NEWSLETTER OF THE
AMERICAN GROUP PSYCHOTHERAPY ASSOCIATION
INTERNATIONAL BOARD FOR CERTIFICATION OF GROUP PSYCHOTHERAPISTS

Summer 2019

groupcircle

Getting the Most Out of Your Institute Experience:

An Interview with Jerome Gans, MD, CGP, DLFAGPA, DLFAPA

Steve Van Wagoner, PhD, CGP, FAGPA

EDITOR'S NOTE: *Jerome Gans, MD, CGP, DLFAGPA, DLFAPA, is a Distinguished Life Fellow of both the American Group Psychotherapy Association and American Psychiatric Association. Dr. Gans was an Associate Clinical Professor of Psychiatry, Part Time, at Harvard Medical School and an Assistant in Psychiatry at the Massachusetts General Hospital (MGH) for 30 years. He ran the T-group for psychiatric residents at the MGH-McLean combined residency program for 20 years; the residents named him Teacher of the Year in 2003. The author of more than 50 refereed articles, book chapters, book reviews, and newspaper articles, Dr. Gans has published widely on group and individual psychotherapy, psychological aspects of physical rehabilitation, liaison psychiatry, and psychotherapy and literature. In 2018, NSGP recognized his contributions with a Lifetime Achievement Award. He has been married for 55 years and has three daughters and five grandchildren. Dr. Gans will be giving the Institute Plenary Address at AGPA Connect 2020, to be held March 2-7, at the Sheraton New York Times Square Hotel, New York City.*

SVW: ***Do you remember your first Institute experience as a participant? What were you thinking and feeling going into that?***

JG: My first Institute experience occurred in 1980, when I was 39-years-old. I had just joined AGPA at Anne Alonso's urging. Nine years out of my psychiatric residency, I had some group experience: one year as a member of a T-group during residency; leading a two-year out-patient group, also as a resident; and leading a weekly therapy group in my private practice. Despite these experiences, I remember being extremely anxious—perhaps terrified—attending my first Institute group. While I don't remember any of the participants, I can recall that the leader was a tall man from Los Angeles.

What else I remember is how several members identified meaningful affective interactions among the members, the significance of which went completely over my head. I had trouble making space for myself to speak, while at the same time very much wanting the leader, more than the participants, to notice me. I think the whole experience threatened the defensive position with which I entered the Institute, namely, that my status as a psychiatrist made me superior to the non-psychiatric participants. The quality of the insights and empathy on display from the non-psychiatric participants served to disabuse me of my defensive and, looking back, arrogant posture. I'm pretty sure that I had signed up for a Process Group Experience Institute, not a specific-interest Institute, and yet I have the memory of sitting in a large circle of approximately 20 people. So much for the accuracy of long-term memory!

SVW: ***Did that first Institute have any impact on what you did next as a budding group therapist?***

JG: As I wrote in my paper *The Aging Psychotherapist,* 'Whenever one writes history, especially history as personal as autobiography, one tends to transform the unrelated into the coherent, vicissitude into progress, and cluelessness into profundity.' The truth is that I'm not really sure if and how the first Institute experience impacted my development as a group therapist. Perhaps the best way for me to try to answer the question is to reflect back on what my life was like in my early 40s following my first Institute experience.

At the time, my three daughters were around ten, seven, and four. I had a part-time private practice seeing individuals, couples, and two long-term, open-ended psychodynamically oriented therapy groups; I supervised several psychotherapists in individual and group psychotherapy; and I also worked 26 hours each week at an acute physical rehabilitation hospital as a liaison psychiatrist. During these professionally lonely years (I was the only psychiatrist in the hospital), I consulted many patients and supervised many therapists from multiple disciplines. I published my first three papers and consolidated a feeling of confidence and competence in my clinical work. I noticed that many of my colleagues who were finishing their analytic training were dismissive of group therapy or tended to trivialize what could be accomplished through the modality. I had the opposite feeling; it was while leading, supervising, and teaching about group therapy that I felt most excited and alive. I became an AGPA Annual Meeting recidivist, confident that I had found a professional home in which, despite my first Institute experience, I could continue to grow, develop, and thrive. Six years after my first Institute experience, I was a member of the Instructor Designate Institute led by Scott Rutan, PhD, CGP-R, DFAGPA.

SVW: ***As an Institute leader, what is it you want your group members to take from that experience?***

JG: In running Institutes, I try to help create a space sufficiently safe and trusting so that its members can develop and enhance their capacity for trust, openness, honesty, and intimacy. Components of this process include replacing judgment with curiosity; fear with courage; shame with pride; victimhood with a sense of agency; defensiveness with vulnerability; and black-and-white thinking with an appreciation of complexity. I hope that Institute members practice self-care, whatever form that might take. I try to help members increase their cognitive and emotional understanding of the following group phenomena and group dynamics: boundaries; subgroups; authority; leadership; scapegoating; competition; difference and diversity; silence; phases of group development; and termination. I hope they leave the group experience with a deeper appreciation of the power and ubiquity of projection and projective identification. I try to model an appreciation and respect for each member's subjectivity. I welcome whatever reactions members may be having to me; it has been my experience that when group members are able to be open and honest about their reactions to me, they invariably deepen their relationships with other group members.

SVW: ***You said that you found a professional home despite your first Institute experience. There must be something from that experience that influences how you lead Institutes and engage the attendees. What is it?***

JG: I think my first experience sensitized me to the not uncommon experiences of first-time Institute attendees. Fear, confusion, self-doubt, feeling lost or not understood, not quite knowing how to participate, failing

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from the president

Eleanor Counselman, EdD, CGP, LFAGPA

I'm writing this column at the beginning of summer, knowing that you will be reading it much later. I hope that summer has included some rest and restoration for all of us. It has been a busy Spring for AGPA, and I am excited to update you on some of the organization's activities.

Shortly after AGPA Connect 2019 ended, the call for proposals for AGPA Connect 2020 went out. A very high number of excellent proposals were received, and a successful Spring Planning Meeting was held in mid-May at the AGPA office. As I write this column, I am told the program is just about complete. Much appreciation goes to the two Co-Chairs, Alexis Abernethy, PhD, CGP, FAGPA, and Katie Steele, PhD, CGP, FAGPA, along with the Co-Chair Designate D. Thomas Stone, PhD, CGP, FAGPA, and the Institute, Workshop, and Open Session Committee Co-Chairs. If you missed any of the 2019 plenaries (or just want to hear them again), they are now available on the AGPA YouTube channel.

In addition to our full calendar of e-Learning offerings, I am delighted to announce that the entire *Principles of Group Psychotherapy* course is available online! This is the foundational course for the Certified Group Psychotherapist (CGP) designation and includes both didactic and experiential components. The revised *Principles Curriculum Manual* is expected to be available in the Fall. But wait; there's more! For the first time, an online Institute—*Process Group Experience*—was offered this summer, led by Hank Fallon, PhD, CGP, FAGPA. This was a perfect opportunity for anyone who was not able to participate in an Institute at the AGPA Connect, as well as for those who want to learn more about the online experience. Our continued expansion into e-Learning is very exciting and continues to make membership educational benefits a year-round value.

AGPA has two new contracts, both significant for expanding our outreach. One is a three-year contract with the China Institute of Psychology to deliver the 15-hour *Principles of*

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what's inside

from the editor

Steve Van Wagoner, PhD, CGP, FAGPA

It is my great pleasure to announce the selection of a new Editor for the *Group Circle*. Leo Leiderman, PsyD, ABPP, CGP, FAGPA, will join me in assembling this year's fall issue, before taking the helm for the winter issue. I look forward to introducing Dr. Leiderman in more detail in the next issue.

Summer is often a season of down time as people take vacations or catch up with projects that have been languishing from inattention during the year, but for the AGPA Connect Committee, the work never stops. As you can see, AGPA Connect 2020 is already in the works, and in this issue, we have interviews with the Special Institute presenters. Robert Grossmark, PhD, ABPP, presents his unique contributions to relational group psychotherapy through the instrument of the unobtrusive relational group analyst; and Stan Tatkin, PsyD, MFT, presents his unique psychobiological approach to couples therapy that is like watching an investigator sifting through the clues of body movement, skin color, nuances of language, facial expressions, and more to help couples recognize each other. Choosing which Institute to attend will be very difficult as I find myself equally wanting to attend both. I had the privilege of interviewing Jerome Gans, MD, CGP, DLFAGPA, who will present the Opening Plenary to the Two-Day Institute at AGPA Connect. His history in the field and in our organization is well encapsulated in this interview.

I have included a wonderful, brief acceptance speech by Richard Beck, LCSW, BCD, CGP, FAGPA, who received the Group Foundation for Advancing Mental Health Social Responsibility Award for his contributions to working with trauma. Richard brings to our organization a generosity of spirit and a sharp and unassuming intellect that benefits our work and the public perception of group psychotherapists. Scott Kaplan, PhD, summarizes two empirical studies of attitudes toward group psychotherapy in Research Matters, particularly the role of fear as a resistance to joining a group, even when understanding the benefits of group.

You will also find the regular columns, including From the President, Affiliate Society News, and Consultation, Please. Anyone with ideas for an article for the Group Circle is encouraged to contact me at slwagoner@verizon.net.

AN INTERVIEW WITH JEROME GANS, MD, CGP, DLFAGPA

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to see important dynamics identified by senior members or the leader—these are important phenomena for the leader to attend to. This empathy for first-time attendees is similar to what helped me be an effective T-group leader for more than two and one-half decades. Even though I was 15 years out of my psychiatric residency when I began leading T-groups in 1986, I was still able to identify and empathize with the experiences of the residents in my T-groups.

SVW: What is the title and focus of your talk at AGPA Connect?

JG: I haven't yet decided on a title. I'm considering something like *Getting the Most Out of Your Institute Experience: Some Personal Reflections*.

SVW: If I am not mistaken, you are winding down your clinical practice soon. Do you have any personal reflections about giving this address at a time of such personal and professional transition?

JG: Yes, I stopped seeing patients on June 28. Retirement can be a challenging process sometimes associated with loss of important personal and professional relationships. As you can imagine, it was especially meaningful and gratifying for me to have been invited to give the Institute Plenary Address during this transitional period in my life by the organization that has been my professional home. I'm sure the talk will be an emotional one for me to give.

member NEWS

Joshua Gross

Joshua Gross, PhD, ABPP, CGP, FAGPA, Board member of the International Board for Certification of Group Psychotherapists, has been elected as President-Elect of the American Psychological Association's Division 49, Group Psychology and Group Psychotherapy, effective January 2020. Dr. Gross is the Director of Group Programs at Florida State University's Counseling Center. He joins other AGPA members in the Division Leadership; **Martyn Whittingham, PhD, CGP, FAGPA** is currently President and **Cheri Marmarosh, PhD,** President-Elect (assuming the Presidency in 2020).

FROM THE PRESIDENT

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Group Psychotherapy Course, beginning in August. This is an exciting new event, and we look forward to helping promote group therapy in China. The other contract is with the Refugee and Immigrant Center for Education and Legal Services (RAICES) in Texas to provide consultation and staff support at seven different sites in Texas. This service agreement offers organizational consultation and strategies for those working directly with traumatized populations. There will be a combination of didactic content to normalize experiences and provide self-care and stress reduction techniques, as well as experiential groups for sharing and processing experiences.

The Practice Development Committee of the International Board for Certification of Group Psychotherapists has begun an initiative to promote group therapy's specialty status to psychology training programs to establish relationships and acquaint them with AGPA's resources. We hope to encourage these programs to increase their group specialty training visibility on their websites and other promotion materials.

I would love to write a column and report that Community Outreach has been idle; unfortunately, it hasn't happened yet. Community Outreach continues to be busy with responses to shootings in San Diego, Charlotte, Colorado, and Virginia Beach. The Camp Galaxy program for military children was held this summer for the tenth time at the 106th Air National Guard Wing at the Gabreski Air Force Base in Westhampton, New York. This is a well-received and meaningful program, organized and led by Suzanne Phillips, PsyD, ABPP, CGP, FAGPA.

The AGPA Board of Directors met by conference call for two nights (June 23 and 24). I am pleased to announce that the Board has approved a new Affiliate: the Florida Group Psychotherapy Society. Welcome to the Florida GPS! The Board also approved Leonardo (Leo) Leiderman, PsyD, ABPP, CGP, FAGPA, as our next *Group Circle* Editor. We are so grateful to Steven Van Wagoner, PhD, CGP, FAGPA, for his 10 years of superb editorship! Leo will overlap with Steve starting immediately in order to promote as seamless a transition as possible. Many thanks to the *Group Circle* Editor Search Task Force (Barbara Keezell, MSW, CGP, FAGPA, Chair; Steve Van Wagoner, and Michele Ribeiro, EdD, CGP, FAGPA) for their successful work.

As you know, several Bylaws changes are being considered that would give voting privileges to all members, simplify the member categories, and decrease the size of the Board slightly. There was a 45-day period of comment from members, and many thoughtful responses were received. The Board is planning a single-focus Board call to consider the responses and vote on recommended Bylaws revisions, which will then be taken to the current voting membership for a vote. That vote will happen well before the regular November election, which will reflect the outcome of the Bylaws vote.

Our CEO Marsha Block, CAE, CFRE, signed a contract to hold our 2022 AGPA Connect in Denver, Colorado. AGPA has never met in Denver before, and the Local Hosting Society—the Four Corners Group Psychotherapy Society— is very happy that we will be coming.

I'm pleased to introduce Desirée Ferenczi, MA, our new Membership and Credentials Associate. She is rapidly getting up to speed, and we're glad to have her back (she worked for AGPA many years ago). Many thanks to Nicole Millman-Falk for having filled this role on a temporary basis (including being in Los Angeles for AGPA Connect!).

As you can see, there is a lot going on and many new and exciting initiatives. As always, I welcome comments from you about this column or anything else. EleanorF@Counselman.com.

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is published four times a year by the American Group Psychotherapy Association, Inc. and the International Board for Certification of Group Psychotherapists.

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The Challenge of Selling Group Therapy: What the Research Tells Us

Scott Kaplan, PhD

Many children are afraid of the dark, and many clients are afraid of group. We may be able to help our clients overcome their fear of group in the same ways we help our children get over their fear of the dark—through creating strong bonds and illumination. If we do, we'll be better able to fill our groups and help more people realize the benefits for themselves rather than taking our word for it. This article will examine two studies that explore attitudes toward group psychotherapy and what is behind those attitudes toward group.

Study One

The first study (Strauss, Spangenberg, Brähler, and Bormann, 2015) surveyed a representative sample of 2,512 German citizens to determine current attitudes and expectations toward groups, as well as experiences with groups. This included psychotherapy groups and non-clinical groups (i.e., task groups, educational groups, sports teams, self-help group). The study also examined the influence of other socio-demographic variables and psychological correlates of group-related attitudes/experiences, based on the observation that despite all evidence related to efficacy and effectiveness of group treatments (Burlingame et al., 2013), patients still feel uneasy about participating in psychotherapeutic groups (Hahn, 2009.)

Because sociologists relate decreased attractiveness of groups to an increased value placed on individualism and self-centeredness (Sennett, 2006), a measure of narcissism was included. The study also asked about general and specific experiences with groups (clinical and non-clinical) and investigated the influence of age, gender, and culture (East versus West German socialization) on group-related attitudes. Other selected psychological variables, such as individuals' levels of impairment (burnout, anxiety, and depression) and their strategies to process emotions (suppression, reappraisal) were also included, given their potential correlation to expectations of groups (Burlingame et al., 2013.)

Results revealed a predominantly positive attitude toward groups. Younger people had a more positive view of non-clinical groups, and females had more knowledge of and positive attitudes towards group psychotherapy than males. Experiences with psychotherapy were age-dependent, and the age groups with more therapy experience had more positive attitudes toward therapy groups. For example, 45- to 54-year-olds had the highest prevalence of psychotherapeutic experiences (14%) compared to the youngest (5%) and the oldest subgroup (7.7%.) That group also had the most experience with group treatment (9.7%) and the best group-related attitudes. Finally, respondents who saw group as a tool to help people with less impairment (i.e. anxiety, depression, burnout symptoms) and a tendency to prefer reappraisal to regulate emotions rather than suppression of affect had, a more favorable attitude towards groups. This adds to clinical observations showing that more healthy and resourceful group members are less anxious about group activities.

It is also important to note that 73.4% of the sample thought psychotherapy in general is useful, while only 42.1% acknowledged the usefulness of group psychotherapy. Furthermore, only half the sample reported even knowing what group psychotherapy is or involves. Thus, 50% of respondents are in the dark when forming group-related attitudes and expectancies. Moreover, if a friend were to have serious troubles, 62.9% would recommend they seek individual therapy versus 33.3% for group therapy. This supports previous research (Shechtman, Vogel, and Maman, 2010) that found university students preferred individual treatment over group treatment.

Study Two

With these results in mind and a paucity of research examining the determinants of group-related attitudes, future researchers were left with a couple of questions: 1) What influences group-related attitudes? and 2) If attitudes are generally positive, why do people prefer individual therapy to group therapy?

According to a 2016 study by Shechtman and Kiezel, the answer to both questions is fear. They asked university students in Israel whether they prefer individual or group therapy. They also elicited their relevant arguments for or against each type of therapy. They found a general awareness of the strengths of group therapy but limited enthusiasm for the modality due to fears.

The goal of this study was to empirically identify people's perceptions of group therapy that influence their attitudes toward seeking group therapy. With the public image of individual therapy being better than the image of group therapy (Strauss, Spangenberg, Brähler, and Bormann, 2015) they wanted to know why people would gravitate to individual while avoiding group therapy despite groups' recognized effectiveness (Burlingame, Strauss, and Joyce, 2013; Burlingame, Whitcomb, and Woodland, 2014). Their literature review acknowledged potential differences due to culture, as well as differences between therapeutic factors of individual versus group therapy. To look at the unique features of group therapy, Shechtman and Kiezel investigated arguments for and against group therapy compared to individual therapy, considering, in addition, the impact of gender and ethnicity.

Participants were 224 undergraduate students from two colleges in northern Israel consisting of men and women from two ethnic groups (Jewish and Arab). In an online questionnaire, they were asked for demographic information, such as age, field of study, gender, ethnicity, and experience in individual or group treatment. The major instrument, however, was developed just for this study. It involved a closed question: "When facing a problem, which treatment would you prefer, 12 sessions with an individual mental health professional or 12 sessions with a group of about 10 participants and a professional leader?" Next, they asked participants to rank their preference for each type of treatment on a scale of one to seven. Finally, participants were asked to state five arguments in favor and five against each type of treatment. Two independent raters identified seven common arguments for individual and group therapy and seven common arguments against individual or group. Inter-rater agreement was high. These arguments significantly illuminated perceptions of group therapy.

The authors confirmed that university students, regardless of ethnicity or gender, prefer individual over group treatment. Arguments opposing individual therapy were the least frequent and significantly less than arguments opposing group therapy. No gender or ethnic differences were found in favoring or opposing one type of therapy over another, and there were only some ethnicity-by-gender interactions with minor interaction effects.

The more interesting results pertained to the specific arguments for or against each type of therapy. Reasons in favor of group therapy centered on interpersonal learning and universality, two of the 11 therapeutic factors for group psychotherapy identified by Yalom (1995.) Participants believed in an advantage group therapy offered that is born from interaction with others, possibilities in learning from others, and the richness of the group experience. This held true whether participants had group therapy experience or not and without their reading the group literature. This seems to indicate an intuitive understanding of group therapy benefits, and yet, at the same time, most arguments against group therapy centered on fear. While about 10% of the responses cited a lack of interest in others as an argument against group, most participants were anxious about getting lost in the crowd and fearful of self-disclosure, criticism, and rejection. This finding suggests that despite perceived benefits, fear may be the biggest barrier preventing people from seeking group therapy.

Reasons in favor of individual therapy centered on safety, privacy, and security. At the same time, participants said disadvantages were that individual therapy can be socially limiting and socially less interesting. Respondents also recognized a possible dependency on the therapist, the length of the process, and potential costliness as disadvantages. Despite cited reasons for and against group and individual therapy, people refrain from group because they are afraid of the unknowns. Adults, like children, are afraid of the dark.

Implications

First, understanding the benefits of group therapy does not appear to offset fears of group. Understanding the benefits surely helps balance a potential member's cost-benefit analysis and should be a part of any good group referral but it does not guarantee that a person will agree to a group referral. This is likely because most people do not see how group processes can help them overcome their fears of group therapy. A wise mentor once told me to repeat myself if I'm speaking to the amygdala. Applied here, no matter how often we have talked to clients about what group is, what people talk about in group, what the group guidelines are, and how group actually works, these are messages that need to be repeated. Second, group therapy is not for everyone. Sometimes people are too afraid, unready, or uninterested. Third, clients who are a good fit need support in overcoming their anxiety.

Literature on helping children overcome fears of the dark suggest that bonded, trusted caregivers promote safety by teaching them about the world and minimizing their fears. As therapists, teaching our clients about the world of group therapy and minimizing their fears is part of the job. This process begins with the first contact with a client and continues through every subsequent interaction. We must make clients feel safe through orientating them to group, validating fears, and reassuring them they are safe enough and that the benefits outweigh the risks.

Allow clients to get comfortable in the dark with you and help them prepare to be okay once they are on their own (i.e., after each session and/or when their group treatment is over). Help them take control as well. If they fear there is a monster hiding in the room (i.e., group), show them how to confront the monster (i.e., members) independently. Encouraging clients to take control of the situation helps them feel empowered, and the monster will be replaced by the faces of individual group members and the leader as the process is demystified, and the benefits are felt. If clients think they will get lost in the crowd and get criticized or rejected for their disclosures, they need to learn how to manage such fears in a safe enough environment. If you do it for them, a dependency builds and they cannot trust themselves, thereby perpetuating fears.

"As therapists, teaching our clients about the world of group therapy and minimizing their fears is part of the job. This process begins with the first contact with a client and continues through every subsequent interaction. We must make clients feel safe through orientating them to group, validating fears, and reassuring them they are safe enough and that the benefits outweigh the risks."

Finally, consider what it means to shed light on group treatment. For children afraid of the dark, a nightlight can ease the transition from having a light on to complete darkness. Translated to group treatment, consider an intermediary between individual sessions with the leader(s) and group sessions. This could be videos that educate potential clients about group therapy, role plays, or group orientation sessions for groups of potential members. Research shows it is very important that members have a strong bond with the group leaders for positive group outcomes (Burlingame et al., 2014.) However, this bonding can become complicated in a group situation. Thus, it may help to hold individual sessions with the leader(s) before and possibly during the first few groups or periodic check-in sessions with leader(s) over the course of group treatment. It also may help clients to engage in concurrent individual therapy or join a pre-existing group with group veterans to usher them in. Another way to ease the transition to group is to offer training on how to give constructive feedback. While interpersonal feedback is a trademark benefit of group therapy, it is also one of the scariest and devastating aspects when provided in a negative way. Structuring the process with handouts and group exercises is helpful, especially at the beginning stages of the group (Johnson, 2009). Live public process (or post-processing) between group leaders can also serve as a good model for members. It has the added benefit of letting members see what the leaders are thinking. Sharing process notes written by the leader(s) is another way to shed light on group process while orienting members and modeling feedback.

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The Unobtrusive Relational Group Analyst:

An Interview with Robert Grossmark, PhD, ABPP

Anne McEneaney, PhD, ABPP, CGP, FAGPA, Co-Chair, AGPA Connect Institute

EDITOR'S NOTE: *Robert Grossmark, PhD, ABPP, is a psychoanalyst and group analyst in private practice in New York. He is on the faculty of New York University's Postdoctoral Program in Psychoanalysis and Psychotherapy, the National Institute for the Psychotherapies Training Program, and the Eastern Group Psychotherapy Society Training Program in group psychotherapy, as well as an adjunct faculty member of the Graduate Center of the City University of New York's doctoral program in clinical psychology and a visiting lecturer at the University of Mexico Medical School Psychiatry Residency Program, among others. His most recent book is* The Unobtrusive Relational Analyst: Explorations in Psychoanalytic Companioning. *He received the Group Foundation's 2008 Alonso Award for Excellence in Psychodynamic Group Theory for his paper* The Edge of Chaos: Enactment, Disruption and Emergence in Group Psychotherapy *and the 2018 Alonso Award for his article* Narrating the Unsayable: Enactment, Repair and Creative Multiplicity in Group Psychotherapy. *Dr. Grossmark will deliver a Special Institute at AGPA Connect 2020, to be held March 2-7 at the Sheraton New York Times Square Hotel, New York City.*

AM: What is the title and topic of your Special Institute?

RG: The Unobtrusive Relational Group Analyst: The Role of Enactment and Companioning in Growth & Renewal.

AM: What do you expect to cover in your Special Institute?

RG: I hope to introduce the ideas of the unobtrusive relational group analyst, the flow of enactive engagement, enactive co-narration and psychoanalytic companioning.

The unobtrusive relational group analyst is embedded in the intersubjective matrix of the group and invites the full expression of each group's identity and dynamics. We will consider the challenge of engaging with the traces of trauma and neglect that have no verbal form or representation in patients' minds but find their expression in the dimensions of the soma, sensation, and mutual enactment. The analyst companions the group as enactments of trauma and neglect emerge and find their full expression in what I term the flow of enactive engagement. The group is regarded as always representing and creating something via enactive co-narration. The emphasis is on entering into and holding these dark and painful spaces with the group rather than rushing to give verbal meaning and form to these arisings, so that the group can 'tell the story' of pain, neglect and emptiness that has never before found form or expression.

AM: How did you get interested in this topic and why does it continue to hold your interest?

RG: More and more I find that we are faced with patients and treatment situations that stretch and challenge our notions of clinical practice. We encounter patients who are unable to utilize verbal interpretations and understanding of their unconscious and struggle to engage dialogically with a treatment process that might ask them to talk about or reflect on the treatment relationship itself.

Having worked in settings with far less than typical psychoanalytic patients—the Admissions Unit of the State Psychiatric Hospital and a Public Health Center in the South Bronx in the 1980s, to mention just two—I was familiar with the idea that we have to be creative and available for all manner of patients. So often we find ourselves working with people who have little or no self and object constancy, damaged or peculiar senses of the self and other, and who live in states of deadness, non-aliveness, fragmentation, and disorientation. I am not only talking about patients who are clearly—and diagnostically—very challenged, but also patients who are in many areas very capable and developed but harbor areas of themselves that are characterized by these more archaic and disturbing internal phenomena.

Having taken much from the egalitarian and collaborative aspects of the relational turn in psychoanalysis, but concerned that we might close down the space for these less developed and less related areas of being that patients bring to the treatment, I developed the notion of the unobtrusive relational analyst who can engage with the patient, unencumbered by the constraints of neutrality or abstinence, yet can be unobtrusive to the full expression of the patient's inner world and psychic idiom in the treatment.

I found that when I engaged with patients in this dimension and was unobtrusive and available in these ways, that the treatment became a place for the narrating of yet to be known aspects of the patient's trauma and/or the many troubled aspects of their inner worlds, and these narratives would find expression in mutual enactment. Rather than seeing enactment as a block to the progress of treatment, I came to see enactment as the mutual narration in psychic and behavioral action of what had been dissociated or never formed in the patient's mind. I found that when I was unobtrusive to this flow of enactment, I would live through all manner of disturbances and regressed states with these patients. I found that rather than trying to pull patients out of these altered and disorienting states, I could companion them in these states in a register of with-ness and being known that seemed to offer a new dimension of healing, both powerful and intimate. In short, I was interested in going *into* these states with the patient, however unrelated, dead or confusing they might be, rather than attempting to move the patient *out* of these states into a more dialogic, related and reflective state. I called this 'psychoanalytic companioning.'

AM: What might differentiate an unobtrusive relational group analyst from other psychodynamic group therapists?

RG: I would point to the conceptualization of enactment as a creative narration or a call from a non-symbolized dimension that has no other means of expression. This prospective or generative view of enactment differs from the commonly held idea that enactments are always impasses and dissociative blocks to the unfolding of the group or individual treatment and therefore have to be put into words and resolved so that treatment can progress. From my perspective, enactments are the contemporary royal road to the unconscious. Thus, rather than rushing to resolve enactments and move the experience to the verbal and cognizable, one would want to companion the patient or group in the full expression of the enactment. In this way, what has never had form or outline, can take shape in the lived dimension of the group and finally be seen and recognized. Enactments are thus seen as generative and creative orientations to the future.

I like the idea that the group is always doing something: it is always creating and narrating something, even if what is being told in action is deadening, fragmented or confusing. I thus do not tend to look for the group's resistances. I would rather always avail myself to experience that is arising in the group—or individual treatment—and regard it as a positive communication. For instance, a deadened group may signal an enactive incarnation of a 'dead mother' or a "still face mother" that lastingly damaged one of the members in earliest infancy. So rather than seeing the group as *not* doing something or resisting, I would lend my attention to the comprehension of the deadness as a live embodiment of a non-symbolized trauma.

AM: Who are some of the earlier and current group therapists whose ideas and work impact and influence you?

RG: In my practice I draw upon many group therapy figures who have taught us all how to take on this formidable and transformational task. Foulkes himself talked about being unobtrusive to the free flowing group discussion. I always try to be attuned to sub-groups in the manner of Yvonne Agazarian, PhD, CGP, DFAGPA and utilize many of the impactful techniques learned from Louis Ormont, PhD, DFAGPA, and other modern group therapists. For many years I was supervised by Ronnie Levine, PhD, ABPP, CGP, FAGPA, and owe her a great debt of gratitude for her courage and creativity in her work with primitive emotional states.

AM: How do you feel that the learning will be relevant for participants?

RG: Many clinicians find themselves faced with the kind of challenging patients and clinical and group situations that I will address. I hope that my approach will broaden people's appreciation for the clinical potential that lies in the realm of the non-verbal and non-symbolized and in the flow of group enactment. I hope that people will take a new look at patients and interactions that they had previously seen as problematic and non-therapeutic and will feel authorized to listen and engage in a new register.

AM: Will this be useful for people of all levels of experience?

RG: Yes; I think the approach I offer will be interesting and of use for people whether they are new to group work or well-seasoned.

AM: You describe a group leader as able to be effective because she/he/they is embedded in an intersubjective matrix with the group participants. Have you found it challenging to achieve this in demonstration groups? What might help facilitate that?

RG: I have generally found that demonstration groups have been interesting and stimulating. The atmosphere of the conference, that we are all here to learn together and from each other, actually fits well with the idea that the group leader is embedded within the intersubjective matrix of the group. When a group is involved with learning and transformation, however fleeting, everyone is changed in some way and that includes the leader. It could not be otherwise. I have learned a great deal and have been touched deeply when conducting demonstration groups. I am very much looking forward to the institute and am hopeful that we will all learn and grow together.

RESEARCH MATTERS

Continued from page 3

The respective studies by Strauss et al. (2015), and Shechtman and Kiezel (2016), remind us that illuminating group process is a necessity for the researcher and practitioner. Stumbling into the light can be scary, but it's better than dancing in the dark.

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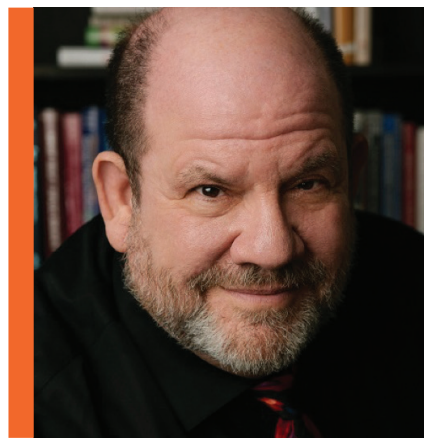
Attachment, Arousal Regulation, and Neuroscience in Couples Therapy:

The Work of Stan Tatkin, PsyD, MFT

Lisa Mahon, PhD, CGP, FAGPA, Co-Chair, AGPA Connect Institute



EDITOR'S NOTE: *Stan Tatkin, PsyD, MFT, is a clinician, researcher, teacher, and developer of A Psychobiological Approach to Couple Therapy® (PACT). He has a clinical practice in Calabasas, California, and developed the PACT Institute for the purpose of training other psychotherapists to use this method in their clinical practice. Dr. Tatkin teaches and supervises family medicine residents at Kaiser Permanente, Woodland Hills, California, and is an Assistant Clinical Professor at the UCLA David Geffen School of Medicine, Department of Family Medicine. Dr. Tatkin is on the Board of Directors of Lifespan Learning Institute and serves as a member of Relationships First Counsel, a nonprofit organization founded by Harville Hendrix and Helen LaKelly Hunt. The author of several books, he will present a Special Institute at AGPA Connect 2020, to be held March 2-7 at the Sheraton New York Times Square Hotel, New York City. His latest book,* We Do: Saying Yes to a Relationship of Depth, True Connection, and Enduring Love and Listening to Your Brain on Love, *should be helpful to particpants after attending the institute.*

LM: What is the title and topic of your Special Institute?

ST: The title of the program is *PACT: A Psychobiological Approach to Couple Therapy®: Attachment, Arousal Regulation, and Neuroscience.*

I want to give the audience a basic overview of this poly-theoretical approach to working with couples. The Special Institute will cover a bit of neuroscience, infant and adult attachment, and arousal and affect regulation. The latter is unique to PACT. I will teach and demonstrate how to read micro-expressions and micro-movements for tracking implicit memory systems, particularly those related to threat perception. I will also demonstrate several interview and intervention techniques that are also unique to this theoretical approach. If there's time, we may also examine deception analysis. I always combine lecture, demonstration, and the use of clinical videos for maximum thrills.

LM: How did you get interested in your psychobiological approach to couples therapy, and why does it continue to hold your interest?

ST: As a student of each of the disciplines mentioned, I wanted to synthesize various methodologies and theories into a singularly focused therapeutic narrative and goal. We call that goal secure functioning, not to be confused with secure attachment. Secure functioning is based on a combination of social contract and attachment theory, whereby the couple is expected to perform according to principles of fairness, justice, and sensitivity, regardless of personality, trauma history, or attachment organization. Secure functioning partners are expected to operate as a two-person psychological system—fully mutual, collaborative, and cooperative, despite their various differences.

Several years ago, after studying with James Masterson, MD, and his approach to working with personality disorders, I became deeply interested in attachment theory and, eventually, in early childhood intervention by working with caregiver/infant pairs. Another mentor, Allan Schore, PhD, introduced me to neuroscience and the role of arousal regulation in attachment relationships. I became hooked on neuroscience. From there, I became fascinated with faces through the work of Paul Ekman, PhD. I began studying facial expressions and somatic markers as implicit tells pointing to implicit memory reflexes. This then led to a fascination with deception as it appears in the couple clinical setting.

From the beginning of my work with couples, I have been videotaping them and using those videos for microanalysis of faces, voices, and movements. The video is also used for feedback to, and collaboration with, couples during sessions.

LM: What do you mean when you call your approach "psychobiological," and how does it differ from other approaches to couple's work?

ST: More accurately, my focus is on developmental psychobiology, an interdisciplinary field that encompasses developmental psychology, developmental biology, and developmental neuroscience. Even more specifically, emphasis is on infant brain development, particularly during the first 18 months of life when regulation and social-emotional systems are being established. Right hemisphere development during this time is experience-dependent and, therefore, strongly correlated with adult social-emotional capacity. Studying infants and young children is the best pathway toward understanding adults. Because my approach is developmentally oriented and poly-theoretical, it is to my knowledge, the most comprehensive (and difficult) approach currently available to clinicians. We've been integrating and applying a great many theories and methodologies: psychodrama; somatic science; strategic and structural systems; object relations; self-psychology; social justice theory; attachment; cognitive-behavioral therapy; trauma therapy; sex therapy; informal trance work; regulation theory; personality theory; and neuroscience. This amalgam of theories and methods combines to serve a singular goal—that of partners attaining and maintaining secure functioning relationships.

LM: Does your early training in object relations, Gestalt, psychodrama, and mindfulness still influence your work, and if so how?

ST: Absolutely! My training in American object relations prepared me for my work with personality disorders. Object relations largely inform the PACT therapeutic stance. We believe in strengthening partner ego function (reality ego) as a way to get to deeper issues around self-activation, individuation, and the development of the real self. We do Gestalt empty chair while using a self and object frame of getting at each partner's internal representations. We then challenge archaic representation relationships with original figures while bridging that material to the current partner relationship. Psychodramatic techniques are an essential part of PACT work. We stage bedroom scenes (PG-rated only), dinner scenes, party scenes, car scenes, etc. Wherever there is a troubling, recurring sequence in partner interaction, we take them back to the scene of the crime like CSI investigators and do the staging as a Rashomon exercise, taking each sequence apart from each partner's perspective. The magic of staging is the reveal of errors made by both partners throughout each sequence. The interventions are an easy outgrowth of revelations that become obvious while methodically going step-by-step through the sequence.

LM: What theories have the most effect on how you think about your work and practice?

ST: I suppose I have a strong connection with object relations. Attachment theory is a close relative of object relations, so I'm very fond of both, and both are very useful in different ways. I prefer object relations theory for understanding personality development, unresolved trauma, and psychodynamic conflict. I also loved studying infant attachment and infant brain development. However, in couples, I would say that arousal/affect regulation theory was a game-changer for me. The matter of arousal regulation, particularly in dyadic systems, is incredibly phenomenological and intersubjective and, therefore, unpredictable. There are so many aspects of co-regulation (also known as interactive regulation or mutual regulation) which are mystifying. For instance, how some nervous systems can get along and others cannot. In arousal, actions and reactions are sub-psychological. The autonomic nervous system, along with the vagal complex, operates on lightning fast recognition that precedes thought. Working with arousal presents the therapist with a whole other layer of complexity.

LM: How do you conceptualize the healing process as it has evolved in your work with couples?

ST: I view the couple as a primary attachment unit. Partners are proxies for everyone of importance who came before, particularly central figures encountered prior to the age of 12. Therefore, the potential for healing original wounds, losses, and traumas is very high. However, this can only be accomplished with a full therapeutic alliance with both partners. Since a true alliance is a rare commodity in couples work and our time for triaging and accomplishing our therapeutic goals is relatively short with most cases, the PACT therapist must accelerate the work and quickly move the couple toward secure functioning. Since the human primate is memory-bound, particularly in terms of procedural memory, we must intrude on that memory in a way that changes present recognition of threat.

LM: What would you anticipate would be one of the most important insights that participants will derive from your Institute?

ST: It will be the skills and techniques we employ for getting accurate information quickly from partners. We use strategic techniques (or tricks) that are based on the manipulation of arousal through the use of surprise, switching topics, movement, declarations, and other methods of evoking somatic reactions. We track micro-expressions and micro-movements, skin color, breathing, pupil size, striated muscle tone in the face and torso, vocal prosody, gestures, posture, and so on. We also track narratives for linguistic signs of incoherence, non-collaboration, and deception. Despite the amount of theory involved in PACT, the most impressive part of it is the actual practice. People are also impressed by the use of chairs on wheels (adjustable office chairs) in lieu of static furniture for therapist self-regulation and for viewing partner bodily reactions.

LM: How do you feel that the learning and principles of your work will be relevant for participants who are primarily interested in group work?

ST: PACT could just have well been called a psychobiological approach to psychotherapy. This work applies to any modality: group, family, couple, and individual. Group leaders can use the many methods and techniques used with couples; the various assessment tools are also transferrable. The therapeutic stance and narrative of secure functioning is also applicable.

LM: Will this Special Institute be useful for people of all levels of experience?

ST: While I will be covering some advanced theories and concepts, it will all make intuitive sense to learners of all levels.

Group Foundation Offers Scholarships to AGPA Connect: Apply Today

Attending AGPA Connect allows recipients to learn and grow personally and professionally, making connections that will last a lifetime. Through the generosity of its donors, the Group Foundation will again offer multiple funding opportunities to attend AGPA Connect 2020, March 2–7 in New York City.

To apply for a scholarship, visit AGPA's website at www.agpa.org/Foundation/scholarships, where there is detailed information and required application forms. Application deadline is November 1, 2019. Additional questions? E-mail angelajaramillo@agpa.org.

If you are interested in contributing to the Group Foundation to help qualified candidates attend AGPA Connect 2020, contact the Foundation office at 212-477-2677 or visit the website and click on Donate Now.

You can also hear directly from scholarship recipients as to the benefits of attending in this video https://youtu.be/UApiJZIJKwY

Applications Being Accepted for New Endowed Scholarship This Year!

This year, we are for the first time accepting applications for a new *iScholarship*, which supports an innovative three-year scholarship that provides mentorship and financial support for a candidate with an interest in the internet, social media, technology, e-learning, e-health and/or telemedicine and increasing engagement with AGPA. The *iScholarship* includes support of attendance to the annual AGPA Connect meeting for the term of the scholarship, as well as additional activities to promote professional development and engagement with the group therapy community. The iScholarship was generously endowed by Robert "Dr. Bob" Hsiung, MD, of Chicago, Illinois, who is a supporter of the field of group psychotherapy and the Group Foundation's work in helping change lives; as well as interested in the potential of technology to advance training, connections and mental health delivery.

Congratulations New Fellows

Barbara Ilfeld, MSN, CGP, FAGPA, Nancy W. Kelly, MSSW, CGP, FAGPA, and Keith Rand, LCSW, CGP, LFAGPA, Fellowship and Awards Committee Co-Chairs

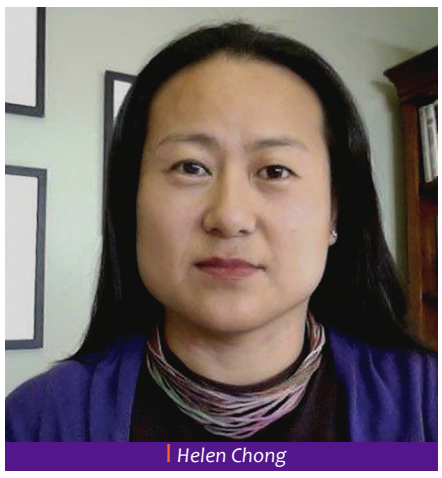
AGPA salutes its newest Fellows. Fellowship indicates outstanding professional competence in leadership, and AGPA Fellows visibly represent the highest quality of the Association. The Fellowship and Awards Committee takes five areas of activity into consideration and expects candidates to have shown excellence in leadership in at least two; one of which *must* be leadership in the AGPA and/or its Affiliates, as well as leadership in the field of group psychotherapy, clinical practice and/or administration, teaching and training, and research and publications.

Aaron Black

Aaron Black, PhD, CGP FAGPA, of Pittsford, New York, has been an AGPA Member since 2007 and a Clinical Member since 2014. Dr. Black served on the Open Session Committee and on the Group Foundation's Board of Directors, and he now serves as a member of the AGPA Board of Directors. He has run three two-day Institutes at AGPA Connect, in addition to a full-day and a half-day workshop. Prior to his leadership roles within AGPA, he served on the Board of the Rochester Area Group Psychotherapy Society for five years, and as Treasurer for three. He also spent three years on the Board of the Group Psychology Division of the New York State Psychological Association, one of them as President.

Dr. Black's chosen category of distinction is within the area of publications. Dr. Black has published two papers on group psychotherapy combining his interest in attachment theory with modern analytic practice. "Externalizing the Secure Base in the Modern Analytic Group" appeared in *Modern Psychoanalysis,* and "On Attacking and Being Attacked in Group Psychotherapy" was published in the *International Journal of Group Psychotherapy (IJGP).* A third paper, "Treating Insecure Attachment in Group Therapy: Attachment Theory Meets Modern Psychoanalytic Technique," has been accepted for publication in the *IJGP.*

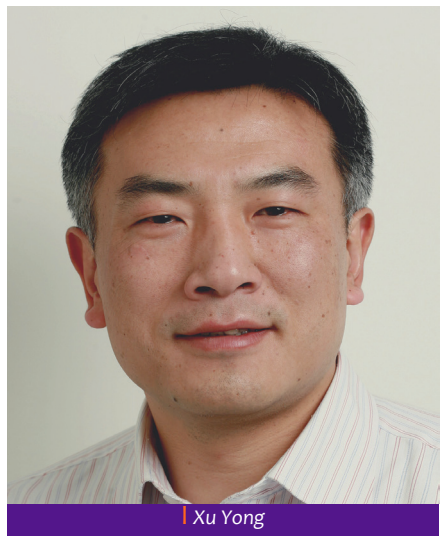
Dr. Black completed his undergraduate degree at the University of Michigan, from which he graduated magna cum laude. His graduate degrees, both a masters and doctorate in clinical psychology, were earned at the University of Rochester. He taught for 10 years in various departments at the University of Rochester and has been on the faculty of the Center for Group Studies in New York City since 2015. Dr. Black is a licensed clinical psychologist and maintains a group-intensive private practice in Rochester, leading six-long term psychotherapy groups, a training group, as well as an ongoing psychotherapy course.



Helen Chong

Helen Chong, LCSW, CGP, FAGPA, of Houston, Texas, has been an AGPA Member since 2000 and Clinical Member since 2004. Ms. Chong has served in several leadership roles in the Houston Group Psychotherapy Society (HGPS), as well as in AGPA. She is the current HGPS President, having served previously for two years as Vice President, and four years as Treasurer. Ms. Chong also served as Chair of the Professional Development Committee at HGPS and Co-Chair of the Racial, Ethnic, and Diversity SIG of AGPA for five years. She has taught the *Principles of Group Psychotherapy* course at both HGPS and AGPA and has led Institute process groups for both AGPA and her local Society. Ms. Chong's chosen category of distinction is within the area of clinical practice and administration. In addition to her ongoing clinical practice in Houston where she runs several psychotherapy groups a week (including a long-term interpersonal process group that she has led for more than nine years), she has broad experience in clinical group work. She has led adolescent groups, groups for veterans with thought disorders and issues with living skills, as well as grief groups, groups for patients with eating disorders, and supervision groups, both in agencies and in her private practice. Ms. Chong has also co-authored research papers on the use of omega-3 fatty acid as a treatment for depression, medication trials for mood disorders, and a research study of cognitive-behavioral versus interpersonal therapy for bipolar depression.

Ms. Chong completed her undergraduate degree at the University of Texas at Austin, and subsequently earned an MSW degree at Smith College. She also received post-graduate fellowships in clinical social work at the Baylor College of Medicine, working in the Menninger Department of Psychiatry and Behavioral Science, and at Ben Taub Hospital in Houston. In addition, she has taught as an adjunct faculty member at the University of Houston Graduate School of Social Work and as an instructor at the Menninger Department of Psychiatry and Mood Disorders Center.



Xu Yong

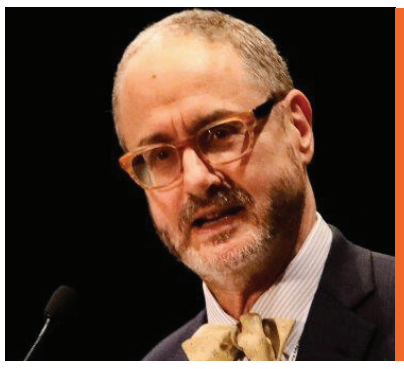
Xu Yong, MD, CGP, FAGPA, of Shanghai, China, has been an AGPA Member since 2006 and a Clinical Member since 2014. In addition to serving as Co-Chair for the International Relations SIG of AGPA for five years, Dr. Yong has served as a member of the Board of Directors for the International Association of Group Psychotherapy and Group Processes, as well as a member of the Board of Directors of the Chinese Psychoanalytic Association.

Dr. Yong's chosen category of distinction is teaching and training. Together with several international colleagues, including some from AGPA, Dr. Yong was instrumental in organizing and conducting a series of trainings in group psychotherapy in China, one of the first to bring the intensive study of group to that country. He has also been on the faculty of AGPA Connect, most recently co-leading a day-long workshop on *Group Dynamics and the New Heroism* and an International Association of Group Psychotherapy symposium on *The Social Unconscious.* Dr. Yong has also co-authored numerous articles and book chapters on psychoanalytic psychotherapy.

Dr. Yong trained at Shanghai Medical School, Fudan University in Shanghai, China, receiving his MD in 1992. A licensed psychiatrist and psychologist, he is the Deputy Director of the Department of Training and Education at the Shanghai Mental Health Center. Dr. Yong is also a faculty member in the Department of Psychiatry at the Medical School of Jiaotong University, Shanghai. He serves as the Vice Secretary General of the Shanghai Mental Health Academy and the Vice Chair for the Division of Group Counseling and Group Psychotherapy for the Chinese Mental Health Association.

Good Deeds – Learning to Say "Yes"

EDITOR'S NOTE: *In the last issue of* Group Assets, *we reported that Richard Beck, LCSW, BCD, CGP, FAGPA, was honored with the Group Foundation for Advancing Mental Health's Social Responsibility Award for his work on responding to survivors of trauma, both nationally and internationally. Richard also serves as President of the International Association for Group Psychotherapy and Group Processes. I have received several suggestions by people who heard his brief acceptance speech to publish it because it captures a generosity embodied by Richard and so many others who work to expand AGPA's mission. An interview of Richard by Chairwoman Karen Travis can be seen on our YouTube channel at https://youtu.be/7U-kdoQ58XM.*



Richard Beck, LCSW, BCD, CGP, FAGPA, was honored with the Group Foundation for Advancing Mental Health's Social Responsibility Award at AGPA Connect 2019.

Thank you, Karen [Travis, LCSW, BCD, CGP, FAGPA], and everyone on the Board of Directors of the Group Foundation for the Advancement of Mental Health for honoring me with the Social Responsibility Award. I'm very proud and humbled to be in the company of such distinguished recipients who have received this award before me. Does anyone here remember when we had the AGPA Annual Conference in New York City at the Waldorf Astoria?

In the beginning of my career, I'm in the elevator of the Waldorf with Saul Scheidlinger, PhD, DLFAGPA, the late Saul Scheidlinger. I say to Saul, "I just read this book chapter that you've written about the Japanese concept of *Amai*, and I just want to say how really impressed I am and want to say how moved and how meaningful this was to me." Now Saul doesn't know me. I was a kid professionally at the time.

I mustered up all my strength and confidence and said to Saul, "What you are doing is a real *mitzvah*." For those of you who don't understand Japanese, Amai also means a 'good deed.'

Saul leans in and looks closely at me and my name tag, and says, "Richard, it wasn't a mitzvah; they paid me!"

Saul was a Holocaust survivor himself, and both of my parents were survivors. The concept of social responsibility is something that you don't think about; you just do it. You don't ask; you respond. When somebody asks for help, you help, and if they can't ask for help, that's when you really want to help. You don't say no. So, let's say if Marsha [Block, CAE, CFRE, AGPA CEO] asks, and Marsha does ask, you say "yes." You don't say no.

When [former AGPA Presidents] Harold Bernard [PhD, ABPP, CGP, DFAGPA] asked, or Bonnie Buchele [PhD, ABPP, CGP, DLFAGPA] asks, or Bob Klein [PhD, ABPP, CGP, DFLAGPA] and so many others, Connie Concannon [LCSW, CGP, DFAGPA] Beth Knight [MSW, CGP, DFAGPA] Jeff Kleinberg [PhD, CGP, DFAGPA] Eleanor Counselman [EdD, CGP, LFAGPA] or Kathy Ulman [PhD, CGP, DFAGPA] asks, you just say yes. And it's not just saying yes. You say "thank you;" thank you for giving me the opportunity to help, to help all around this country. The opportunity to work all around this country has really enabled me to expand my work and my clinical thinking around the world—to help people all around the world with the lessons that I've learned here in AGPA.

So, I just want to say from the bottom of my heart, thank you. Thank you very much.

consultation, please!

Dear Consultant:

I've been running a weekly process group with six members, all of whom are in individual therapy with me. Six members is less than ideal. If two people are absent, then there are only four, and the group doesn't work as well, so I want to increase the number of group members to eight. I've looked over the other people in my caseload and there's no one I consider ready for group, so I'm exploring the idea of offering the additional slots in the group to people who are not in individual therapy with me, but might be seeing colleagues who don't have a group and who would refer them to me. I'm wondering about the group dynamics, where some people are seeing me individually and some are not. Would there be a split in the group that would interfere with its functioning? Would the ones who are in individual treatment with me treat the others differently? Would I treat them differently? I'm wondering if anyone has opinions, thoughts, and/or experiences with mixing these two kinds of patient in their groups.

Gratefully,
Cautious

Dear Cautious:

The answer to all your questions is, "potentially, yes." The mix will affect the dynamics, but so would adding any new members. The ones who are your individual clients might treat the newcomers from other therapists differently, but this might happen anyway just because they are new to an established group. You will treat them differently whether you are aware of it or not, as you do have a special relationship with them outside of the group. Knowing these possibilities allows you to examine potential challenges, as well as your own attitudes and feelings prior to starting them in the group.

So, what should you do? First, consider your attitude toward small-census group meetings; with three or four clients these can allow for more in-depth work, even some individual work in the group, with others as valuable observers and sources of feedback. Having a more flexible attitude about what a group is can open up new avenues for therapeutic progress. You and the other group members will also be made aware of how the absence of particular group members affects the climate and process of the group. When explored, this can be very fruitful.

Second, if you bring in the new members, this affords the opportunity for different intra-group dynamics to emerge around issues such as sibling rivalry and specialness, jealousy and competition. You will have to adjust to your differing knowledge of the group members and your own feelings about them, both in the here-and-now interaction between members of the group with each other and you, and in your countertransference. The already rich relational field could become richer, so long as you are attuned to the emerging feelings and changing group dynamics. This challenge could also contribute to your growth as a group therapist. You might want to pay attention to any feelings you have toward the therapist(s) of the new members, as they will likely reveal things from their individual work which could elicit judgements, competitive feelings, or jealousy in you, as well as things that could be enormously helpful.

Finally, we can never predict outcomes. You can't know how making this change will affect you and the group until and unless you do it. Then it all becomes grist for the mill. Be open to both the potential, as well as the pitfalls of such a policy. Consider putting all of this to the group. Make it a joint effort. How do we deal with this change in here? How does it relate to the changes we experience in our outside lives?

Michael Frank, MA, LMFT, CGP, LFAGPA
Los Angeles, California

Dear Cautious:

You have some great hypotheses about the ways in which members not in your practice might affect the dynamics of your group. These new members you're proposing to recruit are a bit like foster children—vulnerable outsiders asking for care from someone who doesn't know them, and who they don't yet know and trust, under the watchful gaze of hungry children with preexisting relationships. Adding members who are not working with you individually is just like introducing any new member into the group and is, indeed, likely to evoke reactions in the group. Could there be a split within the group? Maybe. Subgrouping happens in all groups. Subgrouping the foster members by the existing members would be particularly straightforward and easy to spot. Could your individual clients treat them differently? Probably. Rosenthal (1992) counts the ways in which old members resist new ones in his article about the new member. The good news is that you've already given some thought to the ways those feelings might show up so you're more likely to spot the splitting or pending infanticide in time to explore it in the group.

Given the particular vulnerability of joining a group as a foster member, it behooves the group leader to create conditions that set the new member up for success and prevent premature termination and the undesirable strain this produces in a group. So how do you design a safe place for new members who don't work with you regularly?

It's useful to start with referrals from clinicians who are friends of group, those who believe in the power of group therapy and understand how group works. The members you add who aren't in your caseload will be bringing their group experience back to individual therapy, sharing their full range of emotions about the group and the group leaders. This can be a recipe for splitting between the therapists and can be destructive to the treatment. It helps to collaborate with individual therapists who can encourage their clients to bring their feelings back to the group and who can capitalize on, rather than get unnerved by, their clients' increased affect in response to group dynamics.

It helps to meet with potential members several times before introducing them to the group. In addition to assessing their readiness for group, you can establish a therapeutic alliance to work from once they are in the group.

Lastly, meeting regularly with the new members who aren't in your caseload can also help create safety and enhance the treatment. In one of my groups, my co-leader and I had a single group member who wasn't in either of our practices. We grew aware of the significant difference in what we knew and understood about her compared to the group members who originated from our individual practices. We lacked the considerable mental notes we had for our other clients so our interventions and interpretations with her lacked the richness of the interventions we made with our individual clients. Monthly sessions enabled us to collect history, maintain a therapeutic alliance with her, and identify ways we could help her show up in the group.

Kirsten Chadwick, PhD, CGP
Washington, DC

Rosenthal, L. (1992). The New Member: "Infanticide" in Group Psychotherapy. *International Journal of Group Psychotherapy*. 42 (2) pp. 277-286.

Members are invited to contact Lee Kassan, MA, CGP, LFAGPA, the Editor of the *Consultation, Please* column, about issues and/or questions that arise in your group psychotherapy practices. They will be presented anonymously, as in the question here, and two members of AGPA will be asked to respond to your dilemma. In this way, we all benefit from members' consultation from an objective point of view. Special Interest Group members are also encouraged to send cases that pertain to your particular field of interest. Email Lee at lee@leekassan.com.

NEWSLETTER OF THE
AMERICAN GROUP PSYCHOTHERAPY ASSOCIATION
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See *Group Assets* insert

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The ***Carolinas Group Psychotherapy Society's (CGPS)*** Board Retreat included a Friday night dinner, Saturday morning breakfast, a two-hour process group led by David Hawkins, MD, CGP, DLFAGPA, lunch, and a Board meeting to plan its Fall 2019 Improv workshop and two 2020 workshops. Because CGPS has its monthly Board meetings on Zoom due to geographical distance of Board members, this was an opportunity for them to meet in person, socialize, and strategize. President-elect Peter Millis, LCSW, was the head chef. The retreat was held at the home of current President, Susan Orovitz, PhD, CGP, who was sous chef. Peter and Susan took responsibility for organizing the retreat and the food.

EGPS honored (left to right) Rudy Lucas, LCSW, CASAC, SAP, Robin Good, PhD, CGP, FAGPA, and Dominick Grundy, PhD, CGP, FAGPA at our Biannual Fundraiser. A festive evening was spent by the EGPS community celebrating the honorees' significant contributions to the field of group therapy and to the organization. These individuals have demonstrated exceptional commitment to group training and scholarship, as well as to racial equity and social justice.

The ***Eastern Group Psychotherapy Society's (EGPS)*** Annual Conference, *Sympathy for the Devil? Resisting and Confronting the Pull of Vilification in Group,* will be held November 22–23 in New York City. EGPS's nationally recognized year-long *Group Psychotherapy Training Program* meets from late September through June and offers participants a weekly experiential process group, consultation, and didactic learning. The Work Group for Racial Equity sponsors a scholarship for individuals of African American descent. EGPS's Training Program also offers advanced group consultation for a second and third year. EGPS's Social Action Committee runs a low-fee Monthly Consultation Group to group leaders in agency, hospital, educational, and other organizational settings. The *Why Group*? event on October 5 will orient therapists to the benefits of group and provides an introduction to the practical and clinical skills needed to begin running groups.

Trauma experts from AGPA's Community Outreach Task Force and the WGPS teamed up with mental health volunteers to address families in need of mental health support after ICE removed family members.

The ***Group Psychotherapy Association of Los Angeles (GPALA)*** will host its annual two-day conference, *Treating Insecure Attachment in Group Therapy,* on September 20–21. Conference presenter Aaron Black, PhD, CGP, FAGPA, through combining didactic and experiential learning, will take attendees on an in-depth examination of factors that contribute to earned, secure attachment behavior. This integrative approach provides an opportunity to gain insight, self-awareness, and behavioral skill with integrating cognitive, emotional, and behavioral elements. Developmentally appropriate intervention strategies that aim to remove barriers to the expression of secure attachment behavior in group will be described and demonstrated. Participants will learn how to enhance the leader's ability to effectively attend to insecure attachment through awareness of and sensitivity to insecure self-states, rather than classification of attachment styles. Register at www.gpala.org.

The ***Northern California Group Psychotherapy Society (NCGPS)***, in a continued effort to respond to the community's requests for attention to diversity in topics and presenters, will host Paul LePhuoc, PhD, CGP, presenting *The Cultural Mother in Group Psychotherapy: Deepening our Engagement with Difference in the Lives of our Patients* at its Fall Event on November 9, in San Francisco.

The ***Westchester Group Psychotherapy Society (WGPS)*** and American Group Psychotherapy Association (AGPA) members responded to the Migration Crisis at Neighbors Link Community Center in Mt. Kisco, New York. Trauma experts from AGPA's Community Outreach Task Force and the WGPS teamed up with mental health volunteers to address families in need of mental health support after ICE removed family members. Spouses, children, and extended family members were traumatized by the forceful separation and uncertainty of the whereabouts of loved ones. Children who witnessed ICE detain their parents were also impacted. Groups were facilitated by AGPA members for adults, adolescents, and children. The Migration Crisis goes on with the detention of children, the separation of families and the fear of undocumented people living in the U.S. for many years. On September 27, the WGPS will offer *Where the Wild Things Are: Finding Our Other in Group* to be presented by Simon Bresler, LMSW, and Kerin Nadler, MS, LCAT, BC-DMT, CGP.

PLEASE NOTE:

Affiliate Societies may submit news and updates on their activities to Susan Orovitz, PhD, CGP, Editor of the Affiliate Society News column, by e-mail to: sussiego@me.com.

Visit the Events Calendar on AGPA's website at www.agpa.org for updated Affiliate Society meeting information. For space considerations, upcoming events announced in previous issues are included in *Group Connections*.