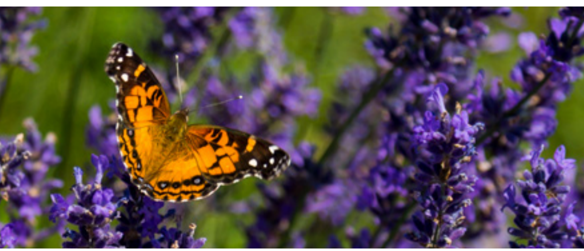


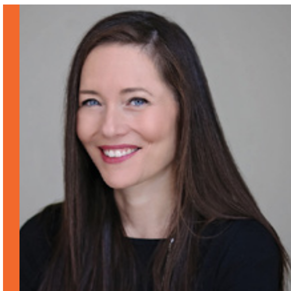
NEWSLETTER OF THE
AMERICAN GROUP PSYCHOTHERAPY ASSOCIATION
INTERNATIONAL BOARD FOR CERTIFICATION OF GROUP PSYCHOTHERAPISTS

SUMMER 2022

# groupcircle

## Intergenerational Trauma, Loss of Reflective Functioning, and Empathy in Groups

**Cheri Marmarosh, PhD, FAPA, CGP, AGPA-F**



***EDITOR'S NOTE:** Cheri Marmarosh, PhD, FAPA, AGPA-F, is a Professor at the George Washington University and is the Director of Research for the International Center for the Study for Spirituality and Mental Health at Divine Mercy University. She has published books and empirical papers addressing attachment and individual and group psychotherapy. She is currently studying the wellbeing of people living with incurable cancer. She also has a private practice in Washington, DC.*

I, like you, have participated in many groups, both face-to-face and online, that went from open dialogue to intense rage and hurt when topics of race, religion, oppression, or privilege surfaced. The emotions in the group became so painful that the members no longer listened to one another, and there was no tolerance for different perspectives or experiences. Curiosity and empathy were replaced with withdrawal, anger, and defensiveness. Members left the group feeling angrier, lonelier, and misunderstood. I am still haunted by the experiences in these groups, and I am currently a member of groups where silence has replaced the risk of this painful possibility.

The groups, even those with expert clinicians as members, struggled to maintain reflective functioning and the ability to consider different perspectives and empathize with those experiencing painful ruptures. These groups had several things in common. There were always scapegoats who were shamed, devalued, or ostracized. There were always people leaving feeling hurt, mistrustful, and unsure of remaining in the group. There were some members who tried to advocate for others. There were also many silent observers who may have been too afraid or detached to speak up. Instead of being a resource to support members, a secure base, the group became a dangerous place where enactments thrived, and splitting became the norm.

I have been struggling with this group process and decided I would write about it when I was invited to write the Group Psychologist of the Year paper for *Group Dynamics: Theory, Research, and Practice*. The paper is currently in press and explores ways that groups are impacted by personal and group attachments, intergenerational and collective trauma, and effective leadership. I also focus on how COVID-19 has increased feelings of vulnerability and mortality salience, which also increase outgroup hatred and blame while enhancing ingroup favoritism. This article shares ideas from that manuscript. I hope it inspires you to read the entire paper (https://psycnet.apa.org/doi/10.1037/gdn0000187). To bring the theory portion to life, I will start with a large group case example.

The large group experience occurred during a Division 39, Psychoanalytic Psychology Division, Conference many years ago. I will integrate Fonagy's (2002) attachment theory concepts of reflective functioning and epistemic trust, and intergenerational trauma to explain what shifted the group when trauma was triggered and how difficult it can be to empathize while having a group identity that is the oppressor. I believe this is the key—for members and leaders to be able to empathize, own, and witness another member's pain.

### Large Group Case Example

I was sitting in the front of a packed convention room. The panel was presenting on a topic related to the Middle East and included presenters from Israel, Palestine, and Egypt. A man raised his hand during the discussion of the papers. The Israeli presenter called on him. He was visibly upset, looking down, trembling, his voice shaking as he started to talk about the inconsistencies of the presentations. A presenter tried to address the concerns. The man's voice intensified, and he started to share personal experiences. Shaking with emotion and appearing enraged by the presentation, he shared that he is Palestinian and that he was uprooted by the Israelis. The lead Israeli presenter addressed him in a polite, yet intellectual manner and focused on the experience of Israelis. He was clearly explaining Israeli behaviors in the Middle East and not focused on the pain of this Palestinian man. Not surprisingly, the man quickly replied with more vivid examples of horrific and awful memories of abuse and trauma by Israelis. During this exchange, I could feel myself getting more anxious. I am Jewish, and I felt awful watching the process deteriorate. I could empathize with this man, but I also empathized with Israelis. Other presenters, who were not Israeli, tried to support this man, but every time someone said more, it felt worse. I went to a place of dread and was unsure what could possibly make this any better.

I felt hopeless as I watched the presenters try and feebly address the trauma of this audience member, and possibly others, until a woman sitting next to me raised her hand to speak. Instead of facing the presenters, she turned around and faced this man in the back of the room. In my memory, her words were simple, "I am so sorry for what you have been through. I can't imagine that horror." Her voice was slow, compassionate, and sincere, and she then added, "I am Jewish; my grandparents survived the Holocaust. I know of trauma and its impact. I am standing here feeling speechless for what has happened to you and your family. I want to add that I am also ashamed of how Jewish people have inflicted the same horrific trauma on you that has been inflicted on them for generations. It is hard for me to hear what you say. I can't imagine what you have been through and how devastating that has been. I am truly sorry for what happened. It was wrong."

He looked back at her with tears in his eyes and softly said, "Thank you." The rage was immediately replaced with gratitude, sadness, and grief. I had goosebumps; she articulated what I could not. In that heartfelt interaction, when she leaned in, despite her own pain and suffering, she was able to hear and witness his suffering while owning the oppressive aspects of her own identity. Her empathy and compassion shifted the emotions in the room from fear and rage to loss and connection. It provided hope. It still provides me with hope when I lead groups and members experience the same intense pain and suffering.

I have come to believe that the ability to hold onto our experiences, our trauma, while being open to other people's trauma, especially if we may play a role in that trauma, is an incredibly rare gift. So why do groups get stuck even when we are extremely high functioning, well meaning, and well educated?

### Intergenerational Trauma

Brothers (2008) describes how groups that have been traumatized (by slavery, oppression, poverty, war) can dissociate the painful feelings and experiences they have had to endure. To cope and survive, the members move past the effects of the trauma and deny their distress while it still impacts them and future generations (Graff, 2014). Evidence of multigenerational trauma has emerged in

*Continued on page 6*

## from the president

**Gary Burlingame, PhD, CGP, AGPA-DF**

I just finished AGPA's end-of-fiscal-year Board of Directors meeting. The first AGPA Board meeting I attended was 20 years ago. Compared to that earlier Board, the Board I just met with is younger and has greater ethnic/racial representativeness. Our new Board members hit the ground running, with lots of questions and active exchanges. I believe the increased diversity of our Board should be celebrated, and my hope is that it's a harbinger of positive change for the future.

Here are a few highlights from our packed Board agenda that I think will be of interest to you. As our new Secretary, Sophia Aguirre, PhD, CGP, AGPA-F, gave her report, a celebratory spirit arose as she described the plans for an in-person AGPA Connect 2023 in New York City. The spontaneous smiles were followed by comments about how long it had been—three years—and how nice it will be to see old friends, go to dinner, and join in-person groups! Board members were encouraged to submit proposals and sign up early because surprisingly, the early conference registration rates are the same as AGPA Connect 2020 rates! Keeping the 2023 the same as 2020 rates was a direct result of Angela Stephens', CAE, experience in managing the conference programming for the past several years. So kudos to our CEO!

Despite the financial challenges facing our nation, our new Treasurer, Leo Leiderman, PsyD, ABPP, CGP, AGPA-F, reported a relatively sound financial AGPA picture due, in part, to the PPP loans secured and the subsequent forgiveness of such that our former CEO Marsha Block, CAE, CFRE, championed during the pandemic. Nonetheless, Darryl Pure, PhD, ABPP, CGP, AGPA-F, provided a balancing data-based argument in the Group Foundation for Advancing Mental Health report on the real need to continue fundraising so that we can continue to support scholarships, community outreach, and other training activities. Finally, I was overwhelmed when listening to the committee reports about how much we've accomplished over the past six months on education,

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## from the editor

**Leo Leiderman, PsyD, ABPP, FAACP, CGP, AGPA-F**

Many are experiencing mass trauma related to multiple sources, including from mass shootings and the Supreme Court's overturn of Roe v. Wade. The shootings in Buffalo, New York, by a White supremacist killing 10 Black shoppers, the Uvalde, Texas, killing of 19 elementary school children and their teachers, and most recently at a July 4th parade in Highland Park, Illinois, killing of seven are beyond comprehension. Many are outraged that some politicians continue to endorse the sale of semiautomatic assault weapons. As a veteran, I feel this is beyond any realm of logic. The Supreme Court's overturn of Roe v. Wade, ending the protections for the right to abortion and womens', transgenders', and nonbinary individuals' right to choose also has many reeling; Black women and their families will suffer the most. Duke University highlights a nationwide abortion ban increases pregnancy-related mortality risk for pregnant individuals by an estimated 21%, while pregnancy-related mortality risk for non-Hispanic Black women increases disproportionately by 33% (Stevenson, 2021).

As if these traumas were not enough, LGBTQ rights are also being subverted in several states. On June 1, the Southern Poverty Law Center and Tulchin Research found that 7 out of 10 members of one of our major political parties believe in the White nationalist great replacement narrative of a coordinated plan to replace White voters. The same study found that most members from that party also support threatening or violence against perceived political opponents. The denial of reality and extremism is further evidenced in the Congressional January 6th hearings, which have focused on those who deny the results of our last presidential election, who wanted to overthrow our democratically elected government, and commit violence against the police officers defending the Capital. In addition, we continue to witness Putin's unprovoked war against Ukraine.

As group therapists, we are challenged to address the impact of mass trauma and provide contemporary trauma models that will offer interventions for traumatized communities, psychotherapy groups, and group members who are vulnerable to radicalization, oppression, or believe in conspiracies.

I hope this summer edition of the *Group Circle* provides you with meaningful connection to AGPA. Our feature article by Cheri Marmarosh, PhD, FAPA, AGPA-F on *Intergenerational Trauma, Loss of Reflective Functioning, and Empathy in Groups* highlights the impact of ruptures caused by intergenerational trauma and factors to consider in the repair process. *Building a Bridge: Mutual Support Group for Ukrainian Colleagues*, by Nadia Greenspan LCPC, CGP; Tamara Roth, MS, CADC; Olga Fridman, LCSW, CGT, CCTP; Nelly Katsnelson, MD, CGP; Misha Bogomaz, PsyD, CGP, ABPP; and Irina Derkacheva, LCAT, ATR-BC, gives an inspiring account of their volunteerism in facilitating support groups for traumatized Ukrainian therapists. Shari Baron, MSN, CNS, CGP, AGPA-F's article *Fellowship: What's the Big Deal?* denotes the Fellowship process and important implemented changes.

In the *From the President* column, Gary Burlingame, PhD, CGP, AGPA-DF, shares updates regarding AGPA, recent governmental meetings, and strategic planning DEI initiatives. In Widening the Circle Racial & Social Justice, Susan Abdel-Haq, LMFT, highlights the intergenerational trauma experienced by Palestinian Americans in her article *Immigration, Intergenerational Trauma, and Groups*. The Consultation, Please column features a dilemma that AGPA's Addiction and Recovery SIG members Rivkah Lapidus, PhD, LMHC, CGP, and Gregory Greer, MSW, LMSW, LAC, CGP, answer. Mitch Berman, MS, MA, LMFT, CGP, provides an Affiliate's viewpoint in *A Perspective on Group Psychotherapy from the Middle of the Pacific*.

We congratulate Stacy Nakell, LCSW, CGP, for her book *Treatment for Body-Focused Repetitive Behaviors: An Integrative Psychodynamic Approach*.

I welcome your comments and feedback about this column or anything else about the *Group Circle*. I look forward to your providing us with your article on a contemporary, scholarly group psychotherapy topic at lleiderman@westchester-nps.com.

## FROM THE PRESIDENT

*Continued from page 1*

E-Learning, AGPA Connect planning, membership, and publications, including our *Journal* and the book series guided by the Science-to-Service Task Force. Similarly, reports from Steven Van Wagoner, PhD, CGP, AGPA-F, Chair of the International Board for Certification of Group Psychotherapists, as well as the Community Outreach Task Force and Public Affairs Committee demonstrated how we continue to affect those outside of our membership through our responses to disaster and national issues where we have an impact on mental health needs.

Moving to issues I raised in my last column: We've continued to make progress with the new AGPA/ASA Task Force announced in January 2022. The goal is to build on the synergy developed over the past few years in integrating and supporting our Affiliate Societies. The Affiliate Societies are a source of new members, as well as places for nurturing and supervising members of the larger AGPA family. Deborah Sharp, LCSW, CGP, AGPA-F, and Marc Azoulay, LPC, LAC, ACS, CGP, both of whom have leadership experience in the Affiliate Societies Assembly, have agreed to co-chair the Task Force. We created a working document outlining the charge and deliverables of this Task Force and met with Kellen Group VP of Healthcare JerrieLynn Kind, who oversees our contractual relationship and operations. Our plan is to identify best practices both within ASA, as well as within other health-related professional associations managed by Kellen to continue to strengthen the relationship between the national organization and Affiliate Societies. A second goal is to identify how to support Affiliate Societies that may be struggling using the same best practice model. In our AGPA Board meeting, Michelle Collins-Greene's, PhD, ABPP, CGP, AGPA-F, report from the ASA identified four regional societies that were either disbanding or merging with other societies, identifying the toll the pandemic and difficulties with succession planning have taken on this important structural component. This was discouraging news to hear but underscored the importance and timeliness of the new Task Force.

I, along with CEO Angela Stephens, and AGPA staff liaisons have met with the co-chairs of three committees that I identified as part of my presidential initiatives. I believe membership is the lifeblood of an organization and as JerrieLynn Kind noted, all professional associations are experiencing loss. Accordingly, Desiree Ferenczi, MA, Membership and Credentials Assistant Director, and I met with the Membership Engagement Committee Co-Chairs—Shunda McGahee, MD, CGP, and Ryan Spencer, LMFT, CGP—to identify how we can re-energize and support this committee. One immediate need is to identify a new Co-Chair to replace Valorie George, LCSW, CGP, and a second issue raised is matching committee resources with the charge. Since Affiliate Societies are often a source of new members for AGPA, we're trying to align the work of the AGPA/ASA Task Force with that of the Membership Committee to create synergies where possible.

Molyn Leszcz, MD, FRCPC, CGP, AGPA-DF, Angela Stephens, and I continue to meet weekly with our DEI consultant to support the forward progress of DEI strategic initiatives from the February 2022 meeting described in my spring column. Angela and I also have a monthly meeting with the DEI Task Force Co-Chairs (Sophia Aguirre, PhD, CGP, AGPA-F, Vincent Dehili, PhD, CGP, Wendy Freeman, PhD, CGP, and Latoyia Piper, LCSW, CGP), and we met with the entire committee last month to get better acquainted.

Finally, Molyn, Lorraine Wodiska, PhD, ABPP, CGP, AGPA-F, and I continue to have monthly meetings supporting the Group Psychology and Group Psychotherapy Specialty Council. The APA recognition of group as a specialty in 2018 opened up training and service doors for group psychotherapy. This Council continues to work on the strategic steps needed to successfully meet the requirements for our 2025 reaccreditation deadline. We're lucky that Noelle Lefforge, PhD, MHA, ABPP, CGP, succeeded Nina Brown, EdD, LPC, NCC, AGPA-DF, as Council President, given her strong organizational and strategic planning skills. For instance, the Council recently prepared a budget for sustainable growth and received funding from three group organizations including AGPA. This group's progress in advocating for group psychotherapy is yet another reason I continue to think the future of group therapy is bright.

I also recently met with our new Executive Committee. I feel lucky to join such a talented group of professionals. As AGPA faces transitions and challenges in the coming months, I'm grateful for the leadership of our CEO—Angela Stephens—and for our strong, energetic, and committed Executive Committee. I continue to be amazed at the dedication of the scores of members serving on multiple committees and task forces and what they accomplish. Thank you for your support, comments, and feedback; I can be reached at gary_burlingame@byu.edu.


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# Building a Bridge: Mutual Support Group for Ukrainian Colleagues

**Nadia Greenspan LCPC, CGP; Tamara Roth, MS, CADC; Olga Fridman, LCSW, CGT, CCTP; Nelly Katsnelson, MD, CGP; Misha Bogomaz, PsyD, CGP, ABPP; and Irina Derkacheva, LCAT, ATR-BC**

***EDITOR'S NOTE:*** *Nadia Greenspan, LCPC, CGP, is a psychotherapist, an acting instructor, and a psychological dramaturg in the Chicago, Illinois, area. Tamara Roth, MS, CADC, is a psychotherapist in private practice at Working Sobriety Chicago. Olga Fridman, LCSW, CGT, CCTP, is affiliated with the Outpatient Psychiatry Department, Northwell Health, New York City Metropolitan Area. Nelly Katsnelson, MD, CGP, is an Assistant Clinical Professor of Psychiatry and Behavioral Sciences, Montefiore Medical Center, The University Hospital for the Albert Einstein College of Medicine, as well as Director, Group Psychotherapy Program for Psychiatric Residency Training, and Director, Bilingual Bicultural Outpatient Services for Refugees and Immigrants from the former Soviet Union. Misha Bogomaz, PsyD, CGP, ABPP, is a psychologist and training director at University of North Florida Counseling Center, and President-elect of the American Board of Group Psychology. Irina Derkacheva, LCAT, ATR-BC, is an art therapist working in a clinic setting in Brooklyn, New York, as well as a clinical supervisor and program coordinator for a mental health program providing therapy and therapeutic supportive services to children and families in the community.*

Nadia Greenspan

Tamara Roth

Olga Fridman

Nelly Katsnelson

Misha Bogomaz

Irina Derkacheva

As a result of Russia's unprovoked war against Ukraine, witnessing the brutal bombing of peaceful Ukrainian cities and the disregard for human life, the principal author (Greenspan) felt a series of symptoms associated with vicarious trauma and sought a space to process these ongoing experiences. She reached out to the AGPA listserv to process her grief and turmoil. Based on her recent experience starting a daily COVID-themed support group for her AGPA colleagues and a desire to connect with Ukrainian therapists undergoing similar trauma, she offered to host a daily informal support group on behalf of a Ukrainian counseling agency in Odessa. A digital flyer about the Zoom group was posted on social media catering to a local Ukrainian audience. A group of Russian- and Ukrainian-speaking American therapists, mostly from AGPA, joined the principal author in this project. These American colleagues learned about the group from the AGPA listserv, and the message was broadcast internationally through a variety of related listservs and groups.

"Opportunities for emotional expression, validation, support, and reconnection with others may be particularly well-suited to address the multiple past-present layers of loss and grief related to trauma and loss" (Leiderman & Klein, 2022, pp. 38-39). As the principal author experienced during the COVID-19 pandemic, this approach was beneficial when applied to support groups for people experiencing ongoing trauma.

Technological advances have greatly expanded the reach of support groups across the globe, such as bereavement groups (Gibson et al., 2020), rural community survivors of homicide loss (Blakley & Mehr, 2008), grief support (Hartig &Viola, 2016), suicide survival (Feigelman et al., 2008), and for faculty at the School of Social Work in Ontario who created a support chat using WhatsApp to maintain support and connection (Taiwo & Sanders, 2022).

All group facilitators grew up in the former Soviet Union and immigrated to the United States. Some were political refugees and shared an understanding of the dominant Soviet culture. All facilitators are White and cisgendered, grew up Jewish, bicultural (Ukrainian, Russian, and Belorussian), and straight. They all grew up speaking Russian, and some had working knowledge of Ukrainian and Belorussian languages. As facilitators, they utilized their native language, culture, and immigration experiences when working with participants of similar backgrounds.

## A Call for Action: Our Model

The reason for establishing the project was to create an opportunity for traumatized Ukrainian therapists to bear witness, and to emotionally hold one another via virtual support groups during this time of crisis.

A Zoom platform was chosen for daily hour-long meetings hosted by the principal author or one of the other co-facilitators in her absence to reach potential new participants. Ukrainian attendees shared a brief description of the group and the Zoom link with their professional networks, supervision groups, educational institutes, as well as on their social media accounts and closed Facebook groups. Despite the group attendees being from multiple countries, the time was selected to be convenient for participants who reside in Ukraine. The criterion for membership is being a helping professional with roots in Ukraine. The concept of the group is often described to the newcomers as dropping by a living room to "share a cup of tea and a chat."

## Stages and Group Dynamics

The topics discussed vary depending on the group composition and the events of the day, both global and personal. Conversations are driven by the needs and interests of the participants, without an agenda or a topic presented by the facilitator. Some days, the discussions are somber, such as about shelling of the city one of the group members resides in. Other days, the group members talk about their personal emotional experiences of the war and being a new refugee.

Ukrainian participants are often curious about the lives of their American colleagues and the practice of therapy in other countries. Group discussions, at times, turn into informal consultations on topics such as therapeutic approaches, coping with issues of countertransference, and useful strategies when working with traumatized clients.

Many of the group participants fled Ukraine because of the war. As they shared their experience of acculturation in their host countries, group leaders, who had gone through their own experience of adjustment in a new country, suggested they take it one day at a time when deciding if they should remain, move to another country, or return to Ukraine. At first, some of the participants agreed, but as the war in Ukraine continued, one group participant said that they could no longer exist in a limbo and had to make a final decision about their place of residence.

The group attendance has ranged from three to 13 participants. The participants are welcome to join the group at any time and for any period of time. On different occasions, a participant dropped by the group for 10-15 minutes while taking a walk in a park, and another group member joined from a bomb shelter underneath her apartment building.

Participants have described the group as a "safe harbor," a "nest," and even a "womb." They join the group to share their joys and fears, laugh, reflect, seek support, and process grief and trauma. To maintain cohesion and continuity, the principal author created a Telegram chat group that allows the participants to maintain contact. During the Zoom sessions, the host shares the phone number of the organizer, which the participants can use to contact on Telegram and request to be added to the chat. The participants communicate with each other directly, follow each other on social media, and even collaborate on professional projects. As an incredible proof of the special connections shared by the group members, one of the Ukrainian participants visited several others during his travels by train around Ukraine. He called this project a "Hug Mission." During this trip, he met with two members of the group face to face for the first time. They shared the experience by joining the group together or sharing pictures in the Telegram channel.

## Case Examples

The following are examples of the variety of topics introduced by the Ukrainian colleagues during the daily meetings.

O. stayed in a city in Ukraine that had undergone severe shelling. City residents were instructed by officials not to sleep in rooms with windows, so she moved her bed to the hallway of her apartment. After the restriction was lifted, she has continued to sleep in the hallway because she is terrified to sleep in her bedroom with its large window. Sharing this kind of trauma has been characteristic of the group process.

When L. joined the meeting after a few weeks' absence, the group wanted to know about her new romantic relationship, which she had spoken about in the past. However, L. spoke mostly about her life in a tiny European village where there are no Ukrainian refugees. She shared a sense of isolation and loneliness. Group members quickly responded by sharing their own struggles in adapting to the life of a refugee and normalizing L.'s emotional experience.

During the period of heavy shelling of a large Ukrainian city, E., who resides there, noted that meeting with people from other countries and discussing professional topics allowed him to feel like a part of the world beyond the war. He observed that knowing that "normal" life goes on and being able to join it during the group sessions gave him a sense of hope and belonging.

## Cultural Challenges

As much as the participants welcomed the connection, the cultural differences between the participants and the facilitators were in the air. The facilitators had to navigate a complex balance of acknowledging the limitations yet joining in the commonality and humanity. Some of these limitations included inability to offer concrete help, such as finding childcare for an exhausted mother, assisting with a cleanup of a shell-damaged patio, or procuring new paying clients for a therapist who lost a practice. This, however, wasn't always the case: A month after the group's conception, one of the facilitators was able to secure 30 free six-month licenses from a well-known language learning software company to distribute to group participants who were recently displaced abroad. Any group member who wanted to learn a language received a unique link that allowed them to register and use the software. Some members requested it for their displaced families.

During a period of intense shelling of Kharkiv and the discovery of the atrocities in Bucha, the tone of the participants intensified even more as war crimes and sexual violence were discussed. Themes of betrayal, forgiveness, and divisiveness were becoming more difficult to contain in a space of a drop-in support format.

As co-facilitators, we threw ourselves in, responding to the urgency and the collective grief. When the group started, we did not discuss expectations for ourselves, nor the need to process our own experience. Yet processing occurred organically. At first, it started happening in the co-facilitator chat when people shared their support and struggles in holding difficult emotions. We started to wonder if "we are not participants but intruders, bystanders."

The group leaders' assumptions about cultural and linguistic similarities were challenged. For example, it arose during conversations about the meaning of speaking Russian versus Ukrainian and criticism of the facilitator's pronunciation. Participants pointed out the correct word stress and prepositions, which have changed in the Russian language to indicate Ukraine's sovereignty. The facilitators who immigrated during the Soviet times were not as attuned to these issues since their language reflected the pre- and peri-Perestroika times. These difficulties were discussed during facilitator supervision sessions, and the principal author sought a private Ukrainian tutor to help with culturally informed language skills.

As Leiderman (2020) points out: "Group leaders who are bilingual, bicultural, and/or immigrants can have multidimensional experiences in groups." They are faced with complex emotions and "concordant countertransference stemming from overidentification with similar experiences." The best approach to understand participants' experience is to "witness through their eyes" and "vicariously experience what is like to be in their migrant's shoes" (pp.171,163).

## Difficulties, Limitations, and Challenges

*Difficulties:* Keeping in mind things that do not unite group members, such as different socio-economic status and different financial abilities which allow group members to deal with the situation in a different way.

*Continued on page 8*

# Fellowship: What's the Big Deal?

***Shari Baron, MSN, CNS, CGP, AGPA-F, Co-Chair, Fellowship and Awards Committee***

What is Fellowship, anyway? What is the big deal about it? Who gets to be a Fellow? Why do we use a term that sounds like it could be sexist and exclusionary? What is the application process?

To answer these questions, I interviewed members of the Fellowship and Awards Committee about their personal experiences applying for Fellowship and what being a Fellow means to them. Almost every person I spoke with had a similar story of their confusion about who was awarded Fellowship and of being unclear how one was nominated for this award. Many, including myself, were active members for years, sometimes decades, presenting workshops, serving on committees, and staying involved in their own Affiliate Societies, and had never even considered their own eligibility for Fellowship.

## First Takeaway

**Anyone who has been an AGPA Professional Member in good standing for five years and contributes to and serves the organization or other group psychotherapy organizations, in formal or informal leadership capacities, is eligible to apply for Fellowship. Almost all our Fellows are self-nominated.**

What stops people from applying? Even after being told by a colleague that they should apply, current Fellows describe their experiences this way:

Sophia Aguirre, PhD, CGP, AGPA-F: "I assumed that there were lots of requirements and spent a few years encouraging others to self-nominate without considering applying myself."

Mitchel Adler, PsyD, CGP, AGPA-F: "It took me another five years to apply. I was scared and felt like a fraud, that I was not advanced enough, old enough, or experienced enough."

Barbara Ilfeld, MSN, RNCS, CGP, AGPA-F: "I realized that there were a lot of important people who were Fellows, and I was fascinated with all of them. I never thought I would be one of them."

Carlos Canales, PsyD, CGP, AGPA-F: "There are Fellows who have published several books and are movers and shakers on a grand scale. I thought, 'Why should we have the same title?'"

Nancy Kelly, PhD, MSSW, CGP, AGPA-F, told this story: "I was on the way to the airport after the Annual Community Meeting, sharing a cab with Andrea Pully, MEd, LPC, CGP, AGPA-F. In the discussion, we asked each other, 'why haven't you applied for Fellowship?' A big part of it was gender training; as women, we were taught not to toot our own horns, not to step up as a leader. I had a lack of awareness of how I was not allowing myself to shine fully and now saw that reflected in another woman. We wanted to support each other in claiming our places. So, we challenged each other that we would each apply by the summer, and we did it together."

Paul Kaye, PhD, CGP, AGPA-F, summed up his experience: "I was 10 years into my AGPA membership, having done many presentations and been on many committees. I noticed colleagues being awarded Fellowship and wondered why I wasn't being nominated. This was a narcissistic injury! The problem with shame is that it never goes public. I suffered in silence for five years before admitting to a friend what was happening and learned that one nominates oneself! With much relief, I nominated myself and two colleagues were happy to write nomination letters."

## Second Takeaway

**There is no timeline for Fellowship applications. They are accepted at any time throughout the year and the formal recognition of new Fellows is done at the Membership Community Meeting at AGPA Connect each year.**

What does it mean to be a Fellow? To each of those I interviewed, being awarded Fellowship in AGPA was an honor and a meaningful event in their professional lives.

Sophia Aguirre also noted that, "Fellowship accepts applications on a rolling basis, which was news to me, so I didn't feel stressed about a deadline. That made it easier for me to consider applying."

Mitchell Adler: "Being a Fellow has solidified my identity and my membership in AGPA in a meaningful way…. It adds credibility—people are interested in what I have to say about it."

Richard Beck, LCSW, BCD, CGP, AGPA-F: "Being a Fellow means that I have a responsibility to maintain the highest levels of ethics and standards. It means the world. I am grateful that I have been so honored. It means being a peer among people whom I respect."

Barbara Ilfeld: "I felt like I had joined a club I wanted to be a part of. The more I got involved, the more I recognized that, yes, I do belong here. I want to help bring other people in."

Nancy Kelly: "Becoming a Fellow is kind of like renewing your marriage vows: I felt a renewed commitment to doing the work to nurture this organization that has nurtured me."

Over a year ago, in response to AGPA's Strategic Planning regarding DEI initiatives, the Fellowship and Awards Committee sent a survey to the AGPA membership, asking about their views on Fellowship, the application process, and what being a Fellow of AGPA meant. We were delighted that so many of you took the time and energy to not only respond to our questions, but also to give suggestions and to put forth challenges. Many of you asked for a phone conversation, and those who did got a personal phone call from a committee member to discuss their concerns.

Since April 2021, the Fellowship and Awards Committee has been examining ways to incorporate your suggestions into the process of becoming a Fellow, the actual use of the term "Fellow," the acronym we use to designate one who has been awarded Fellowship, and ways that the Committee and Fellows in general can mentor and support the membership and the organization. We have modified the application process to address the lack of BIPOC and those from marginalized groups becoming Fellows of AGPA and now provide opportunities for those who serve minority communities to gain recognition for their work. We have changed the entire point system used to determine one's eligibility for Fellowship to make the evaluation process more reflective of the inclusive goals of the organization. We are in the process of revising the Fellowship portion of the AGPA website so that the application process will be more transparent and just easier.

Our Committee thought deeply about the request to consider changing the terminology of "Fellow" of AGPA. "Fellow," a gender-neutral noun in Anglo-American English, is defined as "one who is in the company of friends or equals," and derives from centuries-old usage meaning "partner or associate," according to Merriam-Webster. More importantly, the notion of fellowship is familiar to many organizations in the medical, academic, and clinical fields, and many use Fellow as an honorary, gender-neutral term that conveys both honor and commitment to the discipline. (Thank you to Nancy Kelly for this definition). So, despite the discomfort of some of our members with the term Fellow, we decided to retain the title at this time. We also spent many hours discussing the acronym "FAGPA," which some LGBTQ+ members found offensive. The Committee made a recommendation to the Board to alter the way the designation is presented. The new designation will be "AGPA-F."

Most recently, the Fellowship and Awards Committee has been working on exploring ways that Fellows might more formally serve AGPA members. We are committed to mentor those who want to join our ranks and to find ways to increase diversity in our Fellowship. We want to make sure that being awarded Fellowship is not the end of one's service to AGPA and the wider group psychotherapy community, but just one step in the continuing process.

## Third Takeaway

**If you want to become an AGPA Fellow, there are people available to assist you in obtaining your goal.**

As Barbara Ilfeld put it: "As a Fellow, I have joined a leadership group, serving as a mentor and role model for younger and newer AGPA members…. The missing piece has been a lack of diversification in Fellowship. We are working on that."

Fellowship is an acknowledgement and a personal recognition that one is a leader in the field of group psychotherapy, and it also says something about one's dedication and commitment to that field. Fellowship brings AGPA members into a new level of professional recognition and responsibility as a reflection of the time and energy that has been put into their profession. Fellowship is how AGPA recognizes those who demonstrate a commitment to group psychotherapy. You are welcome to join our ranks.

# letter to the editor

Dear Editor:

Just noticing that measured in column inches this Spring 2022 issue of *Group Circle* continues the very White-centered history of AGPA. The article on Howard University Counseling Services (HUCS) was reduced to a split half-page presentation and omitted the photo painfully represented by "here." Instead, readers were offered full page and a half articles by two White men (*Work in Service and Human Nature*). We also continue to have your Editor's full column and the President's column taking a full page and a half—currently positions held by two more White men. Just sayin….The *Group Circle* wasn't mentioned in the article *AGPA and Systemic Racism*. I'm looking for change here, too. Please give the HUCS the attention it deserves next issue.

*Sarah Brandel, PhD, CGP*
*Washington, DC*

Dear Dr. Brandel:

Thank you for emailing me regarding your concerns with the *Group Circle*. All your feedback was important, appreciated, and needs corrective follow up. As you suggested, I will follow up on us publishing a feature story on HUCS in our next available issue. (Unfortunately, our summer edition was in production when the letter was received.)

Reflecting on Dr. Brandel's letter, I feel grateful for her courage, feedback, and advice, and believe she highlights several major unmet goals of the *Group Circle*. We strive to provide our readers, as much as possible, articles that parallel the strategic planning of our current and past presidents, CEOs, Diversity, Equity and Inclusion (DEI) consultant, DEI Task Force, Racial and Ethnic Diversity (RED) SIG and Board of Directors: That DEI initiatives and inclusivity are a central focus to the newsletter's content. This includes articles that are alternative models to Eurocentric models of group therapy and authors who represent BIPOC and marginalized groups. I also aspire to work to support and publish creative and compelling alternative group therapy models from those who may lack authorship experience but want to contribute to the *Group Circle*. I am committed to being transparent so that we can meet our goals, reaching out to as many potential authors from diverse backgrounds to publish in our newsletter, publishing a feature story on HUCS (I already sent a follow-up email) and incorporating any feedback from our membership.

*Leo Leiderman, PsyD, ABPP, CGP, AGPA-F*
*Editor, Group Circle*

# Widening the Circle: RACIAL & SOCIAL JUSTICE

## Immigration, Intergenerational Trauma, and Groups

**Susan Abdel-Haq, LMFT**

***EDITOR'S NOTE:** Susan Abdel-Haq, LMFT, is a Licensed Marriage and Family Therapist. She is a second generation immigrant from Palestine. She considers it her life work to help clients recover from their past, break free from unhealthy patterns, and feel confident. She also specializes in working with adult children of immigrant parents who struggle with the disconnect between the two generations (aka intergenerational trauma).*

You may have heard the term "intergenerational trauma" in academia, from your therapist, or on a cool breakdown on TikTok. But what does it mean in the context of your everyday life? How does intergenerational trauma show up? According to GoodTherapy.org (2021), "Intergenerational trauma (sometimes referred to as trans- or multigenerational trauma) is defined as trauma that gets passed down from those who directly experience an incident to subsequent generations.

"Intergenerational trauma may begin with a traumatic event affecting an individual, traumatic events affecting multiple family members, or collective trauma affecting larger community, cultural, racial, ethnic, or other groups/populations (historical trauma)." These patterns are sometimes overt, but oftentimes they are more unconscious and require more self-reflection.

As a licensed marriage and family therapist and a daughter of immigrant parents, I have seen the effects of intergenerational trauma on both a personal and professional level. My parents left the country of Palestine due to ongoing conflict and turmoil. The personal experiences they faced growing up in a region with so much chaos remains a mystery to me. While I grew up knowing of the injustices that were taking place, the personal traumas that my parents witnessed weren't spoken of. What I did know was that my parents often raised me from a place of deep fear and insecurity of losing their ties to their homeland. The main message that I received growing up was to behave as a traditional Arab woman would in Palestine. At the time, I was confused. I was born and raised in the United States, and I had only visited the homeland a few times. I didn't understand this pressure to be something that I wasn't. I wasn't born and raised in the Middle East. I was born in Southern California, where most of my peers weren't Arab. Yet I felt this pressure to intrinsically know how to be this traditional Arab woman, and I would get punished if I didn't live up to that expectation.

While I was experiencing this direct pressure to cling on to my Arab identity, I also desperately wanted to fit in with American society and not draw attention to how different I felt. I had no idea how to integrate both identities as an Arab American woman. At home and among the Arab community, there was this expectation to stay within cultural norms. I would even go as far as to call it leading a double life.

According to the Institute of Palestine Studies, "Arab children are taught the salience of maintaining individual and familial honor and reputation by avoiding "shameful" behavior. Children (especially females) can bring shame to their families by engaging in premarital sex, flirting, or dressing in a way that violates cultural norm." (Abi-Hashem, 2008) Traditional Arab culture puts a lot of emphasis on honor and reputation especially when it comes to women. Deviation from that can often come with scrutiny, isolation, and shame. On the other hand, among my White American peers, I felt this need to water down my ethnicity. I hated how my identity as a Palestinian was seen as controversial and invited a political discussion that I didn't really want to have. My parents couldn't understand the unique challenges I faced with feeling like this rebellious person for being myself while also feeling like a foreigner in American society.

I see now how this direct pressure to be as Palestinian as ever was a result of this real need to survive as a people. My parents didn't want my siblings and me to lose any part of who we were because this was critical to the survival of the Palestinian people. When I talk among Arab Americans, especially women, I often find this common theme—these internal challenges of integrating their identities and finding safe spaces that will allow it.

In my private practice, clients who come in seeking therapy for anxiety and general stressors are often adult children of immigrant parents trying to find inner peace with who they are. My clients recognize that they are struggling but often underestimate and minimize the effects of intergenerational trauma. A lot of them also choose a BIPOC clinician because they don't want to feel like their cultural challenges are seen as abnormal, and they want to feel like they can relate to their therapist.

Groups are also a powerful way to heal the negative effects of intergenerational trauma. Groups offer a way to understand and work through toxic messages and to heal through community. Clients will often share how group work allows them to get their deeper emotional needs met—the emotional needs that weren't met due to intergenerational trauma. Groups provide clients the power of choice, the choice to create a new sense of belonging and family. Even just receiving psychoeducation about what trauma is and how it relates in the day to day can be incredibly validating. I often tell clients that they can't change what they can't see; even just noticing these patterns with curiosity and compassion can lead to deeper transformation.

As a therapist and an Arab American woman, I know my experiences may not resonate with some, but it is my story to share and that is what I ultimately want for others—a safe space to welcome and encourage their stories. It is more than okay to want more for yourself, and you aren't betraying your family for wanting to not just survive but thrive.

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# a view from the affiliates

## A Perspective on Group Psychotherapy from the Middle of the Pacific

**Mitch Berman, MS, MA, LMFT, CGP**
**Past President, Hawaiian Islands Group Psychotherapy Society**

In the groups and AGPA Affiliate Societies meetings I attend on Zoom, I am acutely aware of being in the middle of the Pacific. After 34 years and being held by this beautiful land on Haleakala, the House of the Sun, I often feel very distant from the core of AGPA because of the geographical location and the rural and cultural nature of Hawai'i. In the Diversity, Equity, and Inclusion (DEI) discussions, it is often unclear where we fit with our multicultural perspective representing so many diverse cultures, including Asian, Polynesian, Caucasian, and an historically oppressed and resurgent indigenous population, which is reclaiming the Hawaiian language, dance, and other cultural practices. The Hawai'i Legislature recently made a massive economic commitment to return homelands to indigenous people.

In this context, those of us who started and hold the Hawaiian Islands Group Psychotherapy Society (HIGPS) continue to take small steps and are pleased, after seven years, to have succession with Renae Mendez, LCSW, CGP, stepping up to be President of HIGPS.

I want to acknowledge Michelle Davenport, LMFT, CGP, who has been our trusted Treasurer and my primary support these past years since HIGPS' inception. Furthermore, thank you to Pamela Menter, MA, ATR, for her enthusiasm and who organized our workshops on Oahu and served as Secretary of HIGPS. Supportive Board members Robin Spenser, LMFT, and Helene Satz, PsyD, ABPP, CGP, AGPA-F, are active in our current reorganization efforts.

Our auspicious beginnings started when I sat next to Jan Morris, PhD, ABPP, CGP, AGPA-F, at AGPA Connect 2013 in New Orleans, and we discussed the possibility of her coming to Hawai'i to do an Institute. She initiated this yearly happening in Fall 2013, with Institutes taking place on Oahu and Maui on adjoining weekends. My wife Joan Selix Berman (HIGPS' graphic designer and producer of our website and flyers) and I hosted Institutes on Maui, while Pamela Menter and her husband hosted them on Oahu. It was a win-win, with us in the Islands receiving some wonderful training and group leaders having an Island vacation while working.

During our second year, Michelle Collins-Greene, PhD, ABPP, CGP, AGPA-F, who has deep roots in Hawai'i, facilitated our bi-island Institutes and became a major force in moving HIGPS to incorporate. Then-CEO Marsha Block, CAE, CFRE, provided much support, and in the Summer 2015, Sara Emerson, LICSW, MSW, CGP, AGPA-F, then-Affiliate Societies Assembly Chair, wrote that we had become an official Affiliate Society of AGPA. Institutes took place on both islands each fall: Elaine Cooper, PhD, LCSW, CGP, AGPA-DF, in 2015; Suzanne Phillips, PsyD, ABPP, CGP, AGPA-F, facilitated in 2016, including a talk to the

*Continued on page 8*

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studies of Israeli Jews and Holocaust survivor families (Lazar et al., 2008; Seeman, 2020), Palestinian refugee families (Atallah, 2017; Barron & Adbalah, 2015; Dalgaard et al., 2019), families coping with the effects of slavery (Brothers, 2008), and oppression (Brave Heart, et al., 2020), and people who have survived mass killing, war, and other collective violence (Betancourt, 2015). Group members, without being aware, carry collective trauma with them into their groups.

## Intergenerational Trauma and Groups

Menzies (2008) describes how intergenerational trauma can be found in the individual, family, community, and nation. His work primarily focused on the aboriginal people in Canada, a marginalized group, and how poverty and colonialism influenced their parenting and families, sense of community, and internalization of shame. Brothers (2014) describes the experience for Black people in the United States who endured decades of slavery, oppression, and systemic racism. These authors describe the shame that comes from a society that often blames the victim and ignores systemic forces that maintain oppression (Graff, 2014).

Brothers (2014) argues that when racism and discrimination are denied and become normalized, those who are members of traumatized groups do not recognize how the past and current abuse continues to imprison them. We see the same type of trauma in Israelis who are descendants of Holocaust survivors and Palestinians who have suffered years of poverty, war, and loss. The years of pain and suffering are under the surface and brought into our groups.

I believe this is why the ruptures are so painful and difficult to repair, even when members have good intentions. People are not aware of what is causing their sense of threat or uneasiness or what causes them to wall off empathy for others (Schwab, 2010). The underlying anxiety about safety looms beneath the surface much like it does for children who have been traumatized early in life (Lyons-Ruth, 2003). When we are traumatized, we struggle to cope with our feelings, have a hard time empathizing with others, and are more inclined to see others as a threat, especially when they are different from us.

## Insecure Attachment and the Impact of Trauma

Brothers (2014) describes a trauma attachment (p. 9) that is less open, more protective, and more rigid because the self needs to protect from hatred and discrimination. The trauma attachment impacts group dynamics and coping mechanisms much like individual attachment. Unfortunately, attachment theorists and researchers have not focused as much on the impact of systemic oppression or discrimination on individual attachment. Mikulincer and Shaver (2021) describe the advantages of attachment anxiety and avoidance. Researchers found that people with greater attachment anxiety are highly perceptive and keen detectors of threats. More importantly, those with more attachment anxiety and avoidance are quick when navigating dangerous situations compared to those who are more secure (Ein-Dor & Orgad, 2012; Ein-Dor & Hershberger, 2016). Cooley and Garcia (2012) studied differences in attachment styles and found that Black women reported more caution in White universities where they were the minority. The authors argue that attachments emphasizing caution are adaptive and healthy for people who are oppressed, devalued, and discriminated. In essence, years of oppression and discrimination impacts people's attachments; the trauma stays with people over time; and anxiety and avoidance can protect them from future damage. Group members come to the group with healthy protective armor that can both protect the self from injury, but it can also interfere with trusting others.

## Loss of Reflective Functioning and Epistemic Trust After Trauma

Fonagy and colleagues argue that the basic trust in others, what they call epistemic trust (ET) (Fonagy et al., 2002), and the ability to understand another's perspective, what they call reflective functioning (RF) /mentalization (Fonagy et al., 2017), develops within a secure attachment. RF allows us to intuit other's intentions and protect ourselves from danger. It also works in conjunction with empathy to understand different perspectives and get along with others in our group.

ET allows us to take in the information from a secure base or leader. Rather than starting from scratch, ET allows us to accept information passed onto us from people who are benevolent and trustworthy. The attachment system facilitates ET and RF when it is functioning well. When children are abused or neglected by their caregivers, not only are they at risk of developing insecure attachments, but these children also become less trusting of others as benevolent sources of feedback and information (ET), and they are less accurate about what others are thinking (RF) because understanding others' minds has been dangerous and painful (Fonagy et al., 2002).

## Reflective Functioning in Groups

Fonagy et al. (2017) published a paper addressing RF in group therapy in the special edition of the *International Journal of Group Psychotherapy* focused on attachment theory. They describe when the therapy group is functioning as a secure base, it facilitates members' ability to tolerate painful feelings while also exploring the minds of others. When the fight or flight system is activated, as it often is in groups, instead of disengaging or becoming overwhelmed, group members can rely on the security of the group instead of fleeing or fighting (Marmarosh, 2017). Over time, members can become more aware of their triggers and others' motivations. Instead of becoming flooded or defended, group members can think and feel at the same time. In the case example, the woman in the audience was able to be a secure base for the group members based on her ability to trust a different reality from her own (ET), hold both realities at the same time (RF), empathize with another's painful feelings (RF), and tolerate her feelings of shame while also experiencing grief and rage for the suffering her group experienced.

## Epistemic Trust in Groups

We see how hard it is for people who disagree to listen and hear one another. Instead of truly taking in the other's feedback, people can defend themselves and their own personal experience. According to Fonagy (2017), a person who is traumatized will have less trust in what others say, and they will have more fears of malevolent intentions in others. Fonagy et al., (2017) describe how disruptions in epistemic trust can manifest in a reluctance to take in information from the social world. Traumatized adults (and groups) learn to reject communications from others and outside groups that are inconsistent with their beliefs and perspectives because they have been betrayed.

During the case example, members in the audience may have been triggered by the material, and when the audience member shared his traumatic feelings, the presenters were not able to take in this information or empathize with his suffering. I do not believe they did not have the capacity to take his perspective. Like couples in conflict, the problem is not their ability to be empathic or imagine another experience but their desire to protect themselves based on their own past trauma. Protection of their own identity gets in the way. This is what appears to happen in many groups. When a member shares personal pain, often that pain is activating to others in the group. The group can lose the capacity to be curious, open, and genuinely interested in hearing about that person's suffering. Bion (1961) would describe the group shifting to a fight or flight group where members are focused on protecting themselves from threat. This dynamic is even more difficult when members may need to own their part in another member's pain. In the example I described, the panelists were not able to empathize with the man despite his vulnerability. They were possibly grappling with their own intergenerational trauma and history.

What prevented this large group from becoming another painful group experience was the one member who could hear it. This woman was able to empathize with this man's suffering, own the pain he felt at the hands of her own group, and express genuine remorse for his trauma. It is possible that this woman was able to hear this Palestinian man because she was Jewish, but she was not living in Israel. She may not have felt the same intergenerational and collective trauma that Israeli Jewish people experience (Lazar et al., 2008; Firestone, 2019). In that moment, she did not need to defend herself, explain the behavior, or justify her perspective. She did not try and get him to see a different reality. She listened to his story, prioritized his suffering, and focused on him. The securely attached leader knows when it is time to focus on the individual, when it is time to focus on the group, and when it is time to shift out of empathic attunement (Marmarosh, Markin, & Spiegel, 2013). In this interaction, the woman spontaneously focused on hearing his suffering and acknowledging his reality, a reality not expressed in any of the presentations. It led to a decrease in his anger and more access to his underlying pain and the suffering that had been ignored.

Fonagy et al. (2017) describe how the leader is the one who facilitates the group's ability to tolerate emotions, welcome different identities, and remain open to diverse perspectives. If the group is too distressed by a microaggression and members are re-traumatized in the group, emotions may be too dysregulated, the leader needs to down-regulate distress and help members process the experience so they are not overwhelmed in the group. This means leaders need to be especially attuned to members from marginalized communities and their experience of being silenced or unseen. Leaders also need to be aware of their own intergenerational trauma, unconscious bias, and how this impacts their ability to lead the group and empathize with members (Marmarosh, 2022).

The painful divides and traumas we see around us almost daily have knocked quite a bit of hope out of me. This conference memory, however, reminds me why we continue to do this work, grapple with painful pasts, and not give up.

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Members are invited to contact Lee Kassan, MA, CGP, AGPA-LF, Editor of the Consultation, Please column, about your issues and/or questions that arise in your group psychotherapy practices. Special Interest Group members are highly encouraged to send cases that pertain to your field of interest. They will be presented anonymously. Email Lee at lee@leekassan.com.

# consultation, please!

*The Addiction and Recovery SIG is unique in that many of our members show up in dual roles—we work with individuals recovering from Substance Use Disorders (SUDs) and behavioral addictions, and many of us are also involved in our own personal recovery. We welcome all those interested in group treatment for this population—abstinence-based approaches or harm-reduction models. Our SIG hosts daily open 12-step meetings during AGPA Connect, and bi-monthly virtual meetings throughout the year. For more information about the SIG, contact one of the Co-Chairs: Gregory Greer, MSW, LAC, CGP (ggreer@palmettocenter.com); Barney Straus, MSW, MA, PCGC, CGP, AGPA-F (barneystraus@gmail.com); or Rivkah Lapidus, PhD, LMHC, CGP (rivkahlapidus@yahoo.com). You can join the Addiction and Recovery SIG by emailing info@agpa.org or calling (212) 297-2190.*

***Dear Consultants:***
***I work with a 60-year-old professional woman (Sue), who has been contending with alcohol use disorder for most of her adult life. She grew up in a large family, and most of her siblings also struggle with alcoholism. Sue attended an Intensive Outpatient Program for one month two years ago and maintained sobriety for about a year after that, going to weekly individual therapy with another therapist and interpersonal group therapy with me.***

***Sue's husband and adult son continued drinking around her, and they have never been meaningfully engaged in treatment. I have encouraged Sue to add AA to the therapy she is already doing, but she replies that "I'm not an AA person." She says that she finds the religiosity and dogmatism of AA to be off-putting. In her frustration over continuing to drink, she did agree to attend a women's AA meeting, which she said that she enjoyed, but she remains ambivalent about AA overall.***

***Last December, Sue started experimenting with occasional social drinking during the holidays. As inevitably happens with people who have addiction in their backgrounds, she has slid back into overuse at times, while at other times she has been able to drink without immediate adverse consequences. Part of me thinks that it's best to be patient and hope that Sue is able to drink less destructively than she has in the past, and that the rapport and accountability she has developed with me and other group members will help her make increasingly good decisions for herself. On the other hand, my professional experience has taught me that most people with Sue's history will inevitably slip back into destructive drinking and that she would be better advised to pursue abstinence. I waver about whether a harm-reduction or abstinence-based approach would be best for Sue. I would appreciate some advice!***

***Wavering Therapist***

Dear Wavering:

Your description of yourself as wavering has captured the mood perfectly. Ambivalence is the name of the game in much of Substance Use Disorder (SUD) treatment. I invite you to share your ambivalence with your patient as a universal dilemma in longstanding SUD. A harm-reduction approach begins with a 30-day period of abstinence, and so stage one looks a lot like AA. But the purpose of the 30-day period is different. You may have noted the growing popularity of Dryuary or Drytober (see Tatarsky) but it is different from the one-day-at-a-time approach—a less fearsome way of saying forever by not saying forever. The dry month (sometimes started by a medical detox) is meant to clear the way to a mindful approach to reintroducing alcohol. A glass of champagne at a wedding, for example, requires planning, rather than panic over a relapse and the shame of starting over. There are several wonderful books on planning (see https://moderation.org), which strategize about what constitutes a drink for persons of various sizes, how rapidly it is consumed, how much food is eaten, and when to call it a night.

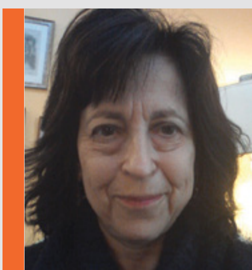
You raise concerns about people who have tried moderation management only to relapse; relapse is part of recovery. There are slips no matter the modality. I usually first see AA patients somewhere around that magic one-year mark, or at the time of a psychological anniversary of a trauma. My moderation/social drinking patients seem to feel less shame.

Harm reduction approaches differ from abstinence-based 12-step approaches in the delineation of *slip/lapse* (planned or unplanned) and *relapse*, or total return of symptoms. The therapist should be open to exploration, not pretending to support moderation when secretly skeptical of it. The group can be designed for contemplation-phase folks, and should be open interpersonal process, not a 12-step format. Crosstalk, as in any group, should be encouraged. There are no steps. One does not identify oneself as Joe or Jane Alcoholic. The means of self-medication is not an identity; it is an attempt to cope.

As with any disorder, mistakes and setbacks happen. So will successes. This does not mean that one's method of recovery is wrong; it may mean only that you slipped off the horse and need to get back on it. Some people who have entered life crises (e.g., loss of a spouse, economic failure) go into Smart Recovery (abstinence-based, non-12-step Rational Emotive Behavior Therapy) or even AA for a time, because they know what they need. Reciprocally, some who have been in AA for a long time have found that having a new craft beer did not trigger backsliding and ignite that pleasure center, and they begin to wonder if there is a way they can occasionally enjoy this treat without a full relapse.

After many years of dominance of one-size-fits-all treatment, different approaches are considered for different stages, and there is paradigm dialogue, rather than enmity.

St. Augustine said, "Total abstinence is easier than a perfect moderation."



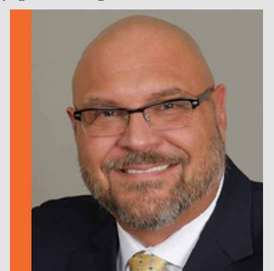
*Rivkah Lapidus, PhD, LMHC, CGP*
*Co-Chair, Addiction and Recovery SIG*
*Somerville, Massachusetts*

Dear Wavering:

You are using harm reduction in the group process, not condemning her just because she relapsed. Sue is continuing to explore. Abstinence models in residential treatment typically discharge a client for continued use during treatment or refer to a higher level of care. Abstinence models seek to set boundaries with continued relapses due to the client not perceiving any consequences. However, Alcoholics Anonymous does not kick people out of AA because they relapse. It is considered part of the process for many, due to the difficulty of overcoming obsessive thoughts and cravings. Sue appears receptive to the women's AA group. Perhaps there are other AA groups that offer the abstinence approach (via Zoom) that she could explore until she finds more motivation to change. Thomas Estis's dissertation, *The Crisis Necessary for Change*, speaks to emotionally connecting to the client to seek change "when the pain is greater than the fear." What crisis is her motivation for change?

There are AA groups that use the Buddhist model that correlate with 12-steps, if she wishes to seek abstinence without the stigma of religious connotation. Her family environment appears to be frustrating as well. How does Sue feel about her environment? Has she addressed her co-dependence issues, which equally contribute to her decision-making process? What is she willing to do to set boundaries?

Philip Flores, in *Addiction as an Attachment Disorder*, explores the relationship between clients and their substance use disorders in addition to co-dependence. Motivational interviewing can help with Sue's willingness to engage in abstinence. I practice abstinence with residential treatment and use both models in my private practice. Ultimately, there is no forcing anyone to change.



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

# groupcircle

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See *Group Assets* insert

## BUILDING A BRIDGE: MUTUAL SUPPORT GROUP FOR UKRAINIAN COLLEAGUES

*Continued from page 3*

*Limitations:* All the participants are mental health practitioners and are familiar with the group format. They have a professional understanding of the group dynamics and issues that may arise, such as monopolizing group members. The participants often acted as facilitators, welcoming new members and inviting them to share when ready. This ease of creating group cohesion and culture might not be easily generalizable.

*Challenges:* Keeping the group at the support level instead of a process group, need for new people and for people to recover and leave the group. Due to the ongoing trauma of the war, many participants have continued to rely on these meetings for support and have formed a cohesive core. Other participants have been able to recover significantly enough to mostly rely on their own resources and do not join the group as often. The group facilitators also experience concerns when long-term participants do not join the group for extended periods of time. These worries relate to the realistic dangers faced by the participants remaining in Ukraine, where the war rages on.

- Cultural and political differences between participants and facilitators. Since most of the facilitators had been living in the U.S. for over 20 years, they recognized their limited awareness and understanding of the historical and current political contexts discussed by the Ukrainian colleagues.
- Countertransference from facilitators:
  - Shame when a cleaning person appeared in the Zoom background of one of the facilitators when the group was talking about financial need;
  - Anger at an older male participant who casually used a diminutive and patronizing form of address when speaking about a female participant;
  - Frustration when an "established" participant kept interrupting a new and quieter participant;
  - Happiness at seeing two participants from different cities connect in person, hearing a female participant calling her guest her "fourth child," and seeing a huge smile of belonging on his face;
  - Joy of sharing pictures of the spring awakening in the Telegram chat;
  - Celebration and mutual congratulations on the Ukrainian National Day of Psychologists on April 23; Best wishes on Orthodox Easter.

### Lessons Learned, Suggestions for Replication

One of the important lessons learned was regarding the need for communication and support amongst the co-facilitators to contain the trauma experienced while facilitating the groups. While bearing witness to the ongoing trauma in the lives of Ukrainian colleagues, some of the American co-facilitators started to experience physical and emotional exhaustion. An additional Telegram channel was created to allow the facilitators to discuss mundane matters, such as scheduling, as well as to reflect on the difficult topics brought in by the participants and their own emotional responses. Furthermore, the American co-facilitators organized a Zoom peer supervision session to discuss group norms, language, and the challenges of maintaining the structure of a support group while acknowledging the group process. This supervision group was effective in preventing burnout among the co-facilitators. They decided to have designated therapists host the main group, thus providing opportunities to recharge and to join the main group whenever emotionally available.

It is important to keep the group open and welcoming to new participants. A group that has been functioning for a few months develops its own culture and body of knowledge and is in danger of becoming a process group if new members do not keep joining and original members do not recover and move on. A support group that stops being a welcoming space for new members needs to reassess its approach and focus on newcomers instead of established members.

In conclusion, we encourage others to consider creating support groups for people who are currently going through traumatic experiences near and far. A support group is a helpful format to those who are in the middle of a crisis/traumatic situation.

Many of us feel internally driven to volunteer at aiding traumatized groups or communities. Somebody never comes unless that somebody is you. Do you dare to take the first step?

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## A PERSPECTIVE ON GROUP PSYCHOTHERAPY FROM THE MIDDLE OF THE PACIFIC

*Continued from page 5*

Mental Health Association of Hawai'i; Haim Weinberg, PhD, CGP, AGPA-F, and Martha Gilmore, PhD, CGP, AGPA-F, facilitated in 2017; Jan Morris, PhD, ABPP, CGP, AGPA-F, graciously returned in 2018, and Ronnie Levine, PhD, CGP, ABPP, AGPA-F, came in the summer of 2019. HIGPS members have been enriched by experiencing this level of group psychotherapy in Hawai'i. *Mahalo nui loa* (thanks very much). In addition, I want to acknowledge John Schlapobersky, BA, MSC, CGP, for his extraordinary in-depth book from the *Couch to the Group*, which we read as a group, a chapter at a time, for joining us on Zoom from London for a special discussion.

During Covid, HIGPS began a drop-in support group for therapists, which ran weekly for 54 weeks, inspired by the training groups for all AGPA members at the beginning of COVID, run by Molyn Leszcz, MD, FRCPC, CGP, AGPA-DF, and Kasra Khorasani, MD, CGP. Last fall, four of us conducted a workshop on *Groups in Community*, representing HIGPS at a conference that brought together in Hawai'i for the first-time psychologists, social workers, and marriage and family therapists. The indigenous aspects of Hawai'i were clearly expressed at this conference, especially in experiencing Psychological First Aid from a Hawaiian perspective, incorporating deep elements of community and *'Aina* (land) carried by people of indigenous sensibilities.

HIGPS faces many challenges ahead as we reorganize, especially with starting groups in this insurance state, where the group rate is one fourth the individual rate. When we speak of the land we are on and the indigenous nature of Hawai'i, a phrase stands out: *Malama Ka 'Aina*, "to care for the land." I often think of the "I," the Indigenous in BIPOC inclusion and the fact of indigenous people being the guardians of the land and how that enters group psychotherapy where the group becomes the body and the ground that holds us.

## Member News

**Stacy Nakell, LCSW, CGP,** is the author of *Treatment for Body-Focused Repetitive Behaviors: An Integrative Psychodynamic Approach* (©2022, Routledge). The book establishes a theory and practice of a psychodynamic approach to treating body-focused repetitive behavior disorders (BFRBDs), such as hair pulling, skin picking, and cheek, lip, and cuticle biting. Chapters set out a new framework for understanding and treating BFRBDs, one grounded in attachment theory and neurobiological research. Nakell provides psychotherapy to people struggling with body-focused repetitive behaviors and provides clinical consultation.