It doesn’t seem kind or generous to call people out for being wise, gentle, empathic, or helpful. Yet, as a leader in groups with other mental health professionals, I find myself struggling against humane tendencies to be therapeutic in just that way and to participate in a manner appropriate, yet suitable, to my personality. Ideally, the group provides the opportunity for all members to escape confined minds and find their own voice, but as we know, groups breed conformity and seek a leader to follow. Given their professional histories and identifications, therapists may enter group with an idealized leader in mind or a composite of the valued individuals they have read, worked with, or who have guided them. It is inevitable to disapprove, even if that leader they had in mind is one that a group keeps one eye on the leader, and that to some extent, everything that takes place relates to the leader’s person and symbolic representations.

Frankly, I do not enjoy spectator sports and would rather play. That, plus an interminable loyalty to my beliefs, now waning, led me to join in, professing doubts about my function in a group of such caring individuals. I considered my commentary a whole group interpretation, albeit submerged and implied. I’m not sure if it had the intended effect of bringing some awareness to our experimental field, but the mood shifted. Someone broke the brief silence with a dream.

“I’m on a bus and I said I want to get off, maybe it’s going in the wrong direction. I’m not sure. I never ride on buses. I think I did (exist) and felt relaxed.”

“Rich can’t do anything right,” someone volunteered with relief, “You’re holding all our feelings of fear and distrust.”

“Not feeling contained on the group bus.” I admire your courage in exposing yourself with a dream, you must be feeling safe enough, contained enough.” “You’re dreaming of us, I feel complemented.” “You’re not thinking of leaving, are you?” “I can join you in not wanting to leave, but to go off in my own direction.” “I might have stayed on, not trusting myself.” “I’d go for the ride too; I like that you didn’t.”

The dreamer did not elaborate other than express a few words and gestures of appreciation.

I was at a familiar threshold, what Fainsberg, (2005, p. 49) referred to as the essential countertransference position: “the meeting point of intrasubjectivity, intersubjectivity, and metapsychology.” It is a difficult juncture, an unclear horizon of psychological problems, mine and I assume others’. There was a lot going on here, more than I or anybody else could process or fully come to understand. Symptom “join in the conversation,” noted Freud (Breuer and Freud, 1893-1899, p. 149). There were clues in the dreamer’s dream and in the group’s discourse.

I try to stay attuned to my emotional state and what it might mean—benevolent, irritable, curious, calm, a dynamic amalgamation of too much and not enough. What symptoms was I feeling and how did they relate to the countertransference three-factor meeting point? Since it connects with intersubjectivity and with metapsychological formulations, intrapsychic discovery (which interests me greatly) might provide some clarity to what was occurring and what could occur.

As I confessed at the outset, I struggle with how to participate appropriately yet authentically in groups. I was in a conflict between submission and assertion, wanting to be embraced by this idealized family, yet be truthful in ways that could not upset its members, or me. Given what I perceived, there was reason to assume that the members were in a similar dilemma and that they contributed to mine. I witnessed a group of individuals depending on empathy and clinical wisdom to rebound off each other—type of mutual protective control—their very compulsion shielding fears of exposure, humiliation, and worse. The members shared a contagious fantasy (albeit based on the reality of texts, cultural institutions, and professional affiliations) of how groups are supposed to be and how members are supposed to behave (Capor, 1998).

Whenever a group convenes, the leader should be warm and hospitable, but not overstay a welcoming process by

Richard Billow, PhD, ABPP, CGP

When I anticipated my first Group Circle communication as AGPA President, I could not imagine what would unfold around us in the weeks after AGPA Connect 2020. I waited for a moment of calm before writing down my thoughts and soon realized that calm is unlikely to emerge for some time. There are two areas that I’d like to address: Our recent AGPA Connect meeting; and the response of our members and AGPA to the COVID-19 pandemic.

As AGPA Connect 2020 ended, I commented to my family who were with me in New York that left with feelings of satisfaction at the conclusion of a great meeting. Our conference had nearly 1,100 participants, including 176 scholarship recipients, and every aspect of the meeting went well, in large part due to the extraordinary efforts of our AGPA administrative team. Angela Stephens, CAE, Diane Feiman, CAE, Karatina Cooke, Desiree Ferrer, Jenna Trusen, and Angie Jaramillo worked with great passion and effectiveness, ensuring that all the logistics worked as required. We even live-streamed sessions to colleagues in China who were unable to attend the meeting. My respect for Marsha Block, CAE, CFB, our Chief Executive Officer is immense and has only grown as I see what her role as our CEO entails. AGPA Connect had its familiar warmth and intimacy, even as we were all mindful of handwashing hygiene and extant public health guidelines regarding COVID-19.

Our AGPA presenters and Institute leaders were excellent, and our invited speakers engaged us as deeply, expanding our thinking about the world in which we live. The AGPA Connect Committee and Co-Chairs Alexis Abernethy, PhD, CGP, FAAGPA, Katie Steele, PhD, CGP, FAAGPA, and Co-Chair Desirée D. Thomas Stone, Jr., PMD, CGP, FAAGPA, deserve our deep thanks. A few highlights of note included Nina Brown, EdD, LPC, NCC, DFAAGPA, and Eleanor Counselman, EdD, ABPP, CGP, IFLFAAGPA, being recognized with AGPA’s highest honor as Distinguished Fellows. Among their many invaluable contributions, Nina led, along with Eleanor, our successful application for group therapy specialty recognition by the APA, and Eleanor served a second term as AGPA President. Eleanor is a tremendous model and resource for me as I assume the duties of President.

Continued on page 2

It doesn’t seem kind or generous to call people out for...
Leiderman, PsyD, ABPP, CGP, FAGPA

In these dark times of illness, suffering, death, and uncertainty, I want to express my compassion, sadness, and deep concern for those of you who have endured unimaginable loss and pain. Our lives and the lives of others throughout the world have been changed in inconceivable ways by the COVID-19 pandemic. As I feel anger and disbelief over how our government failed to prepare, protect us, or have a comprehensive plan going forward for testing and prevention, I have been inspired by the heroism of our medical and auxiliary first responders and how mass disasters can also bring out the best in humanity by countless acts of kindness, bravery, and selflessness. I have also been comforted by AGPA’s leadership’s and members’ ability to unite and back one another. Being bonded, finding ways to laugh, be intimate with loved ones, friends, colleagues, and patients has provided me immediate moments of hope and the needed refueling of my emotional tank. I have been grateful to be part of the AGPA Care for the Caregivers Westchester, New York (an epicenter of the virus) team that is looking for ways to provide resources and specific group interventions to hospital staff and first responders to address their stress and trauma while mitigating their burnout.

I hope this edition of the Group Circle provides you with meaningful connection to AGPA. The theme of this edition is groups for group therapists. Our feature articles are exceptionally written by Richard Bellow, PhD, ABPP, CGP, on Working with Group Theraepists in Group as Barry Wepman, PhD, CGP, LFAGPA, on Group Supervision: A Crucible for Therapist Development. Irvin Yalom, MD, CGP-R, DLFAGPA, highlights the importance of this topic in his interview in The Last Word column. In his first From the President column, Melyn Lestcz, MD, FRCCP, CGP, DIFAGPA, inspires us with his hopeful outlook, review of AGPA Connect 2020, and how AGPA and our members have responded to the pandemic.

The Consultation, Please column features a clinical dilemma and responses from AGPA Private Practice SIG members Jill Lewis, MA, LCSW, CEDS-S, CGP and Deborah Sharpe, LCSW-S, CGP: A View from the Affiliates features articles by William Whitney, PhD, MFT from the Los Angeles Affiliate and Carol Dallinga, LCSW, CGP from the Westchester Affiliate. Daniela Recalbarren’s, PhD, MSEd, and Renita Stenger’s, PsyD, article on Why Does Social Justice Matter in Group Psychotherapy? premier our new Diversity Matters column. The editorial staff of the Group Circle join AGPA members in congratulating our new Fellows: Michelle Collins-Grunewald, PhD, CGP, ABPP, CGP, Patricia Fritzsche, LCSW-R, CGP, FAGPA, Helen Satz, PsyD, ABPP, CGP, FAGPA, and Nancy Wesson, PhD, CGP, FAGPA.

I wish all of you and your loved ones health and safety. I welcome your comments and feedback about this column or anything else. I wish all of you and your loved ones health and safety. I welcome your comments and feedback about this column or anything else.
Group Supervision: A Crucible for Therapist Development

Barry Wempman, PhD, CGP, LFAGPA

EDITOR’S NOTE: Barry Wempman, PhD, CGP, LFAGPA, is a psychologist in private practice in Washington, DC. He has been on the psychiatry faculties of several medical schools, most recently that of Georgetown University. He was the founding Chair of the Supervision Training Program at the Washington School of Psychiatry and was in that position until 2018. He still serves as a faculty member in that program, as well as that of the National Group Psychotherapy Institute. He has had a long interest in supervision and supervision groups, seeing ongoing supervision as an essential part of professional practice and growth.

Harold Searles, an iconoclastic psychiatrist, published an article called The Informational Value of the Supervisor’s Emotional Experiences (Searles, 1955). In it he described something that he called the reflection process where, “the therapist, in the anxiety and the defense-against-anxiety which are aroused in his identifications with the patient, is trying to press something about what is going on in the patient—something which the therapist’s own anxiety prevents him from putting his finger upon and unconsciously describing to the supervisor. It is as if the therapist were unconsciously trying, in this fashion, to tell the supervisor what the therapeutic problem is.” (p. 144). It is as if the therapist is saying, “I can’t tell you, but I can show you.” This, of course, is what we now refer to as parallel process.

At the time, this was a radical reconceptualization of the supervisor process as it moved the action of the supervisor into the dynamic space between supervisor and supervisee. Since then, as thinking and writing about supervision has increased, so has the focus on parallel process. In the importance of examining the intersubjective dynamics of both the supervisor and the supervisee in the supervisory relationship (Blumberg, 1982; Zaltz, 2013). As uncomfortable as many psychoanalyticians were with the idea of the boundary between psychotherapy and supervision, an indissoluble boundary is a fact of life and a dynamic to analyze in effective supervision (Berman, 2000).

We can think of dyadic supervision as an investigation of the ideas of the client and the unconscious of the therapist, supervisor, and patient in a matrix of transferance and countertransferance. This joint exploration of mutual subjectivity helps supervisees develop an open attitude of curiosity (Ogden, 2005). However, as powerful as dyadic supervision can be in understanding dynamic work in therapy, working through impasses, and developing the therapeutic instrument of the supervisee, supervision in a group setting can amplify these powers by harnessing the regressive forces present in all groups, (Tylim, 1999).

When a therapeutic impasse is presented to a supervision group, the therapist can identify with the patient and react to the group as the patient reacts to her, or the group can treat the therapist the way the patient does (Cosmannel & Gumpert, 1993). As these dynamics emerge and are identified, the therapist is locked into the mechanism by which the impasse is understood. In any dynamic therapy, the task of the therapist is to catch the drift of the patient’s unconscious with his/her unconscious (Freud, 1923). Something is triggered in the therapist’s unconscious by traces in the therapist. If the process goes unaddressed, the therapist becomes unconsciously identified with the patient. It is this dynamic that gets enacted in the supervision group as parallelism (Cosmannel & Gumpert, 1993).

Therapists at any stage of professional development and accomplishment can feel alone, vulnerable, and destitute in the face of a patient who challenges their clinical abilities or attacks their personal (characterological) vulnerabilities. While we may tell ourselves that enduring this onslaught is an important part of the work, the reality of the experience is at best, uncomfortable and frequently, unsettling. Supervision groups can provide experiential support and help bolster the supervisor’s sense of self-worth and self-esteem.

The ability of the group to emotionally hold the therapist through periods of fragmentation and regression is a real strength of the group process. Supervision groups, especially groups of long standing, can provide a container to help the therapist work with the treatment issues that have been problematic and reconstitute herself to better deal with the patient (Moss, 2008). When group members identify with the case presenter’s situation, it can normalize feelings of shame and inadequacy in the presenter, as well as whatever other reactions have been manifested in the treatment. All this helps the presenter have more inner space and freedom to work with the material in a creative way. In other words, supervision groups can provide an opportunity for the creative use of partial and temporary regression occasioned by the therapist’s and/or the group’s emotional reaction to a difficult clinical situation. The ability to regress in this vulnerable way helps relax psychic structures and renew and strengthen the presenter’s ability to cope. The therapist’s ability to be held and to tolerate the occasion of regressive dependence, while accelerating the overwhemmed parts of the self, leads to recovery and renewal, not to collapse.

Supervision, in general, is a risky business, as we all invest a great deal in being perceived as skilled and competent. In a supervision group, all the members are exposed to each other and to the supervisor. Dynamic issues, such as envy and competition, come into play and may result in reactions that are not experienced as reinforcing or supportive. If not examined in the light of both the group’s process and issues arising in the case under discussion, these can interfere with the development of trust and the non-defensive openness that are necessary for any group to be effective. Because of the pull of regressive forces and the dynamic elements mentioned above, ruptures in the group are inevitable. These occurrences, though, can become opportunities for insight and personal growth as the group develops trust and goodwill.

This is especially true where the contract of the group and the group’s development allow the difficulties in the cases under consideration to manifest in the group in a present and immediate way. As the group explores its own process, it can make discoveries that might not surface in a solo supervision. An experiential, here-and-now method for group supervision developed by Atfield (1999) can be particularly useful in helping the group discover what unconscious forces shaping the group’s process may have been stimulated by the presented case material. This may be thought of as the voice of the group unconscious expressing itself through the more manifest group content. In talking of group therapy, Giraldo (2012) calls this deep content the dialogue of the group as opposed to the dialogue in the group.

Example

Kathy was a moderately experienced therapist who worked largely with children (and their mothers) in a community agency. She had recently started a small private practice. In the group, she described having trouble with Frank, a male patient of about her same age (mid 40s). Frank came to see her because he was frustrated in his job and felt underutilized. Kathy told the group that it seemed no matter what she did, Frank responded with criticism. He rejected all attempts to engage him at an emotional level or to invite him to consider any meaning of his material beyond the concrete. Nonetheless, Frank insisted that he wanted help to handle his frustrating work situations. Kathy was working hard to accommodate him, but as much as she tried, Frank kept rejecting her offerings. Kathy, almost in tears, told the group that he was too much for her. She felt out of her depth and that she couldn’t help him. She wanted him to leave therapy.

The group had been very protective and caretaking of Kathy, until sensing that the group was caught in an enactment, I called the group’s attention to the process. The group immediately calmed down and settled into a curiosity about what had been going on. One of the group members asked Kathy if the group’s unsuccessful attempts to help her were reminiscent of her work with Frank. “But I really want help,” she said. The group picked up the theme implicit in her statement—while that Frank really didn’t want her help, Kathy did want the group’s help and was frustrated that the group just wasn’t providing it. Gradually, Kathy began to see how analogous the experience in group was to her experience with Frank. A group member asked her whether the situation with Frank felt familiar in any other way. Kathy paused and reflected, “It feels like what I’ve been getting into with my ex-husband.”

Kathy then began to talk about her struggles with the man from whom she was separating after a long marriage and then associated to her father, who had diminished her, no matter what she did or how hard she tried to get his approval. It became clear that she had the same dynamic struggles with Frank. His rejection was touching her despair.

Though Kathy left that group session with little idea about what to do differently with Frank, she felt more room to maneuver within herself. She came back the next week, reporting no sudden breakthrough in the treatment. However, she was feeling a bit more confident with Frank. It seemed easier to hold her ground, and it felt enabling to allow Frank to hold his own feelings of helplessness.

In this example, the supervision group provided a field where Kathy’s issues with Frank could manifest in plain sight. Kathy’s presentation played out in such a way that she took up Frank’s position, and the group identified with her. The process, chaotic and confusing at first, enabled Kathy and the group to watch as dynamic issues became visible, as the images in a photographic print emerge in the darkroom develop. What might not have been solved in the session, the holding of the group enabled Kathy the internal space necessary to be able to sit with her patient and hold him and her turmoil. The group contained Kathy, enabling Kathy, then, to contain Frank.

References
Recently, she has been on the Faculty of AGPA Connect Scholarship Fund, netting more than $20,000 and promoting Rochester community benefiting the Group Foundation’s her committee work on the Group Foundation Board, Ms. Foundation for Advancing Mental Health. In addition to has been a long-serving Board member for the Group of the Rochester Area Group Psychotherapy Society and and her local Affiliate Society. She was a Board member has served in numerous leadership roles within AGPA and her local Affiliate. She was President of the Eastern Group Psychotherapy Society (EGPS), an EGPS Board Member, and Co-Chair of the EGPS Annual Conference. She also served as the Managing Editor of the EGPS journal, GROUP, as well as a member of its Editorial Board. More recently, Dr. Collins-Greene has served as a Board Member for the International Board for Certification of Group Psychotherapists and as Co-Chair of AGPA’s Women in Group Psychotherapy SIG. She is currently Chair of the Affiliate Societies Assembly. In recognition of her contribution to the creation of the Hawaiian Islands Group Psychotherapy Society, Dr. Collins-Greene was awarded the Affiliate Societies Assembly’s Outstanding Contribution Award in 2016. She has led one or two weekly interpersonal groups in her private practice for 30 years and has taught group theory courses and supervised group therapists as Clinical Professor and Supervisor at the Derner Institute of Advanced Psychological Studies, Adelphi University. She was also on the clinical faculty of the Department of Psychiatry at Columbia University, designing its externship program and leading process groups of externs. Dr. Collins-Greene has written numerous journal articles promoting group psychotherapy, the leadership style of women, and as well as topics related to forensic work with children who have experienced sexual abuse. She has presented numerous times at AGPA Connect and other national conferences. Further, Dr. Collins-Greene has served as Site Visitor for APA accreditation for graduate programs in psychology, promoting the continued training of group therapists in doctoral training programs.

Christine Fitzstevens, LCSW-R, CGP, FAGPA (Rochester, New York), a clinical member of AGPA since 2005, has served in numerous leadership roles within AGPA and her local Affiliate Society. She was a Board member of the Rochester Area Group Psychotherapy Society and has been a long-serving Board member for the Group Foundation for Advancing Mental Health. In addition to her committee work on the Group Foundation Board, Ms. Fitzstevens has helped organize three fundraisers in the Rochester community benefiting the Group Foundation’s Scholarship Fund, netting more than $20,000 and promoting the benefits of group work to her larger community. Recently, she has been on the Faculty of AGPA Connect and has been an instructor in a modern analytic-based group leadership training series for Chinese clinicians. She has also volunteered her time and skills to lead weekend group training for clinicians in Baton Rouge, Louisiana and has co-led one- and two-day workshops for teachers in the Rochester City School District on the topic of social emotional learning. She has led four weekly interpersonal groups in her private practice for more than a decade and has led an ongoing consultation group for educators since 2014. Prior to starting her private practice, Ms. Fitzstevens worked as a clinical social worker for Westfall Associates in Rochester, leading intensive outpatient groups, aftercare groups, and family groups for clients with chemical dependency. She has taught English as a Second Language in Hong Kong and the Philippines and has been a caseworker in Boston for refugees from Cambodia, Laos, and Czechoslovakia.

Helene Satz, PsyD, ABPP, CGP, FAGPA (Kailua, Hawaii), a clinical member of AGPA since 1982, was a founding certificant of the National Registry of Certified Group Psychotherapists, now known as the International Board for Certification of Group Psychotherapists, and a founding member of both the Hawaii Group Therapy Association and the Hawaiian Islands Group Psychotherapy Society. Before moving to Hawaii, Dr. Satz was an active member of the Northeastern Society for Group Psychotherapy, serving as a member of the Board and as Secretary, and as faculty, supervisor, and member of the Nominating and Preceptor Training Committees and the Task Force on Managed Care. While living in Massachusetts, Dr. Satz had a private practice, where she led four outpatient weekly therapy groups, as well as groups at a number of counseling sites, including groups for parents, couples, adolescents, and a consultation group for student therapists. She worked at the Charles River Counseling Center, where she ultimately served as its Director. In Hawaii, Dr. Satz served as staff psychologist at the Counseling and Spiritual Care Center of Hawaii in Honolulu and has been at the Tripler Army Medical Center since 2008, where she has designed, implemented and managed a comprehensive group psychotherapy training program for military psychiatry residents. She co-leads an experiential group for second-year psychiatry residents, and she leads third-year residents in a weekly group supervision. She also runs short-term inpatient and outpatient therapy groups, among her many responsibilities in her permanent position as faculty and consultant for the Department of Defense.

Nancy Wesson, PhD, CGP, FAGPA (Mountain View, California), a clinical member of AGPA since 1991, has been a consistent leader in promoting group psychotherapy in California and beyond, founding the Center for the Study of Group Psychotherapy (CSGIP), a non-profit group psychotherapy training center in the Bay Area. Dr. Wesson served on the AGPA Connect 2020 Conference Committee and the AGPA E-Learning Task Force and is a frequent workshop presenter on the topic of mindful-ness and group psychotherapy. She has led two weekly interpersonal groups in her private practice for 28 years and has served as Director and Board President of CSGIP for the past five years, wearing several hats simultane-ously as administrator, instructor, and Board member. In addition, Dr. Wesson has made numerous presentations at hospitals, colleges, and agencies on various mental health topics, including the benefits of group psychotherapy, and has provided individual and group supervision for trainees and interns in the Palo Alto Unified School District. Dr. Wesson has written numerous articles promoting group psychotherapy, including Group vs. Individual Psychotherapy: How is the Therapeutic Process Different? and has served in several Board positions, including President and Member-At-Large for the Santa Clara County Psychological Association. She was awarded Psychologist of the Year by the Santa Clara County Psychological Association, and was twice awarded the President Award by the same organization.
It is imperative to recognize that diverse identities do not exist in a vacuum but are positioned such that certain identities carry privilege, which then marginalizes and oppresses other identities. The term oppression refers to the “systematic subjugation of one social group by a more powerful social group for the social, economic, and political benefit of the more powerful social group” (Hayes-Greene et al., 2018, p. 34). In the United States, as well as globally, much of oppression is rooted in white supremacy—the ideology that the ideas, norms, beliefs, and actions of white people are superior to those of black, brown, and other people of color (Hayes-Greene et al., 2018). These processes occur on the systemic and institutional levels, regardless of one’s intentions or actions on the individual level. However, these processes are often reflected within interpersonal interactions, assumptions, and biases. For example, a black woman not smiling in a group may be perceived by white women as aggressive or hostile. Perceiving a neutral face as aggressive shows an inherent bias that black folks® are threatening, less respectful, and, therefore, less human than white folks. This may lead to hostile interactions initiated by white women in the group. Yet, these dynamics may go unacknowledged and unchallenged, which perpetuates the subjugation in the group space. Similarly, when cisgender individuals see a choice in whether to acknowledge pronouns, this reflects how we deny and make invisible people’s existence and participate in oppression of gender queer folks.

Refereces
William Whitney, PhD, MFT
Group Psychotherapy Association of Los Angeles, President

The Board of the Group Psychotherapy Association of Los Angeles (GPALA) is working to advance a five-to-seven-year vision plan that rethinks how GPALA makes a positive impact in Los Angeles promoting and advocating for group therapy. While there are several facets to this plan, one of the primary areas of focus is to advance social justice and diversity issues. Our entire Board is currently examining how GPALA engages inclusion and diversity and has adopted several structural changes that will move us to further advance social justice and diversity issues.

This past year, GPALA appointed our first-ever Board member whose sole focus will be on inclusion and diversity. This person works with our Events, Marketing, Outreach, and Membership Committees to increase awareness of diversity issues within GPALA and through our community outreach. Stefani Roscoe, LCSW, CGP, serves as Chair of Inclusion and Diversity this year.

Working under our Diversity Chair, the GPALA Board has been focusing on training to served diverse communities and cultivating outreach programs to local diverse communities around Los Angeles. Historically, many of GPALA events have been based on the westside of Los Angeles. This plan allows us to focus our efforts on other areas and populations of Los Angeles. Along with Events and Marketing Board members, we are working to provide events that will help group therapists participate in further diversity training and events to help therapists working in regional diverse communities. This year, Kavita Arul, PsyD, will be our keynote speaker for a one-day conference on the trauma of marginalized groups and working with micro-aggressions within group therapy.

Additional goals that our Board is working towards as we move forward with our visionary plan include: creating a fee structure where income level of therapist is not prohibitive for becoming a member of GPALA; providing more educational and training opportunities that equip therapists working in areas outside of private practice; increasing visibility and presentations at local and regional conferences; raising issues of diversity and inclusion at every GPALA event; and ensuring the material being provided in workshops and training address issues of diversity, inclusion, and multiculturalism, as well as cultural competency and cultural humility.

We believe that GPALA should be a leader in our community for inclusion and diversity and are excited to move forward to ensure that our Affiliate Society accurately reflects the community in which we live and serve.

A Model of Collaboration Between Affiliates and The Group Foundation for Advancing Mental Health

Carol Dallinga, LCSW, CGP
Westchester Group Psychotherapy Society Chair, Affiliate Societies Assembly Representative

After our members have received countless scholarships and support by the Group Foundation for Advancing Mental Health for decades, the WGPS Board of Directors unanimously agreed that co-sponsoring events would be a meaningful way giving back to the Group Foundation for years of support. The Board came up with creative ideas to co-sponsor events, while maintaining its mission of advancing innovative, research, education, coordination, and group psychotherapy.

There are also parallels in the organizations’ mission statements. For example, WGPS has a long history of community activism and intervening for community issues. Last year, WGPS leadership was contacted by a local Hispanic migrant community center after forensic DNA removed their family members. Their members were traumatized. Last summer, WGPS Board members teamed up with members of the Group Foundation’s Community Outreach Task Force to run multiple trauma groups for members of this community who were affected by ICE raids.

Originally planned for May 16 and postponed until October 31, 2020, because of the pandemic, the WGPS and the Group Foundation for Advancing Mental Health will co-sponsor an Attachment and Trauma Conference and a Gala to honor the lifetime achievement of Robert Klein, PhD, ABPP, CGP, DLFAAGPA. All proceeds from these two events will be donated to the Group Foundation. This will be the third time WGPS and the Group Foundation have co-sponsored events. The two previous events—Decoding the Tablecloth performance and a conference entitled Migration Crisis: How to Effectively Use Community Resources—raised several thousand dollars for the Group Foundation.

References


Laplanche, J. & Aron, L. (2018). A view from the affiliates highlights the Affiliate Societies of AGPA. This column shares with the larger AGPA community Affiliate Society perspectives, initiatives, ongoing activities, and conversations to promote group therapy, advance the training and professional development of group therapists, use group therapy expertise to meet community needs, and engage with important issues pertaining to the field of group therapy and mental health in the New York: Times. This section also provides a space to explore the relationship and opportunities for partnership on the local, national, and regional levels among the Affiliate Societies, the Affiliate Societies Assembly (ASA), and AGPA. Affiliate Societies interested in writing an article are encouraged to email Erica Gardner-Schuster, PhD, Editor of A View from the Affiliates, at egardnerphd@gmail.com. For information about upcoming affiliates events, visit the AGPA Global Calendar on the AGPA website.
A Model of Collaboration Between Affiliates and The Group Foundation for Advancing Mental Health

Dear Consultants:

I’ve been in private practice many years and have always had a group. I love the energy and the excitement that can happen in group, and the combination of group and individual can move the therapeutic process along much faster. One group I facilitate has been meeting for four years; two of the original members are still in it. There are normally eight members, four men and four women, and for most of the group’s existence, it was full. A year ago, one of the most active members left, and since then there has been a lot of turnover. We’re currently at six members, but one of the two original members just said he’s leaving. I’ve been scrambling to replace people and fill the empty slots, but that takes time. Attendance has also been inconsistent; sometimes, we only have two or three individuals present. People are starting to complain about the instability, but it’s not something I can control. Absentees always have a good reason. I’m starting to feel like the group is going to dissolve. How can I reverse this trend?

Feeling Desperate

Dear Desperate:

What you describe is a typical aspect of the group process in private practice, because you often don’t know where your clients are coming from or when a new one will be referred. It sounds like the instability should be brought into the room. Ask the members how they are feeling about the lack of consistent attendance and the impact of loss on them. Since group mirrors life, perhaps this is a parallel process to many of the group members’ life experiences—the lack of consistency and the theme of loss and termination which can be activating. Friends and families leaving them by moving away, or by being less available to them in their own lives. It would be beneficial for you to bring this notion of death and loss into the room. It might also be helpful for you to bring a bit of yourself into the room. You are a part of the group, and the group might benefit from knowing that you also feel a loss when people leave or do not show up. It is also important to discuss weathering the storm, learning to sit in the discomfort of being seen more, having more focus on them, and taking up more space. Oftentimes, larger groups have an easier time because there are simply more bodies to share and connect, whereas in smaller groups members must be more active, but it’s an incredible gift they are being given. I wonder how they feel about the exposure of being seen now after all these years.

It might also be helpful to re-market your group. Remind your community that you have this wonderful group with open spots. Often our colleagues simply need to be reminded that we are still up and running. Maybe it is time to create a new flyer, blast it out to a bunch of listservs, do a bit more networking, and connect with fellow group members to remind them of the value of your group and what you have to offer. In private practice, we have to remember that we are our best publicists.

Be patient and kind while you are rebuilding; groups ebb and flow, just like life. Help your clients remember the value it has had for them and why they joined in the first place.

Jill Lewis, MA, LCSW, CEDS, CGP
Atlanta, Georgia

This month’s dilemma and answers are supplied by AGPA’s Groups in Private Practice Special Interest Group (SIG). The SIG, which explores issues relevant to establishing and maintaining a private practice of group therapy, has an email list and a closed Facebook group. Co-Chairs are Jill Lewis, MSW, LCSW, CEDS, CGP, and Jennifer Martin, PhD, CGP. To join the Groups in Private Practice SIG, email: agpamemberservices@agpa.org. For questions about the SIG, contact the Co-Chairs at jill@jlewistherapy.com or jenmartinphd@gmail.com.

Dear Desperate:

Your group ran along steadily for three years before the difficulty that you are currently experiencing. When we have disturbance or are worried about our groups dissolving, it can be helpful to recall that this has not always been true. This helps in observing what is currently happening in the group without getting caught in our own fear of dissolution or perhaps inadequacy. Since the current turbulence in the group began when a member who was significant to other group members left, let’s look at this event and its impact on the group-as-a-whole. The behavior of your group members indicates that they are acting out some strong emotions and that they may not have had the opportunity to fully grieve the loss of the founding member and to express other feelings that have arisen in response to that loss. One way to address these feelings would be to wonder aloud to the group about why it is not talking about its feelings about Fred leaving the group. Or to use your own feelings as a guide and ask, “Is anyone else feeling a sense of loss after Fred left?” This provides the opportunity for group members to bring to conscious awareness their own feelings of grief and, perhaps, anger at you or at the person who left. Along with the possibility of anger toward you, the group members may fear that you cannot hold the group together, and they may be inducing you to feel the same. After all, you couldn’t keep their favorite member from leaving. They need to know that you can hold them.

You also comment that absentees always have a good reason. Of course, there is the real reason that someone has been absent, but often, there is an unrelated reason as well. Consider exploring the underlying feelings and resistance using some form of the question, “Of course, that is the real reason, but if there were another reason that has more to do with the group, what could that be?” If they still have trouble expressing what they are feeling, you might ask them to “make something up.” Or, you can enlist another member who has also been absent a lot and ask them, “If there were another reason that Mary has been missing group, what do you think that could be?”

When members complain about instability, you can ask them what you are doing to create such instability. It’s likely that the group has regressed after the loss of a member, and they may not yet be ready to accept responsibility for their own role in the instability. They are once again testing the frame of the group and testing you to see if you can hold the boundary and help them feel safe. By allowing members to fully explore their feelings and express them to the extent that they are able, it may be that your group will settle into its new normal.

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An Interview with Irvin Yalom, MD, CGP-R, DLFAGPA

What personal experiences led you to become a psychiatrist?
I was born in 1931 and grew up in Washington, DC, during an era when smart Jewish boys didn’t have a lot of choices available, so we went to medical school. I might have gone into literature since I loved reading, poetry, and writing and was a writer since adolescence. I had one sister, who married a doctor and influenced me to go to medical school. I was very impressionable as a young boy. I had a microscope and enjoyed looking at things. I ultimately chose psychiatry because it was as close as I could get to studying literature.

Where did your fascination in literature and writing come from?
My parents had no education; they just struggled to exist. They were poor, uneducated, and worked at a grocery store. Growing up, I loved to read poetry and was an avid reader. My writing began during adolescence; I wrote a lot of poetry in those days. From the time I was 12 years old until today, I have never not been reading a novel, except during my four years of medical school. The last thing I do before I go to sleep is read a novel. The book I am currently reading is The Schopenhauer Cure, a novel I wrote in 2005. One of the characters is patterned after Arthur Schopenhauer, a German philosopher from the 1800s, being in a therapy group. Every other chapter describes a group therapy session; alternate chapters are about his life.

It’s important when answering this question to include that my wife was a great scholar. She taught at the university and then started writing manuscripts. His devotion to literature, philosophy, writing, group psychotherapy, and eternal love for his wife is conveyed in this interview. Dr. Yalom also emphasizes the need for group therapists to participate in group therapy.

What advice would you give to young group therapists?
I suggest they read my textbook on group therapy: The Theory and Practice of Group Psychotherapy (Yalom & Leszcz), including the latest edition. Did you have a group mentor who inspired you and changed your career direction? As I mentioned earlier, Jerry Frank was instrumental as a mentor to me. I watched him facilitating groups and then he included me as a co-therapist. He supervised me doing cancer groups, inpatient groups. He was very personable and treated everyone in group as an equal. He would be open to self-disclosure. He wasn’t distant when speaking to members. I received training and education on an interpersonal model at a time when everyone used classical Freudian psychoanalytic models. I read books on interpersonal groups by Harry Stack Sullivan, Karen Horney, and Erich Fromm. Sullivan is a terrible writer, but I learned a lot from him. His interpersonal approach is very good for group therapy. I did Freudian analysis four times a week for three years. My experience was very disappointing. I felt it was a poor approach to treat people. My analyst was distant; I wanted to work more personally with people.

A theme in this edition of the Group Circle is “groups for group therapists.” Why is it important that group therapists are members of groups while practicing this specialty? It’s terribly important for group therapists to become members in group therapy because you learn so much about yourself, receive feedback from others on how you relate to others, how you come across interpersonally to people, etc. When I was younger, I spent a few weeks participating in T-groups (interpersonal training groups). Thirty-five years ago, myself and others started a therapy group for psychiatrists. We later accepted psychologists. It has been going on for 35 years! There is no leader; it’s a peer group. The group meets 90 minutes, every other week. It still attracts that which is led by a different rotating peer each group. The group has helped me with my loss of my wife; they are all there for me. We are active; it’s never boring. No one has ever dropped out, though a handful of people have died. It started, and remains, as an all-male group, but if I had to do it again, I would make it co-ed. Every group is a good meeting; we all work together. If someone is in distress, we deal with that. We look at how everyone is relating with each other, who’s been silent, etc. I think online therapy groups for therapists have a tremendous appeal. When everyone is from a different part of the country, it’s safer as opposed to therapists sharing personal material with the fear of it affecting referrals.

What are your professional plans? What professional project are you working on currently?
I just finished the 6th edition of The Theory and Practice of Group Psychotherapy with Mohlen Leszcz, MD, FRCP, CGP, DLFAGPA. I’m also writing another book, but it’s not about groups. My wife Marilyn asked me to write it when she was chronically ill. She wanted to write a book together, alternating chapters; she was going to read all of mine three times and then the other way around. She died, and I started that one. It has been going on for 35 years! There is no leader; it’s a peer group. The group has helped me with my loss of my wife; they are all there for me. I am active, and it’s never boring. No one has ever dropped out. I never run across another couple together for so long. I know I am going to have a hard time, but the writing helps me a lot.

How do you relax during your free time?
I read literature, I write, I play chess with my sons. I socialize with my children and my eight grandchildren. Three of my children live nearby.

How do you deal with personal, professional stress and/or burnout?
I never had to face that; I had a different type of career. I worked as professor, did research, never saw more than 20 patients per week. Generally, the patients I treated had issues around themes that were important to me. I didn’t experience burnout as I had a manageable schedule. Every therapist should have a therapy group for themselves to prevent burnout and for their continued professional and personal growth. You can be in a peer group to talk about patients and personal issues. If I can influence the field, therapists should be seeing peers and talking about their issues, their patients. I am an experienced therapist, but I am always learning from others in groups.