. When I was a child, I was always outside and very active. When I was upset, I wanted to run or climb a tree. One formative memory has to do with when my mother put me in dance class. I was quite tall for my age.
FROM THE PRESIDENT

Strategic Planning Update

Another project we tackled over the summer was a review of our Strategic Plan. AGPA’s Strategic Plan, developed four years ago in consultation with the Triorganizational Board, outlines four strategic goals: Education/Learning/Research; Membership/Certification; Community Outreach/Visibility; and Organization/Al Sustainability. These goals have been operationalized into action items that have provided a useful roadmap for organizational actions. Relevant leadership recently reviewed the goals in a series of conference calls. It was helpful to see that a great deal has been accomplished. We also identified the remaining tasks for various groups to pursue. One unfinished task continues to be the Group Specialty Petition to the American Psychological Association, which was returned with a request for more information about post-doctoral and post-licensure levels of training. This petition is for psychology, and we are now beginning to look at ways to attain specialty status within other professional disciplines. (See the Practice Matters column on page 3 for more on this issue.)

AGPA History Online

I’m pleased to let members know that the History of AGPA (1992-2016) that was written in celebration of our 75th Anniversary has now been posted on our website (www.agpa.org/home/about-us/ agpa/75-year-history). I think you will find it interesting and instructive to see how AGPA has stayed true to its mission while adapting to substantial external changes. Many thanks to the authors Robert Klein, PhD, CGP, DLFAGPA, and Bonnie Buesche, PhD, CGP, DLFAGPA, for this substantial contribution.

Thanks to Journal Editor

For the past five years, our flagship journal, the International Journal of Group Psychotherapy, has benefited from the excellent editorship of Dominick Grundy, PhD, CGP, FAGPA. The Journal has transitioned to a new publisher, Taylor & Francis, and to an online article submission process. (I can remember submitting my first article, in multiple paper copies, snail-mailed to the AGPA office. How times have changed!) Several special issues have been published, including an extra 75th Anniversary issue. The Journal combines research and clinical material, making it valuable to both researchers and clinicians who practice group psychotherapy. Dr. Grundy has declined a second five-year term as Editor, and a search is being conducted for a new Editor. Dr. Grundy deserves great appreciation for his fine leadership and the many interesting Journal issues he has overseen. Elaine Cooper, PhD, CGP, DLFAGPA, is chairing the Journal Editor Search Task Force, and Susan Grant, PhD, ABPP, CGP, DLFAGPA, and Les Greene, PhD, CGP, LFCFAGPA, are serving as members. Inquiries should go to Elaine (elainejean@sbcglobal.net) and to Angela Stephens (astephens@agpa.org).

As always I welcome comments about this column or anything else. EleanorF@Counselman.com.

Gila Ofar, PhD, is Editor and Contributor to Bridge Over Troubled Water: Conflicts And Reconciliation in Groups and Society, published this summer by Karnac Books. The book presents a multi-faceted perspective on conflicts and their resolution that is applicable to individuals, groups, and society. Among the other contributors are Vamik Volkan, MD; Rebi Friedman, PhD; and Haim Weinberg, PhD, CGP, FAGPA. Earl Hopper, PhD, CGP, DLFAGPA, wrote the foreword.

Steve Van Wagoner, PhD, CGP, FAGPA

I perennially begin the fall column with a line about summer being over, harvesting the last of the tomatoes, basil and peppers, and beginning to feel the excitement of the approaching Annual Meeting, now known as AGPA Connect. This fall, however, I feel beats of melancholy given recent events. Our country is struggling with the aftermath of powerful storms, time Harvey in Texas, and Irma in Florida, Puerto Rico, and the Virgin Islands, and as I write this, Jose and Maria are stirring in the Atlantic. As a result, our members, either as survivors of these disasters or as a function of assuming critical roles in the disaster relief outreach efforts, and in some cases both, are feeling the same weariness and anxiety. Yet, one only had to follow discussions on the AGPA hasure to witness the outpouring of emotional and tangible support our organization marshals for the public and for each other when crises erupt.

Nevertheless, there is much to look forward to, including bringing the bulk of our membership to Houston for AGPA Connect, which seems more meaningful this year because of the organization’s efforts to support our members in that city, firstly in the face of institutional challenges to social justice there, and more recently as they continue to cope with the aftermath of Hurricane Harvey.

As we witness challenges to the social fabric in the US as evidenced by great political and social polarization, I find myself intrigued by David Allen, MD, MPH, who will deliver the Mitchell Hochberg Memorial Public Education Event at AGPA Connect. His work with survivors of social fragmentation in marginalized communities in the Bahamas inspires us toward the development of healing group processes that contain and modify destructive ones.

Pat Ogden, PhD, will open the conference with her experiences and insights using somnorriment therapy in working with trauma, thus continuing the recent AGPA tradition of highlighting body-oriented approaches to working with traumatic experience. Her ability to speak on her working with trauma, thus continuing the recent AGPA process that contain and modify destructive ones. (See the Practice Matters column on page 3 for more on this issue.)
BERNIE FRANKEL, PhD, ABPP, LCSW, BCD, FAGPA

Bernie Frankel, a veteran of World War II who survived the Battle of the Bulge and helped liberate the concentration camp at Mauthausen before going on to influence generations of group therapists, died at the age of 93 on June 21, 2017, in La Jolla, California.

Bernie was a Clinical Professor at Adelphi University’s Postgraduate Programs in Psychoanalysis, Couple Therapy, Group Therapy Training and Supervision, where he headed the Group Therapy Training Program. He was also a former Director of the Group and Family Therapy Department at Roosevelt Hospital’s Department of Psychiatry. As early as the 1970s, Bernie was an outspoken, direct, humorous, and smart teacher and presenter, both nationally and internationally. His beard and ponytail, impish grin, and willingness to ask uncomfortable questions made a lasting impression on all who knew him, worked with him, and learned from him. Those who attended his workshops at the Eastern Group Psychotherapy Society (EGPS), AGPA conferences, and elsewhere—often senior therapists who wanted to be challenged to stretch and work outside the box—recognized him as an astute clinician, a creative thinker, and a highly talented group facilitator.

He also served in a multitude of formal and informal roles for both EGPS and AGPA over the course of decades. Among his accomplishments, he helped keep EGPS alive in its earlier years, ultimately serving as President, and he was instrumental in developing the faculty meetings that have become a central feature of AGPA’s Annual Institute, providing oversight, safety, and containment for faculty and participants. Even when not in a formal role, he took seriously his investment in organizational functioning—or, as he might often have thought, less-than-optimal functioning! He reminded us that there are many personal attributes necessary to form our groups. It was not for him to be the team player, the humble workhorse, or the tireless cheerleader. He was provocative, critical, impolite, irascible, strongly opinionated, and utterly, passionately committed to examining why we did what we did, asking what good and what stakeholders we were serving. He ruffled feathers, challenged authority, and sometimes suffered the consequences, speaking truth (as sometimes only he saw it) to power. He did not suffer fools gladly; neither did he suffer gladly really smart and caring people with whom he disagreed. But he was always both a worthy opponent and an incredible support for the larger cause. His perspective always invited us to think differently and stretch ourselves to do better.

He and his late beloved wife, our dear friend and colleague Barbara Cohn, PhD, ABPP, LFAGPA, loved food, wine, the convivial company of friends, the intimate solitude of their weekend house on the ocean, and their camping trips in the woods of New England. For years, they hosted fabulous parties for the faculty of the EGPS Annual Conference and its Board members in their New York brownstone, where Bernie was always the center of a large group of friends and colleagues whom he regaled with stories and laughter. Bernie and Barbara’s partnership was enduring, resilient, and often bewitching to others, because they were so completely different from one another. Those of us who were present at Barbara’s memorial service will never forget Bernie’s deeply personal sharing about their long life together, giving us all a glimpse, beyond his great humor and existential wisdom, of just what a profoundly loving and gentle man he truly was at heart. The last photo that many of us saw of Bernie was posted on Facebook from California, where he had moved after Barbara’s death to be close to his children and their grandchildren. There was our Bernie, taking delight in—and delighting—his great-grandkids. No matter with whom or about what, Bernie Frankel was never less than fully alive and fully engaged. We will miss him.

Peter Taylor, PhD, SEP, CGP, FAGPA
Margarit Postlzewski, PhD, SEP, CGP, FAGPA
Neal Spivack, PhD, CGP, FAGPA

The writers are all Past Presidents of the Eastern Group.

JACK ROSENTHAL

AGPA and the Group Foundation for Advancing Mental Health are sorry to announce that our friend Jack was diagnosed with pancreatic cancer.

As President of the New York Times Company Foundation, following 9/11, Jack recognized that many people would suffer emotionally in response to the trauma of the day and established a Trauma Treatment Initiative to provide mental health interventions to those in need. The Initiative focused on the delivery of expert treatment for people who might otherwise be deterred from getting mental health services because of cost, ignorance about the benefits, or fear of stigma. AGPA was the beneficiary of a significant grant through this fund, and the organization and our members were able to use our expertise in groups to help thousands of people heal from the impact of the tragic events of that day, as well as train and support mental health professionals to use groups in the treatment of psychological trauma.

Jack continued to demonstrate a commitment to group interventions as a significant and beneficial mode of treatment in trauma work. He respected AGPA and our members as trusted partners in carrying out this difficult work and introduced our organization to other groups that were funding mental health work. This helped AGPA to continue to provide 9/11-related services for many years, as well as to use our experiences to develop training manuals and service protocols that have continued to be used in response to all types of traumatic events worldwide.

We have often spoken of AGPA’s metamorphosis into a public mental health resource following the attack of 9/11. Jack Rosenthal’s vision and leadership in including mental health as part of a disaster response effort, coupled with his trust and investment in AGPA to provide us with the first opportunity to do this work, set us down this path. It was an honor and a privilege to have known and worked with him.


Maraθ Bock, CAE, CFRE, Chief Executive Officer, AGPA
Diane Feinman, CAE, Public Affairs Senior Director, AGPA

Farooq Mohyuddin, MD, CGP

Group Psychotherapy as a Specialty: AGPA, along with the Society of Group Psychology and Group Psychotherapy, and the American Board of Group Psychology, has undertaken a major effort to get group psychotherapy recognized as a specialty by the American Psychological Association. The Group Specialty Council submitted an amended application to the Commission for the Recognition of Specialties and Proficiencies in Professional Psychology (CRSPPP) for review in 2016. The CRSPPP reviewed the petition in March 2017 and has requested that the Group Specialty Council submit additional information and training and education and mentoring guidelines for post-doctoral and post-licensure preparation. In addition, it requires that some of the terminology be modified and the petition be resubmitted. The Group Specialty Council is working on a revised petition to incorporate the requested changes.

It has taken years of joint work by many dedicated AGPA members and other sponsoring organizations to get here. As part of the petition resubmission process, the Group Specialty Council has developed competencies for the post-doctoral specialty. After the resubmission of the petition, there will be a 60-day public comment period. We request all AGPA members to be on the lookout for the announcement of the public comment period and submit comments to support the petition. The number and quality of comments will enhance our chances to be approved. The petition will now be reviewed during the March 2018 meeting of CRSPPP. The public comment period will be announced prior to March 2018. AGPA members are united in supporting the approval of this petition since it will advance the field of group psychotherapy.

National Update: At the federal level, AGPA’s Public Affairs Committee continues to work with other mental health organizations to advocate on behalf of our members and their patients on issues pertinent to group therapists, including access to mental health services. We have encouraged call-ins from our members when major health care initiatives are being considered by Congress. AGPA has supported the position that any healthcare overhaul by Congress should ensure that all Americans have access to affordable health care, and no one should lose access to mental health and substance abuse treatment services. The Public Affairs Committee will continue its advocacy efforts on behalf of our members and their patients throughout the coming months.
A SENSORIMOTOR PSYCHOTHERAPY

Continued from page 1

age, and my mom said, ‘If you’re going to be tall, you’re going to be graceful.’ Our dance teacher, Mrs. Bayes, was teaching us alignment and poise. I remember the moment when my spine lengthened. That early experience shaped my interest in the body.

I started working directly with the body in the 1970s when I was teaching yoga and dance at Vanderbilt Psychiatric Hospital. While I didn’t have a special idea about how the body could be integrated into treatment, I noticed the patients who were doing yoga were getting better faster than those who didn’t. That piqued my interest in the role of the body in healing.

The late Ronald Kurtz, PhD, Co-Founder of the Halom Institute, was the first person I encountered who studied how the body itself can be a vehicle for discovering what we now think of as implicit memories; he was my biggest influence. I studied, traveled, and taught with him. I also got interested in physical structure, posture, and movement, and studied Rolfing, postural integration, and other kinds of movement therapies. I wanted to help the body find its maximum alignment and movement vocabulary. For years, I practiced and taught hands-on bodywork.

I was especially interested in how the habits of the body—the procedural habits—both reflect and sustain trauma and attachment issues. While Rolfing and movement therapies are excellent, they don’t address the psychological issues. I wanted to bring the two together—direct work with the body and psychotherapy practice.

PO: Our bodies and our nervous systems shape themselves around our experiences from very early on. Infant researchers show how infants’ movement sequences shift depending on the caregiver’s interaction with them, like Edward Tronick’s, PhD, still-face videos where the mother is playing with the infant and then gets a very still face. You see the infant reach out and cry and try to get the mother’s attention; when that doesn’t work, the child eventually loses postural integrity and stops reaching and just self-soothes.

Attachment wounds and failures, as well as trauma, are embodied experiences so they affect the body. Many of our traumatized and neglected clients have histories like that, where their bodies are still embodying past trauma. If actions like reaching out didn’t get you proximity to your desired attachment figure or actions like pushing away or running away didn’t protect you from trauma, then those actions are abandoned or distorted. They persist even when the circumstances change. These physical habits, formed in specific contexts of trauma and attachment, both reflect and sustain clients’ problems today.

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MG: What is the focus of the body added to psychotherapy?

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Also I assess whether the body supports emotional richness. For example, consider a group working with expressing anger; when the bodies are slumped and arms are limp, there isn’t physical support for adaptive anger.

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Generational Mentoring: Weaving Mentees and Mentors Together
Karen Travis, LCSW, BCD, CGP, FAGPA

What a delight and honor to be asked to write this article on mentoring in celebration of the 75th Anniversary of the AGPA. Mentoring is a topic that is very special to me. In the June/July 2003 issue of the Group Circle, my AGPA mentor, Etta Martin, MSW, CGP, FAGPA, and I were featured along with two other mentor/mentee relationship pairs (Scott Ruters, PhD, CGP, FAGPA, and Tara Emerson, LCSW, MSW, CGP, FAGPA, and Frances Bonds-White, EdD, and my AGPA mentor, Anne McFerran, PhD, ARCP, CGP, FAGPA). The article, Mentoring: The Heritage of AGPA, was written by Sally Hansell, LCSW.

I first met Etta on an escalator on our way to the Women’s SIG at the 1996 AGPA Annual Meeting in San Francisco. She informed me that it was time to begin presenting at AGPA, and I said, “Yes, ma’am.” At AGPA’s 1999 Annual Meeting in Houston, I presented for the first time on a panel on mentoring. The rest is history, as Etta and I have presented on mentoring several times at AGPA and the Canadian Group Psychotherapy Association.

During the 2015 Annual Meeting in San Francisco, I led a panel with three of my mentees where we showed videotape of Etta speaking about our relationship, as well as about her own AGPA mentor—Paul Rosenbein, PhD. I completed a circle by offering a tribute to her 19 years later. That Open Session, Promoting Secure Attachment through Generational Mentoring: A Family Affair, is a historical account of AGPA mentors/mentees and a testimony to the strong role that these relationships play with our organization.

David Stockdill, author of The Heart of Mentoring: Ten Proven Principles for Developing People to Their Full Potential, states: “Effective mentors recognize that mentoring + reproduction = legacy.” Mary Doyle, author of Mentoring Hawai’i: 52 Fabulous Women’s Paths to Success and the Mentors Who Empowered Them, notes that mentoring “…is an opportunity to empower, supporting a protégé’s career because Dr. Gladfelter helped her think critically, providing feedback and introducing her to the local Affiliate, the Los Angeles Group Psychotherapy Society.” Mentee Mari Heidenreich, MSW, CGP, FAGPA, met her AGPA mentor, John Gladfelter, PhD, ARCP, while in her mid 20s and not yet a doctoral student. Their 35+ year relationship continued until his death. Elliott Zeisel’s, PhD, LCSW, CGP, DLFAGPA, group mentor was Louis Ormont, PhD, and while writing his doctoral thesis, Dr. Zeisel tracked down Dr. Ormont’s first group analyst, Alexander Wolf, MD, and interviewed him. Ultimately, Dr. Zeisel entered treatment with one of Dr. Ormont’s mentors, Hyman Sposato, MD, the founder of the Modern Analytic Method.

For those who may not know of the successes of these mentees: Dr. Zeisel is on the faculty at the Center for Group Studies and the Center for Modern Psychodynamic Studies, a sought-after speaker and leader in our field, having served on the Boards of AGPA, the Group Foundation for Advancing Mental Health, and the International Board for Certification of Group Psychotherapists, and one of the Special Institute leaders for AGPA Connect 2018 (formerly known as AGPA’s Annual Meeting) to be held in Houston. Dr. Hochberg is living a lengthy life, had a prosperous longstanding career, is an enduring member of the AGPA, including serving as Treasurer, and was the Chair of the Group Foundation for Advancing Mental Health. Dr. Kranzberg told me she excelled in her group career because Dr. Gladfelter helped her think critically, being aware of herself, and be comfortable being different—a maverick. She continues to practice in Dallas and teaches at the Fielding Institute in California.

Common themes emerged in the accounts of these mentees, who all now serve as mentors to others. All four believe in the power of the AGPA and mentoring, and share an understanding and awe for the power of group development through the mentoring relationship. All noted that having a mentor led them to becoming involved in their local Affiliate Society, as well as the AGPA, which helped them excel in their group career. All also noted that their mentor helped promote their work and wanted them to grow and develop. Said Dr. Hochberg, “The power of AGPA lies in its broad acceptance and involvement in many different aspects of group practices: always expanding, and renewing to reflect our changing world.”

What do mentors receive from their mentees? It was clear from the responses of those I talked to that to be a mentor is an honor. “The most valuable gift I received from one of my mentees was a sense that I was successful in paying forward the enormous gifts that had been bestowed upon me through the course of my professional life. The best way to repay our mentors is by contributing to the growth and development of the next generation,” said Dr. Leszcz. Dr. Kranzberg put it this way: “It may be the most valuable gift you give yourself and your clients.”

From Historical to Personal

This article would not be complete without me writing about one of my own mentees, Annie Yocum, PsyD. It is worth noting the parallels of my relationship to Annie and my relationship to Etta. Annie is from Pennsylvania and I live in Louisiana. Etta lived in Oregon, and we would set up specific times to talk by phone. Annie and I also met at the AGPA’s Women’s SIG, where a discussion about mentoring took place. I offered my availability to mentor, and after the meeting, Annie approached me and asked if I would consider mentoring her. I liked her capacity to risk take. We set up a phone call to discuss what she was looking for in a mentor and determined we were a good match. We talk once a month about her career, particularly the group practice she is building. Other topics have included her involvement in her local Affiliate, the Philadelphia Area Group Psychotherapy Society, where she serves as President, as well as her desires to be involved in the AGPA leadership. I invited her to be on the mentoring panel at AGPA’s 2015 Annual Meeting in San Francisco, which she accepted.

Young professionals are vital to AGPA. It is important to involve them and listen to them. Annie told me that what has been most helpful to her in our mentoring relationship was having “a forum in which to talk about being in therapy, the group they are doing therapy with, people doing process groups where I live. I don’t have anyone to have these conversations with. The formalized, though it thankfully does not feel formal, nature of our relationship helps keep me accountable,” she said.

What do young mental health professionals need from their mentors? “Some new professionals need the nuts and bolts of starting and growing therapy groups. In agencies or similar settings, insight is needed in dealing with difficult aspects of institutions when it comes to groups,” said Annie. She went on to say how much she appreciated being invited to present at the AGPA Annual Meeting and being introduced to people in AGPA.

Etta was a pro at introducing me to people and encouraging me to participate in governance. She stretched me to lengths I did not know I had. As I have said many times and will say again, mentoring and being mentored is vital to the growth of the group psychotherapist. In Etta’s words, “Mentoring helps give a person a leg up.”

Etta’s late husband, Perry Roth, also an active AGPA member, was a master weaver. When I visited Etta last, she asked that I choose one of Perry’s weavings to take home. The gesture was striking to the heart. The weaving hangs in my group therapy room.

We are all woven together through forbearers of mentoring, experiences, people we know, and this wonderful organization called AGPA. My life has been made richer by being mentored and by mentoring.©
The urgent need at that time was not another academic paper to describe the situation, but an initiave to repair social fragmentation.

One woman shared in detail with me what it was like to lose a son to murder and then see the alleged killer, who was out on bail, walking around her neighborhood. She told me it was terrifying, and she lived in fear and apprehension. She then shared that she knew four other women in the same predicament. I arranged a meeting with all five of them. As I listened intently to their stories, even though I couldn’t understand the particulars of each situation, a powerful healing bond developed in our group. I define this healing bond as ‘family.’

Several groups were established where people would tell their stories in a contemplative environment of silence, love, acceptance, and non-judgmental listening. In 2012, Professor Andrew Briggs of Oxford (who was one of the directors of the Templeton Foundation) sat in one of the sessions. He was impressed with the testimonial evidence of people who had a reduced desire for revenge, increased anger management and conflict resolution, reduced abusive relationships, reduced loneliness, increased self-esteem, increased forgiveness, and developed a desire for healing community. Professor Briggs said that if I could develop some quantitative evidence of the group’s effectiveness, this would make the project an excellent candidate for funding by the Templeton Foundation. With the use of nine psychological instruments (i.e., the Beck Depression Inventory, Buss-Durkee Hostility-Guilt Inventory, Gratitude Questionnaire, Hope Scale, Self-Deception Questionnaire, Internalized Shame Scale, Satisfaction with Life Scale, Spiritual Well Being Scale, and Transgression-Related Interpersonal Motivation Inventory [TRIM-18]), we were able to demonstrate reductions in violence, revenge, anger, shame, and abusive relationships. We also found an increased sense of benevolence and appreciation from being in a meaningful community.

AA: What will your lecture cover?
DA: I will describe how social fragmentation creates victims of shame and how people become destructive to themselves, others, and their community. In the resocialization (discovery) process through group, persons are liberated from being victims of shame to being open to the positive emotions of love, forgiveness, gratitude, and constructive community. I will describe the process and introduce the theory that has been used in the project, that is, the Contemplative Discovery Pathway Theory.

AA: What helpful insights from The Family can you share with other group therapists?
DA: There are several valuable lessons I’ve learned, including:

• The power of the story, that is moving from telling the story (cognitive), sharing the story (empathic), and releasing your inner woundsholes and shame. It may be helpful for group therapists to view their patients’ communications as story and narratives.

• The importance of spirituality as expressed in the A.A. dictum, ‘my life is hopeless…I need a power greater than myself.’ It is important for group therapists, particularly for those who work in marginalized communities, to remember that the seriousness and gravity of the issues so are powerful that many people will present with a sense of deep hopelessness and despair. It may be helpful for the therapist to point them to a power greater than themselves.

• The experience of the still point, where chronological time intercuts with Kairos, or the fulfillment of time, producing a deep stillness that may be healing. This is a powerful example of silent healing, coalescing, instilling calm, and inspiring hope. In our Family groups, many people have experienced terrible tragedies of murder, violent crime, domestic violence, and abuse. When the person sharing that deep pain demonstrates a sense of pastoral affect, what I call either a ‘holy moment’ or ‘still point,’ it draws attention to how the chronological descript is being met by the unfailing love inherent in the group and the Universe. Some people identify by crying. Others by remaining tearfully silent, and in some cases I’ve had people sing a song that brings hope.

• Illustrate the importance of song in bringing people together to heal and collectively carry painful traumatisation. One of our Family groups in a seriously marginalized area seemed impossible to get going. Groups with their motorcycles would try to break up the meeting. Inoculated persons would come into the meeting and talk nonsense. At times, some people even wanted to fight. I found that the song ‘Bird U’ Together had a powerful quieting, sobering, and healing effect on the group. The interesting thing is that the intoxicated person, the violent person, or the disconnected person, were all able to join in. This has become almost the hallmark of that particular Family group.

• The value of psycho-spiritually inspired stories. In the Bahamas, the people are deeply spiritual, and often, we have to move from spirituality to psychology. Many people know the old stories of the Bible, and when told with a caring and loving tone, these stories (such as the story of Ruth and Naomi, David and Absalom, Moses and the Israelite Exodus, the Prodigal Son, among others) have a powerful effect. After hearing these stories, people become alert, and I find that I can transfer from the spiritual insight into psychological meaning.

• Show that social action of participants helping others (for example, hospital visitation or hurricane relief) enhances the therapeutic benefits. This was clearly demonstrated when a lady suffering from leukemia was referred to The Family. She shared that her house was broken into and her money and computer were stolen. The money was for her special consultation in Miami, and the computer was for her to Skype with her nine-year-old daughter while away. She was broken and discouraged. The following week, she came to group in a better mood. Surprised, I asked what happened. She said that members of The Family visited her during the week. They encouraged her and replaced the money and the computer, making it possible for her to seek the specialist consultation in Miami.

AA: How has your thinking on this topic evolved over time?
DA: The theory has gone through a number of stages and development with the input from distinguished group therapists. My thinking over the years with this project has enabled me to understand scapegoating in the group, humor as a way to release painful affect, and the power of role play to uncover painful, shameful issues such as incest, child abuse, rape, and even murder.

AA: How is The Family making a difference in the Bahamas? What are the global implications of this work?
DA: We have seen powerful testimonial evidence from people who were once committed to revenge after having lost a relative to murder. They have turned their lives around to move toward forgiveness. We have seen people who were totally isolated in society, many of whom were abused and involved in destructive activities, who claimed that because of The Family, they have a new meaning to their life and for the first time, they feel connection with others. We have also seen a development in the Prison Family Group, where the men changed the name of The Family group to the Free Your Mind Group and claimed that the group process has allowed them to appreciate the freedom of working on their inner life even though incarcerated. They have particularly shared that The Family has taught them how to grieve.

The world is undergoing a severe, social fragmentation process with polarization due to issues like race, political fractionalization, and terrorism. I believe The Family, in helping us to share our story, produces healing dialogue and prevents or decreases destructive behavior (‘jaw, jaw, stops war, war’).

AGPA Trauma Resources Available

Our hearts and thoughts have been with all of those affected by hurricanes Harvey, Irma, and Maria, the earthquakes in Mexico, and tragedies worldwide. Unfortunately, there’s not a day that goes by that we realize members, their families, and their clients are affected by a traumatic event, whether natural or man-made.

AGPA wants its members to know that wherever you are, we are here for you, and we will do all that we can to be of assistance.

We also want to remind you of AGPA’s vast resources in the event they might be of help to you or others in your community. Please use the AGPA’s website, www.agpa.org, as a resource for yourself and others. There are a number of materials on the site for clinicians, the public, and the media regarding the effects of disasters and trauma on communities and the appropriate and effective use of group interventions, including electronic copies of the modules in the AGPA Training Manual Group Interventions for Treatment of Psychological Trauma. There is also information on how parents can talk to their children about events such as these. You can find these materials in the Practice Resources section of our website.

If you would like more specific support, or if you are interested in conducting outreach in your community to provide services to those in need, AGPA’s Community Outreach Task Force, co-chaired by Craig Haen, PhD, RDT, LCAT, COP, FAGPA, and Suzanne Phillips, PsyD, ARPP, COP, FAGPA, is available for consultation. To contact the Task Force or for additional information, contact Diane Feirman, CAE, Public Affairs Senior Director, at 877-666-AGPA(2472) or dfeirman@agpa.org.
Dear Consultant:

About four months ago, I added a new member (Charybdis) to a longstanding and stable group of seven members. He had been referred by his friend (Scylla), who had been seeing me for a couple of years, so I began to see him in individual therapy, and after about three months, added group therapy to his treatment. He quickly assimilated into the group and has been an active contributor to the group. After about two months, Scylla, who is also in combined therapy, started to share that he seemed to be getting a lot less out of both modalities; his dissatisfaction caught me off guard. I attempted to explore with him his thoughts about what had happened, and the most he could identify was that he didn’t feel like he had my or the group’s full attention and interest. In passing, during one of our individual sessions, he reported that Charybdis seemed to be getting “the better end of the deal.” In my mind, Charybdis was in an initial honeymoon phase with me and the group and had yet to experience the challenges that open-ended therapy can bring. I also suspected Scylla was feeling jealous of Charybdis’ idealized reports of his experience. I suggested that Scylla bring this to the group’s attention, but he was reluctant to do so. It also occurred to me that he had never told the group that he had referred his friend Charybdis to me and that I had added him to another group. Can you help?

Dear Between Scylla and Charybdis:

After reading your scenario multiple times and not really understanding your dilemma, we came to believe that the problem is with you. You seem to have a strong foundation of knowledge about group dynamics. So, we were surprised that you were caught off guard that your client disclosed dissatisfaction about his therapy.

As you are aware, sibling rivalry occurs within groups and between groups. We cannot understand why your long-term client cannot disclose his sentiments about his feelings within his group, and we encourage your exploration of this. There is also another issue that needs to be explored and that is whether your long-term client felt he was entitled to special dispensation because he referred a client to you. What were his fantasies about what would happen when he referred his friend? Did he have any feelings about your initial agreement to accept his friend as a client?

The long-term client did, according to you, use the term “deal.” It would be fortuitous, we believe, to ask him what is his concept and belief about the term deal? It is often the unspoken that is the root of diverse disclosures coming out of left field.

Dear Between Scylla and Charybdis:

It seems that Scylla has experienced you taking on his friend as a client quite emotionally stirring, perhaps in a way that neither he, nor you, could have predicted. It is understandable that one or both of them could eventually develop these competitive feelings. It would be useful to help Scylla make sense of what he is feeling and of the deeper meaning of his experience. You might frame for him that you believe what he is experiencing is important and relevant to his treatment and surely worth spending time and energy to process.

Might Scylla have been unconsciously inviting you into a reenactment when he initially referred his friend to you, whereby he set the stage to eventually feel discouraged about where he stands in relationship to you? Given his struggle to articulate more to you (and to the group), he may be feeling shame about his feelings of jealousy and also be angry with you for choosing to take on his friend as a client. These struggles could be related to early sibling dynamics or instances when he felt like he had to fight for the attention of his caregivers, something that is alive and well for him in the here-and-now, and something that he is cultivating through his silence.

It could be useful to continue exploring Scylla’s resistance to telling you more about his thoughts and feelings, both in himself and towards you, regarding what is transpiring for him in relationship to Charybdis’ reports. Who does Charybdis represent in his life? When has he felt like others have gotten the better deal? How does he feel toward you about working with his friend? Was he able to express his frustration and anger directly to his caregivers? Might he be worried about destroying you in front of the group? What countertransference resistance might you be contending with as it relates to his struggle to say more to you and to the group? Be mindful about how his cultural identity is informing his reaction.

One last consideration pertains to the frame you have set regarding Scylla and Charybdis communicating with one another about their treatments. If you have not already done so, you may slowly explore with Scylla what it might be like for him to refrain from talking with Charybdis about his therapy so as to keep the boundaries clean and the energy of his work from leaking out in these outside conversations.

Lastly, lean on the support of your colleagues to process any feelings of frustration you may be having to help you remain open to what Scylla may need to say to you. This is a challenging situation where support will likely be helpful.

Zach Bryant, PhD
Nashville, Tennessee
The Atlanta Group Psychotherapy Society held its annual Fall Workshop—Group Psychotherapy as a Neuro-Exercise: A Polyvagal Theory Perspective—on October 21. Led by Philip Flores, PhD, CGP, FAGPA, and Lisa Mahon, PhD, CGP, FAGPA, the workshop described and demonstrated how Polyvagal Theory provides a neurobiological framework to understand the processes involved in successful group psychotherapy. Group psychotherapy, conducted and guided by the insights of Polyvagal Theory, can help craft an ideal neural exercise regimen for promoting the biobehavioral adjustments for the regulation of emotions, interpersonal engagement, resilience, health, emotional attunement, and behavioral flexibility. This workshop featured didactic presentations, group demonstration, and discussion regarding how the innovative perspectives of Polyvagal Theory can enhance group work. CEUs have been applied for with GAMFT, GPA, GALPCA, and GSCSW. Additional Affiliate Society information is available at www.atlantagps.org.

The Carolinas Group Psychotherapy Society Fall Workshop will be held November 11-12. Jeffrey Hudson, MED, LPC, CGP, FAGPA, will present Emotional Availability in Group: Expanding the Capacity for Intimacy in Group Members and Leaders. In addition to the small process groups to be held throughout the two-day workshop, he will present didactic presentations, group demonstration, and discussion regarding the variable of traumatic experience regarding how the innovative perspectives of Polyvagal Theory can enhance group work. CEUs have been applied for with GAMFT, GPA, GALPCA, and GSCSW. Additional Affiliate Society information is available at www.atlantagps.org.

The Colorado Group Psychotherapy Society’s (COGPS) Annual Conference will be held November 11-12 at UCHealth – CeDAR – Center for Dependency, Addiction and Rehabilitation in Denver, Colorado. Desire: Wishes, Fears, and Impulses in Group Psychotherapy will feature Lucy Holmes PhD, LMSW, CGP, as keynote speaker. COGPS will be offering a 10% discount to members of other Affiliate Societies who attend the meeting. To learn more about COGPS or to buy early-bird tickets, visit www.cogps.org.

The Eastern Group Psychotherapy Society’s (EGPS) annual Spring Event was co-chaired by Teachi Slotin, PhD, CGP, and Hilary Levine, PhD, CGP. Living History in Our Groups: Survival During Dangerous Times featured a presentation of Decoding the Tablecloth, a play written and performed by Gabriela Kohen, MFA. After watching the play, Ronnie Levine, PhD, ARPP, CGP, FAGPA, led a large-group discussion, which allowed attendees to process their reactions and to ask questions of the performer and writer. EGPS’s 18th annual fundraising event honored Dan Raviv, PhD, CGP, FAGPA, Neal Spiroack, PhD, CGP, FAGPA, and Mary Sutullo, LCSW, CGP, FAGPA, for their significant contributions to EGPS and to the group therapy community. EGPS hosted a Why Group? event to explore experiences and attitudes about running groups.

The Illinois Group Psychotherapy Society (IGPS) will feature Katie Steele, PhD, CGP, FAGPA, on November 4-5, in The Promise of Real Play Group Psychotherapy. The Real Play format is useful in dual relationship environments, such as in a group psychotherapy class or in a college counseling center. The conference will consist of didactic presentations and experiential components including process groups. Breakout groups will be conducted by: Mary Kraeger, LCPC, CGP; Paige LaCava, LCPC; Kathy Reedy, LCSW, LMFT, BCD, CADC, CGP; and Britt Raphling, LCPC, CGP.

The Louisiana Group Psychotherapy Society (LGPS) thanked Jeffrey Hudson MED, LPC, CGP, FAGPA, for his overwhelmingly well-received presentation, Emotional Availability in Group: Expanding the Capacity for Intimacy in Group Members and Leaders, offered at its Spring Conference.

The Mid-Atlantic Group Psychotherapy Society’s (MGPS) annual Fall Conference, October 20-22 in Shepherdstown, West Virginia, featured Earl Hopper, PhD, CGP, DFAGPA, who presented Navigating Consequences of Traumatic Experiences in the Unconscious Life of Groups, Especially Large(s) Ones. Dr. Hopper explored the conscious and unconscious patterns that operate in all groups. He also considered the variable of traumatic experience and the assumption of incocherence.

The Westchester Group Psychotherapy Society’s (WGPS) September meeting on Grounding Therapeutic Work in the Language of the Body was led by Jean Suebl, LICAT, BC-DMT. On October 29, Mary Nicholas, PhD, LCSW, CGP, FAGPA, presented Why People Repeat Abusive Relationships and How Group Therapy Can Help. On November 11, WGPS will hold a 25th Anniversary Gala Celebration at CV Rich Mansion, The Women’s Club of White Plains, 305 Ridgeway, White Plains, NY. The guest of honor is Gloria Bankin Kahn, EdD, ABPP, CGP, FAGPA. For presentation and Gala Event reservations, contact: globatkahn@gmail.com or 914-428-0957.

See Group Assets insert