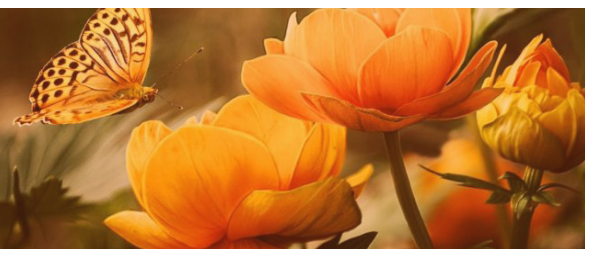

NEWSLETTER OF THE
AMERICAN GROUP PSYCHOTHERAPY ASSOCIATION
INTERNATIONAL BOARD FOR CERTIFICATION OF GROUP PSYCHOTHERAPISTS

SPRING 2020

groupcircle

Working with Group Therapists in Group

Richard Billow, PhD, ABPP, CGP

EDITOR'S NOTE: *Richard Billow, PhD, ABPP, CGP, is a clinical psychologist and certified in psychoanalysis and group psychotherapy. For many years, he directed the Group Program at Adelphi University. He is a frequent contributor to the psychoanalytic and group literature. From Great Neck, New York, he currently practices on Zoom.*

RICHARD BILLOW, PHD, ABPP, CGP

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

I cannot say that I have resolved this dilemma, both personal and professional, regarding how to do the work, even after 45 years of educating and treating therapists. But I can share some thoughts and give you a sense of what I experience and tend to do. There is some irony here; although I am skeptical of psychological self-reports and narratives, and of their veracity (other than mythic), I write a lot of them (Billow, in press). Still, I haven't found a better way to present theory while integrating actualities of practice.

I describe a frequent situation, let's say that this one is from an extended workshop in which I functioned as invited presenter, but the circumstance could occur in any experiential encounter blessed with therapists, such as at AGPA Connect 2020. Since I have been clinically involved with some of the readers of this publication, I crafted this communication with purposeful vagueness. People tend to see themselves in my imaginings, but they do not always feel understood.

The session

It took only a few minutes before I developed a fantasy of having entered a reunion from a summer camp that I had not attended. I expected and felt the typical tensions in beginning a session—some awkward silences, shy approaches, and affectionate or deferential references to the leader. Instead, I found a groundswell of civility, friendliness, mutual interest, and resonance. Who could not be touched by the warmth and concern (although none directed at me). Perhaps this is what Foulkes, Yalom, and so many other theorists talk about—"The group does the work, treatment in the group by the group." But this quickly? Even though I knew better, I questioned the very principles that I have written about—that a group keeps one eye on the leader, and that to some extent, everything that takes place relates to the leader's person and symbolic representations.

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

"I'm on a bus and said I want to get off, maybe it's going in the wrong direction. I'm not sure. I never ride on buses. I think I did (exit) and felt relieved."

"Rich can't do anything right," someone volunteered with relish. "You're holding all our feelings of fear and distrust." "Not feeling contained on the group bus." "I admire your courage in exposing yourself with a dream, you must be feeling safe enough, contained enough." "You're dreaming of us, I feel complimented." "You're not thinking of leaving, are you?" "I can join you in not wanting to leave, but to go off in my own direction." "I might have stayed on, not trusting myself." "I'd go for the ride too; I like that you didn't." The dreamer did not elaborate other than express a few words and gestures of appreciation.

I was at a familiar threshold, what Faimberg (2005, p. 49) referred to as the essential countertransference position: "the meeting point of intrasubjectivity, intersubjectivity, and metapsychology." It is a difficult juncture, an unclear horizon of psychological problems, mine and I assume others' too. There was a lot going on here, more than I or anybody else could process or fully come to understand. Symptoms "join in the conversation," noted Freud (Breuer and Freud, 1893-1895, p. 148). There were clues in the dreamer's dream and in the group's discourse.

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

As I confessed at the outset, I struggle with how to participate appropriately yet authentically in groups. I was in a conflict between submission and assertion, desiring to be embraced by this idealized family, yet be truthful in ways that would not unduly upset its members, or me. Given what I perceived, there was reason to assume that the members were in a similar dilemma and that they contributed to mine.

I witnessed a group of individuals depending on empathy and clinical wisdom to rebound off each other—a type of mutual projective control—their very compassion shielding fears of exposure, humiliation, and worse. The members shared a contagious fantasy (albeit based on the reality of texts, cultural institutions, and professional training and affiliations) of how groups are supposed to be and how members are supposed to behave (Caper, 1998).

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

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from the president

Molyn Leszcz, MD, FRCPC, CGP, DFAGPA

When I anticipated my first *Group Circle* communication as AGPA President, I could not imagine what would unfold around us in the weeks after AGPA Connect 2020. I waited for a moment of calm before writing down my thoughts and soon realized that calm is unlikely to emerge for some time.

There are two areas that I'd like to address: Our recent AGPA Connect meeting; and the response of our members and AGPA to the COVID-19 pandemic.

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

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

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what's inside

from the editor

Leo Leiderman, PsyD, ABPP, CGP, FAGPA

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

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

The *Consultation, Please* column features a clinical dilemma and responses from AGPA Private Practice SIG members Jill Lewis, MA, LCSW, CEDS-S, CGP and Deborah Sharp, LCSW-S, CGP. *A View from the Affiliates* features articles by William Whitney, PhD, MFT from the Los Angeles Affiliate and Carol Dallinga, LCSW, CGP from the Westchester Affiliate. Daniela Recabarren's, PhD, MSEd, and Renita Sengupta's, PysD, article on *Why Does Social Justice Matter in Group Psychotherapy?* premiers our new *Diversity Matters* column. The editorial staff of the *Group Circle* join AGPA members in congratulating our new Fellows: Michelle Collins-Greene, PhD, CGP, ABPP, FAGPA, Christine Fitzstevens, LCSW-R, CGP, FAGPA, Helene Satz, PsyD, ABPP, CGP, FAGPA, and Nancy Wesson, PhD, CGP, FAGPA.

I wish all of you and your loved ones health and safety. I welcome your comments and feedback about this column or anything else 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

We held an energetic and creative Tri-Org Board meeting on consumer facing outreach, expanding the work of the Public Affairs Committee. The Joint Board Leadership Training was a wise and meaningful exploration of diversity, equity, and inclusion led by Sophia Aguirre, PhD, CGP, Karen Cone-Uemura, PhD, CGP, Wendy Freedman, PhD, CGP, and Michele Ribeiro, EdD, CGP, FAGPA. We have much to learn before we can be the kind of community we aspire to be in full, but we have great commitment to do so, and excellent resources within our organization to help us move forward.

The Local Hosting Affiliate Society, Eastern Group Psychotherapy Society, was a welcoming host, providing us with great tips about making the most of our time in New York. Like many, I returned to work on Monday, March 9, both tired and exhilarated. Little did we recognize that the COVID-19 pandemic was looming. By that Wednesday evening, the world changed dramatically with the announcement that one of our attendees tested positive for COVID-19. Alas, that colleague was the first of many to come. Within moments, the NBA canceled its season, another sign of how quickly and dramatically things escalated.

When I delivered my Presidential Plenary *All I Really Need to Know, I Learned in Group Therapy,* I had no anticipation of how much I would reflect on those concepts in the first months of my term. I believe now, as I noted then, that the world needs us and what we provide even more—to help and heal our clients through the delivery of high-quality group therapy and to help and heal our communities through our understanding of group dynamics and group process.

In these fearful and fractious times, it is even more important that we are an organization that is welcoming, inclusive, and provides safety and belonging for all our members—a community that embraces diversity and equity across all dimensions. In the same way that there is no health without mental health, there is no mental health without social justice. These are cornerstones of genuine organizational cohesiveness. Every encounter matters. Each interaction, each communication, each email will bring people together or push people apart. It is very heartening to see that the recent AGPA election reflects our commitment to governance that mirrors our membership as a whole, both as it is now, and as we wish it to be in the future. To support this further, the Diversity, Equity and Inclusion working group led by Sophia Aguirre has become a full Task Force, co-chaired by Sophia and Wendy Freedman.

Since our conference, we have seen the terrible COVID-19 impact on our members and their communities. Many have felt the power of the group, as Judith Herman, MD, a preeminent trauma scholar, noted, as a force of solidarity in the face of trauma and adversity. We seek to support our members in this deep dive, that none of us wished for, into the deeper dimensions of illness, viral transmission, treatment, and recovery. Our listservs and group communications have provided care and support in compassionate and courageous fashion, as we have confronted together the existential threats this illness generates. Our individual fragility has been laid bare.

We have quickly used our E-Learning platforms, led by Jan Morris, PhD, ABPP, CGP, FAGPA, and Haim Weinberg, PhD, CGP, FAGPA, to deliver webinars supporting the transition to online therapy as we engage in the powerful, natural experiment of hundreds of group therapists and thousands of group members moving from face-to-face to online work in a matter of days and weeks. The Internet, Social Media and Technology Special Interest Group (SIG), through the efforts of David Songco, MA, PsyD, CGP, has been instrumental in informing and educating our members about various online platforms and how to engage them safely. We are going to learn as much as possible from this transition; the Research SIG, under the leadership of Joseph Miles, PhD, Zipora Schechtman, PhD, DFAGPA, and Rainer Weber, PhD, is developing a survey of our members.

We've also used webinars and online groups to offer direct support to our members and to train them in how to support frontline health care workers. These webinars have drawn much interest from outside of AGPA as well. Sessions led by AGPA members delivered in China, for example, have drawn many thousands of participants. Community Outreach efforts, led by Craig Haen, PhD, LCAT, CGP, FAGPA, and Suzanne Phillips, PsyD, ABPP, CGP, FAGPA, have been at the forefront of this work. Individual members have generously hosted groups for support, mindfulness, and self-care. Our members even attended Zoom dance parties; who knew that was possible? The power of the group to support coping, resilience, and maintaining connection in the face of adversity and physical separation has been illuminated.

There are two more things I learned in group therapy that guide me now. One, is our capacity and need to hold the dialectic: to be deeply engaged in the *moment,* alive to the here-and-now, in our care and support for one another; and at the same time to plan for the *future.* It requires a certain level of hope that I know I need to begin to think about AGPA Connect 2021 to be held in Washington, DC.

I always welcome comments and feedback; email me at m.leszcz@utoronto.ca. It is the only way to ensure that my intent and impact align as I hope. That is another principle amongst many I learned in group therapy. I wish all wellness, strength, and health!

groupcircle

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Group Supervision: A Crucible for Therapist Development

Barry Wepman, PhD, CGP, LFAGPA

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

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

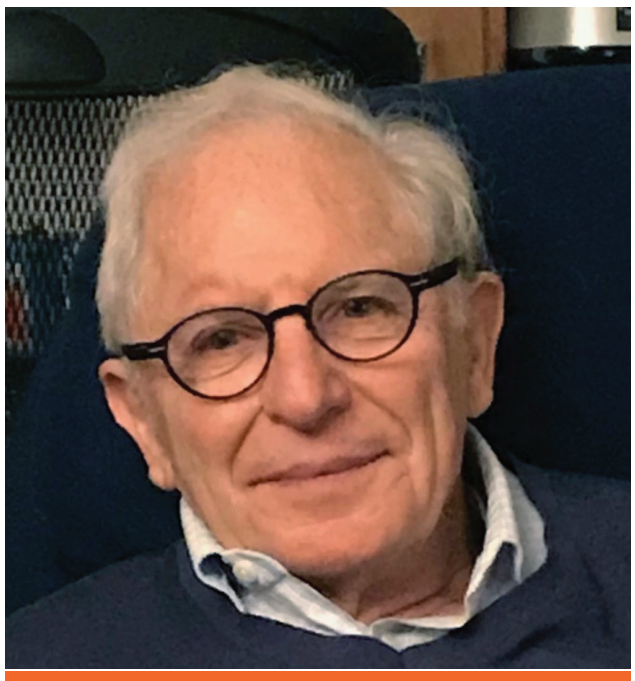
At the time, this was a radical reconceptualization of the supervisory process as it moved the action of the supervision into the dynamic space between supervisor and supervisee. Since then, as thinking and writing about supervision has increased, so has the focus on parallel process and the importance of examining the intersubjective dynamics of both the supervisor and the supervisee in the supervisory situation (Bromberg, 1982; Zicht, 2013). As uncomfortable as many psychotherapists are with the lack of a clear boundary between psychotherapy and supervision, an indistinct boundary is a fact of life and a dynamic to analyze in effective supervision (Berman, 2000).

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

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

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

The ability of the group to emotionally hold the therapist through periods of fragmentation and regression is a real strength of the group's process. Supervision groups, especially groups of long standing, can provide a container to help the therapist work with the treatment issues that have been problematic and reconstitute herself to better deal with the patient (Moss, 2008). When group members identify with the case presenter's situation, it can normalize feelings of shame and inadequacy in the presenter, as well as whatever other reactions have been manifested in the treatment. All this helps the presenter have more inner space and freedom to work with the material in a creative way. In other words, supervision groups can provide an opportunity for the creative use of partial and temporary regression occasioned by the therapist's and/or the group's emotional reaction to a difficult clinical situation. The ability to regress in this



BARRY WEPMAN, PHD, CGP, LFAGPA

vulnerable way helps relax psychic structures and renew and strengthen the presenter's ability to cope. The therapist's ability to be held and to tolerate the occasion of regressive dependence, while accessing the overwhelmed parts of the self, leads to recovery and revival, not to collapse.

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

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

Example

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

The group had been very protective and caretaking of Kathy for the prior several months. She had seemed over her head in her professional life, but also under a lot of pressure in her personal and financial life. This week, she seemed inconsolable, awash in feelings of incompetence. As Kathy sank, the group began working harder and harder to help buoy her up. Suggestions from the group came in rapid succession, and Kathy kept fending them off. At some point, sensing that the group was caught in an enactment, I called the group's attention to the process. The group immediately calmed down and settled into a curiosity about what had been going on. One of the group members asked Kathy if the group's unsuccessful attempts to help her were reminiscent of her work with Frank. "But I really want help," she said. The group picked up on the criticism implicit in her statement—that while Frank really didn't want her help, Kathy did want the group's help and was frustrated that the group just wasn't providing it. Gradually, Kathy began to see how analogous the experience in group was to her experience with Frank. A group member asked her whether the situation with Frank felt familiar in any other way. Kathy paused and reflected, "It feels like what I've been getting into with my ex-husband." Kathy then began to talk about her struggles with the man from whom she was separating after a long marriage and then associated to her father, who had diminished her, no matter what she did or how hard she tried to get his approval. It became clear that she had the same feelings sitting with Frank. His rejection was touching her despair.

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

In this example, the supervision group provided a field where Kathy's issues with Frank could manifest in plain sight. Kathy's presentation played out in such a way that she took up Frank's position, and the group identified with hers. The process, chaotic and confusing at first, enabled Kathy and the group to watch as dynamic issues became visible, as the images in a photographic print emerge in the darkroom developing process. While nothing was solved in the session, the holding of the group enabled Kathy the internal space necessary to be able to sit with her patient and hold him and his turmoil. The group contained Kathy, enabling Kathy, then, to contain Frank.

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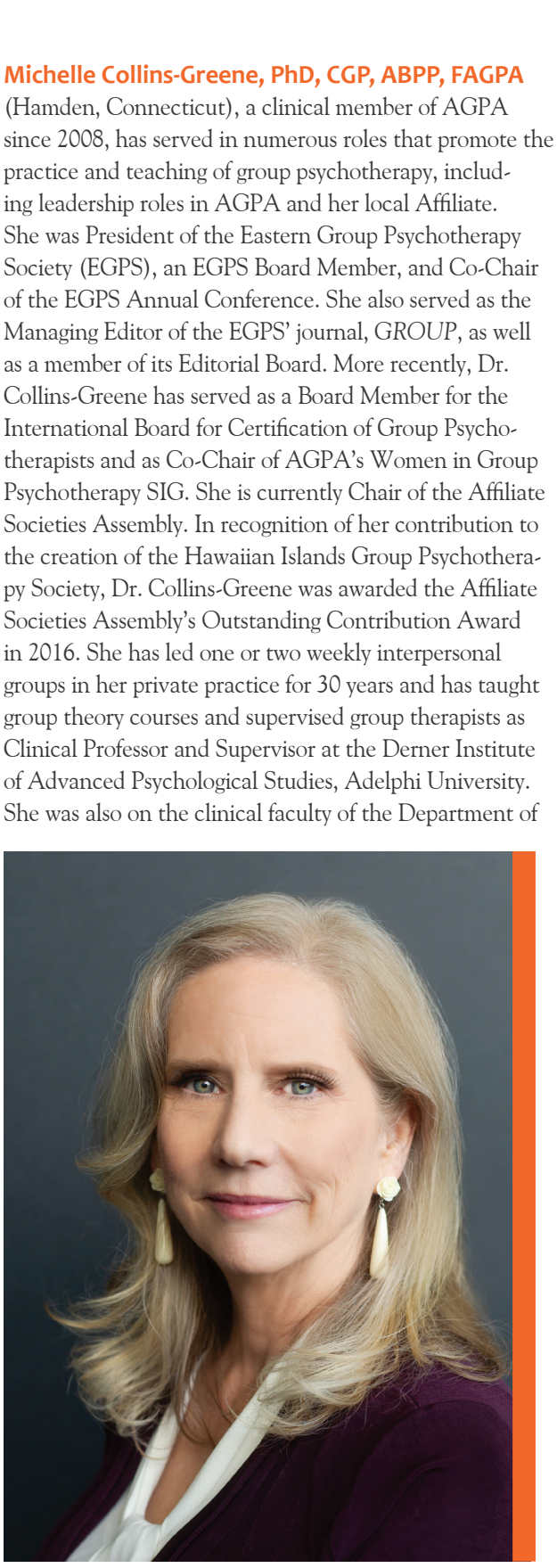
Congratulations New Fellows

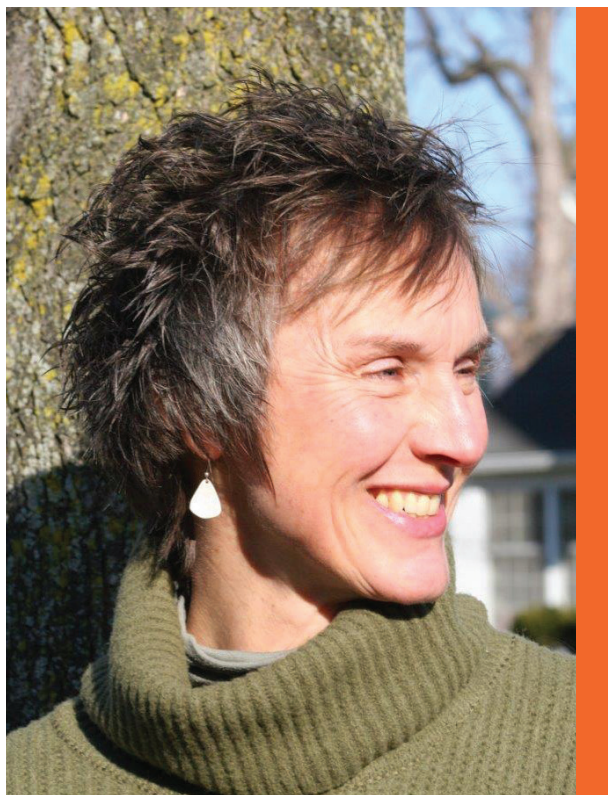
EDITOR'S NOTE: *AGPA annually recognizes professional competence and leadership in the field of group psychotherapy. Michelle Collins-Greene, PhD, CGP, ABPP, FAGPA, Christine Fitzstevens, LCSW-R, CGP, FAGPA, Helene Satz, PsyD, ABPP, CGP, FAGPA, and Nancy Wesson, PhD, CGP, FAGPA, were recognized as new Fellows at AGPA Connect in New York City.*

Michelle Collins-Greene, PhD, CGP, ABPP, FAGPA (Hamden, Connecticut), a clinical member of AGPA since 2008, has served in numerous roles that promote the practice and teaching of group psychotherapy, including leadership roles in AGPA and her local Affiliate. She was President of the Eastern Group Psychotherapy Society (EGPS), an EGPS Board Member, and Co-Chair of the EGPS Annual Conference. She also served as the Managing Editor of the EGPS' journal, *GROUP*, as well as a member of its Editorial Board. More recently, Dr. Collins-Greene has served as a Board Member for the International Board for Certification of Group Psychotherapists and as Co-Chair of AGPA's Women in Group Psychotherapy SIG. She is currently Chair of the Affiliate Societies Assembly. In recognition of her contribution to the creation of the Hawaiian Islands Group Psychotherapy Society, Dr. Collins-Greene was awarded the Affiliate Societies Assembly's Outstanding Contribution Award in 2016. She has led one or two weekly interpersonal groups in her private practice for 30 years and has taught group theory courses and supervised group therapists as Clinical Professor and Supervisor at the Derner Institute of Advanced Psychological Studies, Adelphi University. She was also on the clinical faculty of the Department of



Psychiatry at Columbia University, designing its externship program and leading process groups of externs. Dr. Collins-Greene has written numerous journal articles promoting group psychotherapy, the leadership style of women, as well as topics related to forensic work with children who have experienced sexual abuse. She has presented numerous times at AGPA Connect and other national conferences. Further, Dr. Collins-Greene has served as Site Visitor for APA accreditation for graduate programs in psychology, promoting the continued training of group therapists in doctoral training programs.

Christine Fitzstevens, LCSW-R, CGP, FAGPA (Rochester, New York), a clinical member of AGPA since 2005, has served in numerous leadership roles within AGPA and her local Affiliate Society. She was a Board member of the Rochester Area Group Psychotherapy Society and has been a long-serving Board member for the Group Foundation for Advancing Mental Health. In addition to her committee work on the Group Foundation Board, Ms. Fitzstevens has helped organize three fundraisers in the Rochester community benefiting the Group Foundation's Scholarship Fund, netting more than $20,000 and promoting the benefits of group work to her larger community. Recently, she has been on the Faculty of AGPA Connect



and has been an instructor in a modern analytic-based group leadership training series for Chinese clinicians. She has also volunteered her time and skills to lead weekend group training for clinicians in Baton Rouge, Louisiana and has co-led one- and two-day workshops for teachers in the Rochester City School District on the topic of social emotional learning. She has led four weekly interpersonal groups in her private practice for more than a decade and has led an ongoing consultation group for educators since 2014. Prior to starting her private practice, Ms. Fitzstevens worked as a clinical social worker for Westfall Associates in Rochester, leading intensive outpatient groups, aftercare groups, and family groups for clients with chemical dependency. She has taught English as a Second Language in Hong Kong and the Philippines and has been a caseworker in Boston for refugees from Cambodia, Laos, and Czechoslovakia.

Helene Satz, PsyD, ABPP, CGP, FAGPA (Kailua, Hawaii), a clinical member of AGPA since 1982, was a founding certificant of the National Registry of Certified Group Psychotherapists, now known as the International Board for Certification of Group Psychotherapists, and a founding member of both the Hawaii Group Therapy Association and the Hawaiian Islands Group Psychotherapy Society. Before moving to Hawaii, Dr. Satz was an active member of the Northeastern Society for Group Psychotherapy, serving as a member of the Board and as Secretary, and as faculty, supervisor, and member of the

Nominating and Preceptor Training Committees and the Task Force on Managed Care. While living in Massachusetts, Dr. Satz had a private practice, where she led four outpatient weekly therapy groups, as well as groups at a number of counseling sites, including groups for parents, couples, adolescents, and a consultation group for student therapists. She worked at the Charles River Counseling Center, where she ultimately served as its Director. In Hawaii, Dr. Satz served as staff psychologist at the Counseling and Spiritual Care Center of Hawaii in Honolulu and has been at the Tripler Army Medical Center since 2008, where she has designed, implemented and managed a comprehensive group psychotherapy training program for military psychiatry residents. She co-leads an experiential group for second-year psychiatry residents, and she leads third-year residents in a weekly group supervision. She also runs short-term inpatient and outpatient therapy groups, among her many responsibilities in her permanent position as faculty and consultant for the Department of Defense.

Nancy Wesson, PhD, CGP, FAGPA (Mountain View, California), a clinical member of AGPA since 1991, has been a consistent leader in promoting group psychotherapy in California and beyond, founding the Center for the Study of Group Psychotherapy (CSGP), a non-profit group psychotherapy training center in the Bay Area. Dr. Wesson served on the AGPA Connect 2020 Conference Committee and the AGPA E-Learning Task Force and is a frequent workshop presenter on the topic of mindfulness and group psychotherapy. She has led two weekly interpersonal groups in her private practice for 28 years and has served as Director and Board President of CSGP for the past five years, wearing several hats simultaneously as administrator, instructor, and Board member. In addition, Dr. Wesson has made numerous presentations at hospitals, colleges, and agencies on various mental health topics, including the benefits of group psychotherapy, and has provided individual and group supervision for trainees and interns in the Palo Alto Unified School District. Dr. Wesson has written numerous articles promoting group psychotherapy, including *Group vs. Individual Psychotherapy: How is the Therapeutic Process Different?* and has served in several Board positions, including President and Member-At-Large for the Santa Clara County Psychological Association. She was awarded Psychologist of the Year by the Santa Clara County Psychological Association, and was twice awarded the President Award by the same organization.

DANIELA RECABARREN, PHD, MSED

RENITA SENGUPTA, PSYD

diversity matters

Why Does Social Justice Matter in Group Psychotherapy?

Daniela Recabarren, PhD, MSEd, and Renita Sengupta, PsyD

EDITOR'S NOTE: *Dr. Daniela Recabarren (pronouns she/her/ella) is a licensed psychologist and coordinator of multicultural and equity initiatives at UNC-Charlotte's Counseling and Psychological Services. Her professional interests include equity and social justice issues, multicultural psychology and outreach, Latinx identity, group therapy, and supervision and training. She has led several process and identity-based groups, provides supervision in these areas, and has presented in a number of conferences on infusing social justice in the mental health needs of students with diverse identities. Dr. Renita Sengupta (she/her/hers pronouns) is a licensed staff psychologist at the UNC-Charlotte Center for Counseling and Psychological Services. Her clinical and research interests focus on the unique experiences of marginalized and minoritized identity groups, including racially minoritized individuals, LGBTQ+ individuals, and those with intersecting marginalized identities. She has a passion for socially just approaches to group therapy and has co-led a variety of groups, including identity-focused groups. She has delivered several conference presentations on multicultural considerations and social justice and provides group supervision and training in these areas.*

Why does diversity matter in group psychotherapy, research, and training? As we were writing this article, emails were being exchanged on the AGPA member e-community discussing the value of adding pronouns to all name badges at AGPA Connect 2020, as opposed to self-selecting whether to place pronoun stickers on name badges. For us, these discussions highlighted that the value of diversity and inclusion is not in question. There is no denying that diversity of identities exists and that our clients and colleagues represent the gamut of identities. Members of psychotherapy groups come with an array of values, experiences, communication, and relationship styles, which are all impacted by culture. In fact, we now have guidelines for creating affirming group experiences and a statement on inclusion within AGPA (American Group Psychotherapy Association, n.d.) While discussions around diversities are one important step toward creating equitable change within group psychotherapy, they are not the whole story. For us, the bigger question at hand is, why does *social justice* matter in AGPA?

It is imperative to recognize that diverse identities do not exist in a vacuum but are positioned such that certain identities carry privilege, which then marginalizes and oppresses other identities. The term *oppression* refers to the "systematic subjugation of one social group by a more powerful social group for the social, economic, and political benefit of the more powerful social group" (Hayes-Greene et al., 2018, p. 34). In the United States, as well as globally, much of oppression is rooted in *white supremacy*—the ideology that the ideas, norms, beliefs, and actions of white people are superior to those of black, brown, and other people of color (Hayes-Greene et al., 2018). These processes occur on the systemic and institutional levels, regardless of one's intentions or actions on the individual level. However, these processes are often reflected within interpersonal interactions, assumptions, and biases.

For example, a black woman not smiling in a group may be perceived by white women as aggressive or hostile. Perceiving a neutral face as aggressive shows an inherent bias that black folx* are threatening, less respectful, and, therefore, less human than white folx. This may lead to hostile interactions initiated by white women in the group. Yet, these dynamics may go unacknowledged and unchallenged, which perpetuates the subjugation in the group space. Similarly, when cisgender individuals see a choice in whether to acknowledge pronouns, this reflects how we deny and make invisible people's existence and participate in oppression of gender queer folx.

These attributes of oppression and privilege impact individuals' mental health, as well as their cultural norms, expectations, and styles of relating to and communicating with others (Chen, Thombs et al., 2003). Naturally, such factors are reflected in therapy groups, as well as institutions and organizations like AGPA. But to acknowledge oppression alone does not create change. If we identify that people experience inequity in groups and institutions due to racism, sexism, homophobia, and other forms of oppression, we must address such issues by engaging in social justice actions (Bemak & Chung, 2004). If we are to uphold our ethical and professional duties to multicultural competence and the welfare of our diverse group clients, we must strive to understand how oppression and white supremacy impact our clients, particularly those with marginalized and minoritized identities (Vera & Speight, 2003; Ribeiro & Turner, 2018).

One place to begin such work is by recognizing how the history, framework, and norms upheld within group therapy reflect systemic power structures. Although some of the underpinnings of early psychotherapy groups included community advocacy, such as Pratts and Cochrane's work on tuberculosis (Barlow, 2014), much of the history of our profession has been centered around white, upper-middle class models of human development and behavior. These do not adequately include the needs of historically disenfranchised communities. As another example, it was not long ago that trans, non-binary, and other queer gender identities were considered to reflect significant mental illness in our diagnostic manuals. What are the assumptions made about who is normal and healthy, who is not, and how healing should occur? Without critically reflecting on the narratives we hold about mental illness and healing (and the origins of these narratives), we continue to participate in subjugation of marginalized groups in therapy. However, because groups reflect a microcosm of the larger ecological and cultural context of society (Bemak & Chung, 2004; Chen, Kakkad et al., 2008), group therapists are positioned to use social justice principles within this microcosm to provide an empowering experience for each member (Ribeiro & Turner, 2018). Groups can provide those from marginalized groups a chance to have their voices heard and validated, to build on individual strengths, and to be empowered (Burnes & Ross, 2010; Chen, Kakkad et al., 2008; Ratts et al., 2010).

Some practitioners may hesitate to address issues of oppression or marginalization because of the belief that this is not part of their scope as group therapists. When group facilitators do not interrogate how group process is impacted by group members' identities, or when facilitators accept silence around issues of social justice, this reinforces and perpetuates the sociocultural oppression that members endure in the world outside of group (Burnes & Ross, 2010). If we are to provide a corrective, therapeutic experience, we cannot play into this dynamic.

We encourage people to reflect on whose comfort is being prioritized when group facilitators' silence leads oppression to go unaddressed. It may be group leaders who are experiencing anxiety about how to serve the group, or it may be group members with greater privilege status, to shield them from feeling ostracized or guilty for their privileges. It is important to recognize that this momentary, individually felt experience of discomfort around one's privilege status is much different than the pervasive, institutionalized experience of oppression. For example, even if it feels personally uncomfortable for a cisgender person to be forced to have one's pronouns on name badges, this occurs on a vastly different level than the oppression of being flooded by cisnormative and transphobic spaces for those who do not identify with the gender binary.

To work toward social justice, group therapists must acknowledge the presence of social injustices that will inevitably play out in group, just as they do in the world (Burnes & Ross, 2010; Lee, 2007). Group therapists must engage in their own process of identity reflection and consciousness to recognize their role in both perpetuating and dismantling these oppressive forces.

We want to pose another question for group psychotherapists in AGPA. What would it mean to center subjugated identities in group without having to ask folx to take responsibility for navigating another oppressive system? How can that experience be a healing one for all? More specifically, what would it mean to increase the visibility and potential safety of our trans and non-binary colleagues by centering their existence without additional burden or work for them, by simply adding pronouns to all our badges? How might that foster healing with one another through a different way of connecting? It may be a lofty concept to strive for, but therein lies the hope.

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*"Folx" is a more explicit inclusion of gender-expansive people, and people with other marginalized identities. While the term "folks" is already considered gender neutral, the use of x centers trans, non-binary, and other gender expansive identities in the conversation, and is generally used among communities of color. Since our article discusses the value of reflecting who gets prioritized in conversations, we chose folx as a way to prioritize identities that historically have been subjugated and get erased from narratives.

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a view from the affiliates

EDITOR'S NOTE: *A View from the Affiliates highlights the Affiliate Societies of AGPA. This column shares with the larger AGPA community Affiliate Society perspectives, initiatives, ongoing activities, and conversations to promote group therapy, advance the training and professional development of group therapists, use group therapy expertise to meet community needs, and engage with important issues pertaining to the field of group therapy and organizational and societal group dynamics. This section also provides a space to explore the relationship and opportunities for partnership on the local, regional, and national levels among the Affiliate Societies, the Affiliate Societies Assembly (ASA), and AGPA. Affiliate Societies interested in writing an article are encouraged to email Erica Gardner-Schuster, PhD, Editor of* A View from the Affiliates, *at egardnerphd@gmail.com. For information about upcoming Affiliate events, visit the AGPA Global Calendar on the AGPA website.*

Group Psychotherapy Association of Los Angeles Adopts Plan to Focus on Inclusion, Diversity, and Social Justice Trainings

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

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

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

Working with our Diversity Chair, the GPALA Board is increasing outreach and training to underserved communities and cultivating outreach programs to local diverse communities around Los Angeles. Historically, many of GPALA events have been based on the westside of Los Angeles.

This plan allows us to focus our efforts on other areas and populations of Los Angeles. Along with Events and Marketing Board members, we are working to provide events that will help group therapists participate in further diversity training and events to help therapists working in regional diverse communities. This year, Kavita Avula, PsyD, will be our keynote speaker for a one-day conference on the trauma of marginalized groups and working with micro-aggressions within group therapy.

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

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

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

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

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

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

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

WORKING WITH GROUP THERAPISTS IN GROUP

Continued from page 1

being too friendly, too sensitive, or too empathic, qualities that are symptomatic and represent a contribution to the pool of paranoid and depressive anxieties. Therapists must possess "a certain amount of cruelty" and not be "too nice," Carl Jung declared (Atlas & Aron, 2018, p. 117). Cruelty is necessary to relate to the destructive, lifeconstricting forces implanted in our personalities.

A certain amount of cruelty does not preclude being caring; in actuality, it more authentically conveys it. However, the leader's communications cannot just be directed at the group, which is too cruel, depriving each member's legitimate desire for a unique connection to the leader (and the leader's longing as well). The leader *does* develop a distinct relationship with each person, why not be forthright, something that we want from all members? When member-leader connections are acknowledged and explored, candid member-member bonds are more likely to emerge.

The dream was apt; too apt and too useful in spurring the members' so-called "free floating discussion" (Foulkes, 1964), and too successful in winning the group's uncritical approval. It would have sounded overly reproachful to note that no one had tolerated the anxiety of making psychic space for the dreamer or to remark on the dreamer's blatant culpability in not taking space: the flat delivery, incuriosity, and passive response both to the dream and to the group's comments. I decided to intervene first with the dreamer who never rides on buses and discover for myself how that feels.

"Have you ever felt you were part of a group?" I asked dubiously, unconvinced that dreamer was even connected to the dream or to the other members. The dreamer obligingly reeled off a history of affiliations: school, church, and community. I just stared, as if to say, "you can't be this literal."

"I had a good family, everyone seemed to get along, although I can't say we were close. It didn't bother me at the time, not now either, although I couldn't separate easily. Didn't go away to college; my siblings did; I felt jealous and resentful at missing that experience. In my dream, I went my own way. Thanks for giving me a chance to get something for myself."

"Mmm, how much of something? Is it your way if you dreamt that someone drove you to dream it?"

"Like you?"

No reply seemed necessary and I addressed the group: "You stayed on board, making helpful comments. Is that what you wanted to do, or what the driver directed? Did anyone get something for oneself?"

Certainly, my remonstrations did not cure members from going along with what they surmised I wanted them to do; still, a sobering conversation followed. Several people declared that they could not stop being helpful, resentfully so, to mates, patients, parents, siblings, and affiliations and began to explore why. We entered a new phase when one member straightforwardly confronted another: "I keep an eye on you. I'm concerned that you're not satisfied and are going to say you're leaving. I would feel terrible. It's not your fault I feel burdened."

"Why so sure?" I intervened and was amiably ignored.

In any intersubjective encounter (mental, as well as actual), shadows of figures lurk, reflections of vertical and horizontal relationships of varying developmental periods. Some are friendly; others less so, infiltrating with messages that drive and shape the individual's thoughts and actions. They are enigmatic (Laplanche, 1999), unconsciously transmitted and transcribed; moreover, the messages are disowned by the messengers who would be horrified to know of their primal intents.

To avoid naïve historiography, the therapist must get close, feeling in body, affect, and reverie the disavowed symbiotic, sexual, masochistic, aggressive, fratricidal, patricidal, matricidal, and cannibalistic urges that cluster at the nucleus of the here-and-now. The clouded lens of the countertransference position reveals, then, our usable clinical truths: inklings of the primary messengers, obtrusive messages, and the re-transcribed replays underlying self-narration, discourse, and enaction. Arguably, all families, groups, and cultures seduce and enjoin their members to be helpful, to get along and go along. No wonder we remain discontent (Freud, 1930), burdened "not close, alienated from each other and from ourselves. The best we can do as a helpful leader is not try to act like one and help individuals not try to act like helpful group members.

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consultation, please!

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

Dear Consultants:

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

Feeling Desperate

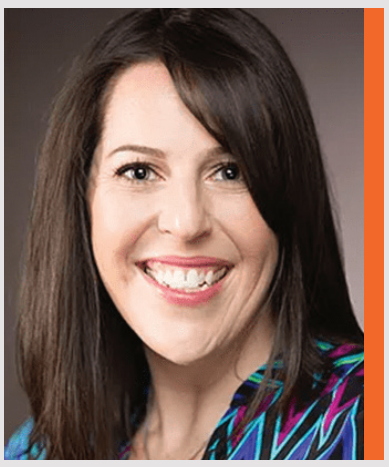
Dear Desperate:

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

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

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

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



Dear Desperate:

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

Along with the possibility of anger toward you, the group members may fear that you cannot hold the group together, and they may be inducing you to feel the same. After all, you couldn't keep their favorite member from leaving. They need to know that you can hold them.

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

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

Deborah Sharp, LCSW-S, CGP
Austin, Texas

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

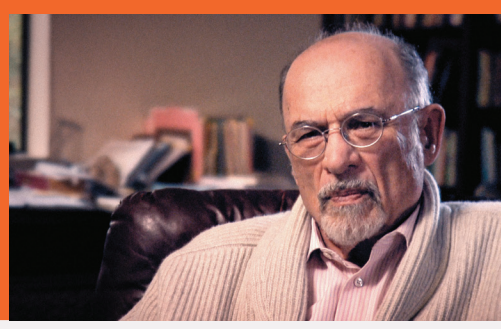
groupcircle

25 East 21st Street, 6th floor
New York, NY 10010

See *Group Assets* insert

the last word

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



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EDITOR'S NOTE: *Irvin Yalom, MD, CGP-R, DLFAGPA, is an existential psychiatrist and an iconic group psychotherapy literary figure who is Emeritus Professor of Psychiatry at Stanford University. He has authored both fiction and nonfiction manuscripts. His devotion to literature, philosophy, writing, group psychotherapy, and eternal love for his wife is conveyed in this interview. Dr. Yalom also emphasizes the need for group therapists to participate in group therapy.*

What personal experiences led you to become a psychiatrist?

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

Where did your fascination in literature and writing come from?

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

It's important when answering this question to include that my wife was a great scholar. She got her PhD in comparative literature from Johns Hopkins University, majoring in German and French philosophy. She added something to my world. We both loved books and reading. She taught at the university and then started writing books. She's my first reader, I was her first reader. Without her, I don't know if I would have had the drive for success. My wife died recently on November 20th. I am in deep grief, feeling terrible. I recently picked up *Schopenhauer Cure* as a therapeutic way to deal with my grief. I find it to be such a terrific book, the best book I have written. This is meaningful therapy for me to read this book again.

Why did you become a group therapist?

I got trained in psychiatry at Johns Hopkins. Jerome Frank, MD, my mentor, was leading a process therapy group. I watched him the entire year and was struck by how he facilitated groups. After a few months, he let me run the groups. I began going to an institute for sexual offenders and led groups there. I wrote my first article on voyeurism by sexual offenders. I became fascinated on what groups can do. After being in the army for two years, I went to Stanford University to teach at its medical school. The chairman, David Hamberg, MD, asked me what I wanted to do. I started the first group therapy outpatient clinic there. I started 25 groups. Every single resident in the medical program had to attend a group, which were facilitated by different community group therapists. I supervised all therapy groups, taught group therapy techniques, and did live supervision as trainees watched me do groups via one-way mirrors. I spent a couple of years taking over the inpatient unit at Stanford. I wrote a book on inpatient group therapy. I led the first cancer groups in the country. I led all kinds of groups myself. I was leading groups of residents, dying patients with cancer, bereaved people. I became more interested in philosophy and how it had so much to teach in our field during my residency. I loved a book during that time by Rollo May, PhD, called *Existence.* I learned about philosophy; there's a whole world of thinkers. During my residency, I took philosophy courses and read books on philosophy. Years later, Rollo moved to the West Coast. I was seeing a lot of patients with cancer at that time and became depressed. I started therapy for the fifth time with Rollo May. Years later, we became friends and remained so until his death.

What advice would you give to younger group therapists?

I suggest they read my textbook on group therapy: *The Theory and Practice of Group Psychotherapy* (Yalom & Leszcz), including the latest edition.

Did you have a group mentor who inspired you and changed your personal, professional path?

As I mentioned earlier, Jerry Frank was instrumental as a mentor to me. I watched him facilitating groups and then he included me as a co-therapist. He supervised me doing cancer groups, inpatient groups. He was very personable and treated everyone in group as an equal. He would be open to self-disclosure. He wasn't distant when speaking to members. I received training and education on an interpersonal model at a time when everyone used classical Freudian psychoanalytic models. I read books on interpersonal groups by Harry Stack Sullivan, Karen Horney, and Erich Fromm. Sullivan is a terrible writer, but I learned a lot from him. His interpersonal approach is very good for group therapy. I did Freudian analysis four times a week for three years. My experience was very disappointing. I felt it was a poor approach to treat people. My analyst was distant; I wanted to work more personally with people.

A theme in this edition of the Group Circle *is "groups for group therapists." Why is it important that group therapists are members of groups while practicing this specialty?*

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

What are your professional plans? What professional project are you working on currently?

I just finished the 6th edition of *The Theory and Practice of Group Psychotherapy* with Molyn Leszcz, MD, FRCP, CGP, DFAGPA. I'm also writing another book, but it's not about groups. My wife Marilyn asked me to write it when she was chronically ill. She wanted to write a book together, alternating chapters until she got too ill to continue. The title of the book will most likely be *A Matter of Life and Death,* because it's going to focus on her death and my life after her death. I am writing about how I am dealing with my deep grief. My wife and I were married longer than anyone else. We met when we were both 15. We married when I was 23-years-old. I was married 65 years and knew her 72 years. I never run across another couple together for so long. I know I am going to have a hard time, but the writing helps me a lot.

How do you relax during your free time?

I read literature, I write, I play chess with my sons. I socialize with my children and my eight grandchildren. Three of my children live nearby.

How do you deal with personal, professional stress and/or burnout?

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