

# The Group Circle

Fall 2014

The Newsletter of the  
American Group Psychotherapy Association  
and the International Board for Certification of  
Group Psychotherapists

## To Be Bold at the AGPA Institute: An Interview with Elliot Zeisel, PhD, CGP, DFAGPA

Hank Fallon, PhD, CGP, FAGPA, Co-Chair, Annual Meeting Committee

*Editor's Note: Elliot Zeisel, PhD, CGP, DFAGPA, is the Institute Opening Plenary speaker at AGPA's 2015 Annual Meeting in San Francisco, California. A veteran AGPA Annual Meeting speaker, Dr. Zeisel was the leader of the One Day Special Institute in 2009 and the Louis R. Ormont Speaker at the 2013 AGPA Annual Meeting. He has served on the Boards of Directors of AGPA, the Group Foundation for Advancing Mental Health, and the International Board for Certification of Group Psychotherapists. He served as Vice Chair of the Group Foundation, where he led the effort to reach outside of the group clinician community with an unparalleled ability to convey his enthusiasm for group therapy and create support for the organizations' community outreach, education and research goals. Dr. Zeisel is an in-demand teacher in the field of group psychotherapy, having trained hundreds of professionals in the theory and practice of group psychotherapy and modern psychoanalytic theory from New York City to Rochester to Austin to Israel. He is an honorary member of the Israeli Institute of Group Analysis and has worked to create training partnerships between Israeli and Palestinian clinicians. He is a founding member of the Center for Group Studies.*

### **HF: Will you share with our readers how and when you first became interested in group psychotherapy? How did the Modern Analytic approach become your theoretical home?**

*The answers to these two questions are excerpted from an interview by AGPA member, William Whitney, PhD, that appeared in the Group Psychotherapy Association of Los Angeles' Spring 2014 newsletter.*

**EZ:** As a young man, I came to understand that I needed help to grow up and mature. I didn't know much about group therapy, but I knew I needed help. It was the sixties, and the importance of searching for identity was high on the list of the counterculture's creed. There was an emphasis on finding meaning in work and love. In my early twenties, after a few

relationships, I was convinced that I was in need of treatment if I was to live the life I envisioned. I wanted to find out how to be more confident, have a successful relationship, and feel less depressed. Fortunately, in my first week of social work graduate school, a classmate introduced me to a Modern Analyst, Dr. Dolores Welber, and I started individual treatment.

Sometime later, she suggested that I join her therapy group. I told her that I wanted to be part of a group, but I didn't want to work with her; I wanted to go work with someone named Lou Ormont. Her response was "Why him?" I understood that I needed to work with a woman and a man: I needed to do reparative work with my mother and father; and I needed to know both the woman in me and the man in me. After a lot of talking, she agreed and I went to work with Lou.

I was 24 when I first met Louis Ormont, PhD, DFAGPA, in a screening interview prior to entering group. He took my history and asked about the earliest memory I had of my mother and father. At the time, I had no clue why he was asking those particular questions. It was only later that I understood that Lou was attempting to anticipate what the transference/countertransference experience would be. He was trying to understand what parts of his female(ness) and male(ness) would be engaged as we worked together.

I came to group from a relatively cloistered experience. I was born in New York City, but raised in the country, and although it was only 35 miles from the city, it felt very remote. My family was part of a Modern Orthodox Jewish enclave surrounded by a sometimes anti-semitic community (it was just a few years post WWII and there was menace in the air). I grew up not knowing much about the outside world.

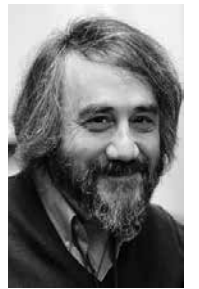


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## From the President Strategic Work

Les Greene, PhD, CGP, LFLAGPA

Summer is over. The nurseries are displaying their harvest-hued rows of chrysanthemums; peaches and nectarines have been replaced by tougher skinned apples and gourds at my favorite farmers' market; and an assortment of LLBean-type catalogues, replete with photos of golden retrievers lying near cozy fireplaces, are beginning to pile up on my coffee table. Time to get back to work after an all too brief hiatus.



Not that AGPA takes much down time. In the past year, some of its many achievements have included further tweaking of our state-of-the art technologies—website, online directories, and next the database to enhance the members-only website area—and holding our highly successful Annual Meeting in Boston.

Hardly skipping a beat, a broad array of new projects have been completed or are being developed and implemented, including: the updating of new scientific studies on the effectiveness of our craft; constructing new long-distance educational offerings; completion and dissemination of our latest training manual on process addictions; approving a plan to revise our core principles manual; and planning for what promises to be an exciting 2015 Annual Meeting in San Francisco, as well as what I hope will be a truly peak experience that marks our 75th anniversary celebration in 2017.

The next really big project moving to the front burner is honing our Strategic Plan—that set of four overarching goals reflecting our organizational values and mission, the delineation of conceptual strategies for achieving them, the action-based tactics for carrying out these strategies, and, new to this current revision, a set of measures for evaluating the effectiveness of our organization-wide efforts. We want to talk the talk, but more importantly, we want to walk the walk by delivering meaningful and

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

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## Promoting Secure Attachments Through Group Psychotherapy Theme of AGPA's 2015 Annual Meeting

San Francisco will be *the* place to be February 23-28, when AGPA gathers for its 2015 Annual Meeting at the Hyatt Regency San Francisco Hotel at Embarcadero Center. Among the highlights is the Special Institute, where attendees will have the opportunity to choose from one of *two* Special Institute presentations on Monday, February 23. Stephanie Covington, PhD, LCSW, will discuss *Why Gender Matters: Creating Trauma Services for Women and Men*, and David Wallin, PhD, will present *The Therapist as a New Attachment Figure: How Our History Affects our Efforts to 'Raise' Secure Patients*.

The Institute also offers more than 40 sessions devoted to small group experiential teaching. Both Process Group Experiences (PGE) and Specific Interest Sections will be held. The three-day Conference offers a variety of formats, including limited registration workshops, as well as open session panels on special topics and original scientific paper sessions.

For complete details on the Institute and the entire Annual Meeting, including how to register, visit AGPA's website at [www.agpa.org/home/continuing-ed-meetings-events-training/annual-meeting](http://www.agpa.org/home/continuing-ed-meetings-events-training/annual-meeting).

### 10 Things To See in San Francisco

Of course, another highlight of the Annual Meeting is its location. Although San Francisco is big on attractions and amenities, it is geographically small—only 49 square miles. So it is very easy to see and do a great many things in a short period of time. Here is a list of the top 10 things you'll want to see, according to the San Francisco Travel

Association.

1. The Golden Gate Bridge manages to impress even the most experienced travelers with its stunning 1.7-mile span. A pedestrian walkway allows the crossing on foot, and bikes are allowed on the western side.

2. Cable cars have been transporting people around San Francisco since the late 19th century. Tickets (\$5) may be purchased at the cable car turnarounds at the ends of each route. Each one-way ride will provide spectacular views of the city's celebrated hills as well as exhilarating transportation.

3. Alcatraz, the notorious former prison, is located on an island of the same name in the middle of San Francisco Bay. Though several tried, no inmate ever made a successful escape from The Rock. Recorded cell-house tours are available, allowing visitors to learn about the prison as they explore the buildings and grounds. Advance reservations are required.

4. Fisherman's Wharf is home to Pier 39, a festive waterfront marketplace that is one of the city's most popular attractions. From there it's a short walk to the Wax Museum, Ripley's Believe It or Not! and the famous crab vendors selling walk-away crab and shrimp cocktails.

5. Union Square, where major department stores and exclusive boutiques line the streets, is the place for serious shoppers. A must-see is the Ferry Building Marketplace, offering shops and special dining. The Westfield San Francisco Shopping Centre houses the largest Bloomingdale's outside of New York and the second

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## From the Editor

Steven Van Wagoner, PhD, CGP, FAGPA

Fall has officially set in, and memories of summer are likely fading as we all immerse ourselves in new initiatives, projects, our academic calendars, strengthening our practices, planning for upcoming holidays, all the while simultaneously observing the closing of swimming pools, the return of children to school life, and the emerging autumn foliage. Autumn often puts me in a contemplative mood about a great many things, including what will this year's Annual Meeting be like, how on earth will we complete all of the interviews with speakers beforehand, what new friends will I make, how many old ones will I be able to spend some time with, how will our community deal with the many challenges of this year—personal, professional, and global—and where will my next long bike ride take place?

With sadness I report that another of our AGPA family passed away recently, and both Hank Fallon, PhD,

CGP, FAGPA, and Karin Hodges, PsyD, CGP, have shared with us their poignant experiences of what an amazing woman, group psychotherapist, colleague, mentor, and collaborator Barbara Cohn, PhD, CGP, ABPP, L FAGPA, was for so many AGPA members. Our heart and sympathies go out to Bernie Frankel and the family.

Hank is a major contributor in this issue, also interviewing Institute Opening Plenary Speaker Elliot Zeisel, PhD, CGP, DFAGPA. Hank is a veteran interviewer and asks interesting questions that produce stimulating tidbits of knowledge that should whet the appetite of anyone considering attending the 2015 Annual Meeting.

Our regular column *Consultation, Please* is back with two clinical responses from AGPA members to a group dilemma from a training group. I have not heard from any of you by letter about your reactions to the evidenced-based responses, but many of you have told me directly that you thought the column to be as interesting and enjoyable to read as it always is, so we hope to continue soliciting the occasional responses from members of the Science to Services Task Force.

As I reported in my last column, I

had never received letters to the editor responding to an article published until I received two in reaction to the fascinating and important article written by Kavita Avula, PsyD, CGP, in the Spring 2014 Issue. As a result I received two more letters, only one of which I published here due to space considerations. I published these letters in this and the last issue because I thought them important, certainly with respect to their content, but more importantly as a model for dialogue. This reminded me of a published conversation in the Summer 2012 issue (which can be found in the Practice Resources section of the AGPA website) between me, Robi Friedman, PhD, Nimer Said, MA, and Haim Weinberg, PhD, CGP, FAGPA, on *The International Dialogue Initiative*. In that conversation, we discussed what happens when two people who have a relationship based on relational factors and experiences suddenly find themselves as representatives of a particular group and a particular collective identity, when competing loyalties and betrayal to the group, to oneself and one's competing identities, and to a relationship can produce great internal conflict.

The latest letter, written by

Siddharth Shah, MD, MPH, CGP, was the result of his conversations with Dr. Avula, and later myself, that was aimed at finding common ground while holding to certain opinions and reactions that we all hoped could be taken into more appropriate venues for ongoing dialogue (i.e., the large group, conversation tables, etc.). These pages are not meant to be a venue for exploring political differences, although sometimes those differences might emerge. Rather, *The Group Circle* is designed to look at interesting and important work our organization and our members are doing, as well as how we all engage in dialogue and exploration through groups.

For this reason, I feel that it is important to hold dialogues, where members who have deeply held beliefs and perceptions and yet find a way to begin to understand those of others in a respectful and deep manner. This is what Dr. Friedman and Mr. Said do in their work with dialogue groups, what Dr. Avula does in her work as an international psychologist, what Dr. Shah does in his work with Tibetan refugees, and what many more of our members do whether in therapy groups, consultation, or crisis intervention groups. ●

## Zeisel

*continued from page 1*

In the group, I met for the first time people who were like minded, but also different from me—someone from Oklahoma, people of color, Christians of all sorts. I learned how conflict could be resolved in ways that I never imagined. I witnessed people fight, but not somatize or overwhelm others with their rage. In the group I got to experience interactions between people that were intimate, passionate, and deeply felt.

During that first year, I was often frightened as I arrived for the session. I stayed in the same group, Monday morning 8 AM, for 24 years. At some point, I joined one of Lou's training groups, Friday mornings at 11:30 AM, so my week was bracketed by experiences with Lou and group. I spent many thousands of hours with Lou to my benefit. I often tell beginning therapists that your own treatment is going to be your most important teacher in learning how to do this work. If you can attach yourself to an analyst/teacher who can go the distance with you, you can accomplish wonderful things. When you work with unconscious material, it's wise to remain in treatment and supervision, which I continue to do. It is a lifelong learning process.

**HF: What have the Institutes meant to you, both from the perspective of a member and as a leader?**

**EZ:** It was in the group with Lou that I first learned about AGPA. In preparation for attending my first Annual Meeting, I was told that the Institute experience is the best way to get immersed in the work of group. It's two days of process learning that is both experiential and didactic. You hear about a theory of practice and then you get to experience it. There's no better way to learn because it engages your mind, body, and heart. I was very young and eager to prove to myself and to the immediate world that I was capable. I can recall feeling excited and afraid as I entered my first Institute. The excitement

came from hoping that I'd acquire some new skills and from the anticipation of getting to know a room full of new people; feeling afraid also came from the anticipation of getting to know a room full of new people. It was the excitement of anticipating if I'd feel adequate, shamed or humiliated, and would I find love?

**HF: As institute leaders and members head into this year's sessions, especially less experienced ones, what thoughts do you have for them regarding the two days ahead of them?**

**EZ:** Be bold! I once had a private lesson with Jerome Robbins, one of the 20th century's greatest choreographers, that taught me this lesson.

My first office in New York City was on East 82nd Street, around the corner from where he lived. On Thursday evenings, I had two groups with a half an hour between sessions. My habit was to walk around the block during the break, reviewing the events of the earlier session while preparing for the next. On several occasions, I'd crossed paths with Robbins, who was out walking his dog. As the seasoned New Yorker I was practicing to be, I said nothing and walked on. This happened several times until one balmy spring evening, I decided to nod in his direction ever so slightly, in recognition of who he is, without giving offense. His response was to nod in my direction in an exaggerated way, driving home the idea that *if you're making the gesture man, make it!*

So in your Institute experience, be bold! Find out what you're feeling in the moment about yourself and towards the people around you. It's a chance to further train yourself in recognizing emotions as they occur. Feelings, after all, are primitive messages from your mind to you that are there to inform. They are the raw data of our psychic instrument that equips us in our work as group leaders and members.

In New York the new catchphrase is, "If you see something, say something." I'd modify that slightly

and say, "In group, if you feel or see something, say something." Go where the emotional action is and you won't go wrong. Take up at least one portion of the talking time in each process group. In the didactic portion, ask questions. Give yourself the freedom to make five mistakes a day as long as you can learn from each one. There is a great deal of information to acquire in this kind of process learning, and there's a chance to get attached to fellow participants in a very significant way. It's an opportunity to be known and to know others. In an Institute group, you have an opportunity to build your own AGPA community, one that will nurture you through a lifetime of professional development.

**HF: The theme of this year's Annual Meeting is Promoting Secure Attachments Through Group Therapy. Many participants become greatly attached to other members, being an Institute member, and then an AGPA member. What do you think helps that occur?**

**EZ:** I believe that the degree to which members of an Institute group become attached is in direct proportion to two factors: the leader's skill in forming and maintaining the group; and the participants' willingness to know themselves and the other members of the group. The leader's task is to set the frame and build a group culture of tolerance, curiosity and exploration. In the process of considering our capacity for attachment, we hope there will be resistance to attachment. If we view resistance as a positive, as a way of understanding how a person survives in the world and why (s)he might have chosen a particular path, then we're all going to learn something. Through the study of resistance, the leader and group members work to understand its function. Once the resistance is understood, new options for behaving and relating become available to experiment with.

We can all acquire new information about our capacity for living life that's attached to other people. The Institute experience is rich with such possibilities! ●

## Member News



**Josephine Tervalon LCSW, CGP, LFAGPA,** received the 2014 Day-Garrett Award for distinguished service to the Smith College School for Social Work and the Social Work Profession. The Award noted that Tervalon is a consummate teacher and mentor, providing "astute social work supervision" to generations of MSW students. She was also cited for her work inspiring women in the practice of group psychotherapy over a career that spans 50 years. Said Tervalon upon receiving the Award: "This is an awesome and overwhelming experience.

Sitting in "The Chair," while one's professional life is being reflected to you in front of colleagues, family, and friends, is as much anxiety as those who sit in the audience waiting to see if their name is the one which will be called for the Oscars. Being honored by peers is one of the greatest gifts I can receive."

**Steve Van Wagoner PhD, CGP, FAGPA,** Editor of *The Group Circle*, has been named Chair of the National Group Psychotherapy Institute at the Washington School of Psychiatry.

## In Memoriam: Barbara Cohn, PhD, ABPP, LFAGPA



Barbara Cohn, PhD, ABPP, LFAGPA, died August 7, 2014, after a hard year of fighting an aggressive lymphoma. Barbara's death is a great loss to all who knew her. Barbara held numerous professional positions and hospital appointments in her career and had been an Associate Clinical Professor of Medical Psychology at Columbia University, College of Physicians and Surgeons. In addition to the many things Barbara was involved in at the time of her illness, she was concentrating on her practice and finishing the novel she was writing. She was a long-time AGPA and Eastern Group Psychotherapy Society member who contributed significantly to both organizations. Barbara authored numerous articles for the *International Journal of Group Psychotherapy (IJGP)* and other journals, and contributed to edited books with chapters on group psychotherapy.

Within AGPA, Barbara had been a Co-Chair of the Women's Group Psychotherapy SIG, an Institute Committee member, and Co-Chair of the Workshop Committee. As an Annual Meeting Faculty member, she led institutes, workshops, and open sessions both alone and with others. Barbara was a Life Fellow of AGPA and took that designation seriously, as noted by the creativity and work she consistently put into our organization.

I first met Barbara in 2006 when we both joined the AGPA Annual Meeting Committee as Workshop Co-Chairs. During a May Conference meeting at the AGPA office that year, and the others that followed in subsequent years, Barbara's incredible work ethic was clearly evident. She also had a wonderful sense of humor and brilliant smile. We were in that Co-Chair role together for six years, and I consider myself a very lucky man to have worked with her during that time. Over the years, we talked about many things, both professional and personal. I greatly value those conversations and I will truly miss having more of them.

Barbara demonstrated a willingness to stretch, grow, and push herself, and she was supportive and encouraging of those either contemplating or doing the same. She was a wonderful, caring teacher and fulfilled that role across the many facets of her life. As previously noted, Barbara contributed to AGPA by committing her thoughts to paper and presenting what she believed at the Annual Meeting and in the *IJGP*. I remember attend-

ing an Open Session in which she was part of the panel and I was struck by her work and the courage that it must have taken to prepare and give that presentation. Her last presentation at AGPA was a workshop that she co-led with Margaret Postlewaite, PhD, CGP, FAGPA, in February 2013 in New Orleans. Luckily, I was able to attend that workshop and was able to experience what Barbara and Margaret offered to senior therapists as they continued their professional journey while aging. I don't think Barbara was fearless, but I believe she was committed to doing what she set her mind to do, and in my opinion, she always did it with conviction and grace.

Barbara was a wonderful work partner who was extremely knowledgeable, direct, supportive and creative. One of the things she did so well as a Workshop Co-Chair was work with others who submitted proposals to help them maximize the learning for themselves and those who attended their sessions. Sharing thoughts and feelings with Barbara was easy as she was very adept at listening, holding, and then helping clarify the issues so something meaningful might occur. On more than one occasion during our joint tenure she did that for me and for others.

On the album *Viva La Vida* by Coldplay, the song *42* has a refrain that says "Those who are dead are not dead, they're just living in my head." Barbara and I shared a mutual enjoyment of swimming, talked about it, and each of us swam at AGPA when able to do so. I have many memories of Barbara, but I have one that I frequently recall. From the side of the pool I can see Barbara swimming with an absolutely radiant smile reflecting the joy that she was experiencing while in the water doing what she loved. That is how I will always remember Barbara: smiling, warm, and very deeply experiencing what she was doing. I will miss her greatly, but I am very grateful and thankful for the time I, and others, had with her.

Barbara is survived by her husband Bernie Frankel, PhD, ABPP, LCSW, BCD, LFAGPA and family.

Hank Fallon, PhD, CGP, FAGPA

## Recalling "Backstage" Chats with Barbara Cohn, My AGPA "Senior Consultant"

Karin Maria Hodges, PsyD, CGP

Barbara Cohn, PhD, ABPP, LFAGPA, brought an enjoyable brand of collegiality and leadership to the American Group Psychotherapy Association. She never boasted or accentuated her professional and academic positions, yet Barbara had an incredibly illustrious career. She was Associate Professor of Medical Psychology at Columbia University College of Physicians and Surgeons; Director of Psychology Education at St. Luke's Roosevelt Hospital Center (i.e., Director of Psychology Internships and Fellowships); and she had an independent psychotherapy practice. Barbara worked with individuals and couples in her private practice, and authored many book chapters and articles in peer-reviewed journals. In one of those articles (Cohn, 2007), she highlighted the

ways in which she understood patient concerns situated within the backdrop of their lives. In my view, Barbara was "the people's therapist," not weighed down by confusing jargon but forthright, clear, understanding, and aware.

Barbara's play space was in the American Group Psychotherapy Association, a space where early in her career she could grow and develop her unique professional voice and collaborate with colleagues. She engaged in varied leadership roles in AGPA. I had the distinct honor of co-chairing the Women's Special Interest Group with Barbara, where I deeply felt her appreciation of lifelong female development and dynamics specific to women. She understood the complex intrapsychic and interpersonal processes related to pregnancy, childbirth, mothering, and all-female groups. I knew Barbara at a time in

my life when I was shifting away from organizational life toward independent practice and increased work-life balance. Not long after giving birth to my child, I was in the midst of developmental shifts and Barbara's intimate understanding and wisdom regarding women's development through the life span helped her nurture my own development in enduring ways. While spending time with Barbara, both on the phone and in person, I observed that she was forthright, poised, and highly intelligent. As I came to know her more fully, I also recognized her humility, quiet confidence, and generous heart; she gave gifts, literally and figuratively, with no strings attached.

In her review of Lucy Holmes' book, Barbara wrote "I wish there were a way to interest men in the burgeoning literature on female development...if I've managed to challenge

any readers of this review by throwing down a gauntlet regarding Lucy Holmes important book, *The Internal Triangle*, then I am delighted." (Cohn, 2009, pp. 373). This quote exemplifies Barbara's strength and forthright communication style. She was eloquent and persuasive regarding critically important matters, without sacrificing humor and grace.

Barbara was a talented and compassionate mentor. Sometimes mentors guide their protégés to the "center of the stage," encouraging their protégés to tackle stage fright. At other times, mentors are habitually in the spotlight themselves, inadvertently creating lights and shadows for their protégés to manage, metabolize, and digest. Barbara did neither of these things with me. Rather, she took me for many private walks "back-

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## Letters to the Editor

### Dear Editor:

I would like to preface this letter by saying that I am approaching the article by Kavita Avula, PsyD, CGP in the Spring 2014 issue of *The Group Circle* and the responses it stimulated in the Summer 2014 issue by Ray Naar, PhD, ABPP, CGP, TEP, L FAGPA, and George Saiger, MD, CGP, FAGPA, through a large group lens. My goal is to have us think about how we can begin a dialogue about our differences, while recognizing the experiences of the other.

As an international psychologist working with humanitarian aid efforts in Ramallah, West Bank, Dr. Avula witnessed the difficulties and traumas of Palestinian families. She included this encounter in her critically minded essay *Different Shades of Self* in which she rendered a wide context to social trauma. She also stated how some traumas are particularly difficult to discuss in diverse company without pushing buttons or meeting significant resistance.

The letters in response did not question Kavita's overall thesis and premises. They responded passionately to her experience of Palestinian suffering (a small portion of her article) as if she failed to understand the "context in which to understand these events." We must keep this feedback in mind whenever it is brought into the dialogue. She was also reminded that anti-Semitism can often be found in the current criticisms of Israel, and "that the reality with which we live is that anti-Semitism is thriving in today's world." While I cannot find a place in Kavita's piece in which she suggests that anti-Semitism does not thrive today, I don't believe her objective was to address the adjudication of the Palestinian-Israeli conflict in the slightest.

I worry that readers of the responses to her article could come away with the incorrect infer-

ence that she crafted a case against Israel and Jews in other parts of the world. In the portion of her article found objectionable, Kavita wrote about a focused issue: *a social trauma* that she experienced visiting Ramallah, and that she found some people are not ready to accept in and of itself. Can we talk about oppression in the West Bank and Gaza without reflexively talking about the wider historical context of Jewish suffering? Can we focus on the newsworthy suffering of Palestinian families without qualifying it?

I do not deny the real suffering of and continued threat to Jewish people in various parts of the world, and I know that Kavita does not. There are legitimate concerns about threat and violence toward Jews, and of course, this is part of the wider conversation. In today's world, Jews are clearly vulnerable to hate in speech and other lethal manifestations, many alarming examples of which continue as I write this letter. I call upon our large group to continually combat such hate.

However, if we as a large group over-focus on what was not said in one section of Kavita's essay, then we are in danger of missing the essence of her contributions, which is how the *Other* is socially constructed in ways that are foreign to one's own cultural, racial, and ethnic identity, evoking mistrust and potential oppression, hatred, and violence. In this one example of *otherness*, Kavita is attempting to make us aware of the suffering of Palestinians, a group that is minimally discussed with dignity and largely dismissed in this country.

Kavita maintains that one guidepost to resolving trauma is that we "avoid acting it out and turning victims into victimizers." As a large group, how do we avoid nominating members to take positions that make dialogue seem difficult if not impossible? How do we avoid re-enacting the conflict in which each side approaches the other through (1) a lens that is suspicious of objectives, and (2) a heart that is hopeless that the Other-can-care-about-the-Self? I think it is important that we, as a group, maintain the integrity of a speaker's or author's objective

when we debate the merits of the ideas. It is important to try to avoid projection and the placement of disavowed parts of the group into those who choose to speak their truth.

I felt nervous writing this letter. This is a contentious topic that routinely ignites firestorms, hurt feelings, and mistrust, but I see a glimmer of hope. I was encouraged by something Dr. Naar communicated to Dr. Avula; he commended her for presenting her views. When I think about it, I realize that even in the passion of his feelings and reactions, he invites us to a dialogue. And Dr. Saiger recognizes that Dr. Avula's article was important to us all in understanding "the subtleties of racial identity and identification." His valuing in the midst of his critique is another opening to furthering dialogue. He also stated that he shared some of Dr. Avula's concerns about the occupation, which is common ground.

I want to conclude with questions to engage our large group positively, with the hope that intersecting issues of diversity, conflict, and disagreement can be brought into the face-to-face large group at AGPA, where they can be adequately contained and worked with. Can we in the group recognize parts of ourselves that are being influenced by large group processes and that we project onto the other? Can we encourage, *not* suppress, honest utterances that are passionately held and yet also promote relational debate? And finally, can we allow dissent and try to understand the views/perceptions of others without misconstruing them when we are not in agreement with what is being said?

I believe we can do all this, and more, because when reading the article and the letters in response, I see the possibility for further dialogue, deeper understanding, and areas for common ground and empathic understanding. I hope that we maintain that course toward dialogue in our large group community that was begun here, when dialogue seems elusive in the world in which we live.

Siddharth Ashwin Shah, MD, MPH  
Arlington, Virginia

## AGPA's 2015 Annual Meeting

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largest Nordstrom in the U.S.

6. North Beach, the city's Italian quarter, isn't a beach but rather a neighborhood of romantic European-style sidewalk cafes, restaurants, and shops centered near Washington Square along Columbus and Grant Avenues. The Church of Saints Peter and Paul is a beloved landmark. Coit Tower atop Telegraph Hill offers a splendid vantage point of the bridges and the bay. Inside the tower, floor-to-ceiling murals painted in the 1930s depict scenes of early San Francisco.

7. The entrance to Chinatown at Grant Avenue and Bush Street is called the "Dragon's Gate." This 24-block city within a city is best explored on foot. Exotic shops, renowned restaurants, food markets, temples and small museums comprise its boundaries.

8. Dining in San Francisco is an attraction in itself. Choose your cuisine—Chinese, Japanese, French, Italian, Spanish, Moroccan, Indian, Malaysian, Mexican, Greek, Russian, or fusion, a combination of any or all of these influ-

ences. Restaurant reservations in advance of arrival are recommended.

9. Nightlife in San Francisco is a constantly changing scene. The hottest clubs currently are in the South of Market and Mission districts, with live and recorded rock and Latin music. Jazz, blues, swing, and oldies music can be found all over town.

10. A visit to San Francisco would not be complete without a cultural experience. The city is home to internationally recognized symphony, opera, and ballet companies. Playwrights, such as Sam Shepherd and Tom Stoppard, introduce their works in San Francisco, and avant-garde theatre and dance companies dot the city. The San Francisco Museum of Modern Art, the Asian Art Museum, the de Young Museum, the Palace of the Legion of Honor, and other museums and galleries are devoted to classical and contemporary arts. San Francisco is also home to the California Academy of Sciences—the only place on the planet with an aquarium, a planetarium, a natural history museum, and a four-story rainforest all under one roof.

So, whether for the sites, sounds, or sessions, make sure to register for AGPA's Annual Meeting today! ●

## President

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valuable products and processes for our entire group psychotherapy community. The plan's goals and objectives are shared with the membership here in the sidebar.

One of these goals, the one that I've particularly identified with over the years, is our education-research-training effort. As I voiced in a recent talk at APA this summer (Greene, 2014), we need to redouble our efforts countering a prevailing sentiment in the field, namely that any clinician can run a therapy group. I find it ironic that formal training in graduate and residency programs is declining as group work is increasing in clinics and agencies (cf. Khawaja, I.S., Pollock, K., & Westermeyer, J.J., 2011; Fuhriman, A. & Burlingame, G.M., 2001.) Simply put, more groups are being run by those with less training and competence. I have called for more studies that address a range of questions about training: How do trainees and experienced group leaders differ from each other? What kinds of training experiences facilitate what kinds of skill acquisition? How do we assess skill acquisition?

For real world accountability and accreditation, we need to be able to demonstrate the unique group therapy skills that must be acquired and utilized by group therapists to ensure their effectiveness in their practices; we really need to show that training makes a difference. Fortunately, the recent empirical literature shows efforts in that direction (Kivlighan, D. & Kivlighan, D., 2009; Kivlighan, D. & Tibbits, B., 2012; Woo, S. & Hsu, Y.K., 2012).

But much more than research on training is needed. We need a multipronged approach that entails advocacy and provision of state-of-the-art education to a variety of stakeholders—directors of graduate and residency training programs, directors of mental health and rehabilitation clinics and agencies, mental health accreditation and policy-making boards, mental health professionals, and, of course, our own AGPA membership.

No less important are our other three interconnected goals: 1) outreach/visibility, demonstrating the utility of group interventions to those communities beset by human suffering; 2) membership/certification, providing a nurturing and facilitating home for a diverse community of group practitioners; and 3) organizational sustainability, ensuring that we remain a viable association of practical value and relevance for our membership.

Summer is indeed over; time to get back to work.

## AGPA Strategic Plan Goals and Objectives 2014

### Education/Learning/Research Goal

AGPA will be the recognized resource for training, learning and knowledge about group therapy; 2014: TRAIN MORE GROUP THERAPISTS in graduate training programs and influence training standards for graduate education and professional licensing.

- Objective #1: To refocus trainings to current best practices in group for best outcomes;
- Objective #2: To address the gap that exists between training and practice;
- Objective #3: To demonstrate the efficacy and effectiveness of group therapy;
- Objective #4: To advocate training standards for group.

### Community Outreach/Visibility Goal

AGPA will initiate a community outreach program that will provide professional assistance to diverse group populations and to the emerging public sector; 2014 FOCUS ON MARKETING, both internal and external, of AGPA services, highlighting value message for group services in every communication.

- Objective #1: To develop referral sources for Certified Group Psychotherapists;
- Objective #2: To promote the training standards recommended for group psychotherapists;
- Objective #3: To establish relationships with external mental health organizations.

### Membership/Certification Goal

AGPA will be an open, accessible and relevant organization with high appeal for group practitioners; 2014 FOCUS TO EXPAND MEMBERSHIP by concentrating on diversity and social justice issues within the organization, mentoring new members and forging connections with scholarship recipients.

- Objective #1: To help members gain confidence and develop skills as a group therapist to build their group practice;
- Objective #2: To connect and maintain relationships with new members and early career professionals attending the Annual Meeting;
- Objective #3: To provide a more integrated organizational environment to encourage individuals to pursue the CGP credential as well as AGPA national and local memberships;
- Objective #4: To improve diversity and social justice equality initiatives.

### Organizational Sustainability Goal

Increase individual funding by expanding our base and connecting with people who believe in group work.

- Objective #1: We will routinely demonstrate the impact of our work (research, scholarships, community outreach, certification, etc.) on the well-being of the patients served by our members, the fidelity of our members' work and the value of group in bettering society;
- Objective #2: We will communicate with donors in a way that helps them see and understand the impact of their contributions;
- Objective #3: We will express appreciation and gratitude to donors in an ongoing, systematic way;
- Objective #4: We will develop donor-centric ways to stay connected to donors;
- Objective #5: We will strengthen the confidence and capacity of the Group Foundation Board and Staff to facilitate these relationships.

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## Backstage Chats

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stage" to discuss the lights and the shadows; my needs, fears, thoughts; my ambivalence and confusion about organizational life; and my relatively newfound desire for work-life balance.

During our time together, Barbara often playfully referred to herself as my "Senior Consultant." She wanted to ensure that I received proper credit for my work. She supported my growth and participation in various activities within AGPA, while also helping me feel that my contributions

were not required for earning her positive regard. Additionally, she helped me to set limits and boundaries with my own time rather than overextending myself within the context of professional organizations. When I asked to leave the leadership role, Barbara presented me with a lovely piece of jewelry to symbolize our time together and her gratitude (on behalf of AGPA) for my contributions. If we could all feel such unconditional support, just once, we would all be so fortunate!

In her writings, Barbara described her professional movement away from analytic training institutes and toward independent practice, not-

ing, "My fundamental temperament, however, was that of an independent, a maverick" (Cohn, 2007). Perhaps moderated by socialization and knowledge acquired from influences such as Yvonne Agazarian, EdD, DLFAGPA, and Edward Shapiro, MD, Barbara's fundamental temperament was not in the foreground, at least, not in the past several years when I knew her. Regardless of her natural predispositions, she moved through and interacted within systems gracefully and authentically. I think she gives all of us independently-minded scholars hope!

I know Barbara was a devoted

wife who dearly loved her husband Bernie and her family, apparent from her words and actions. While the profession of psychology and the field of group psychotherapy will miss her greatly, I anticipate that her family will be grieving her even more deeply. ●

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Dear Consultant:

**A** year ago, I started a training group for therapists in my community. The group began with eight members and is now down to five, and another member is talking about leaving the group. I find myself becoming bored and restless during the group, as the members (all intelligent and perceptive people) engage in long theoretical discussions and intellectual speculation about their patients and their practices. While this was stimulating in the beginning, it seems to be stagnating the group. I don't think this training group is helping the members, and I am at a loss for how to help. Can you advise?

Signed,  
Bored

Dear Bored:

**C**ongratulations on starting a training group and having such robust interest from the outset. Finding eight therapists who are interested in learning from you is an impressive accomplishment. The first point I would like to address relates to terminology. While some people use the term "training group" interchangeably with consulting group, supervision group, and reading group, I have a different idea of what a training group means. I wonder what your group members were expecting when they signed up for your group. My understanding of a training group involves a delicate balance between case consultation *and* forays into exploration of therapists' countertransference and emotional lives. Were there explicit agreements that group members would be using their own emotions, life experiences, and histories as part of exploring their countertransferences? Is this something that continues to be invited for exploration?

Having said that, it makes a great deal of sense that a new group of therapists would be inclined, at least initially, to veer toward theoretical and intellectual discussions. New groups are of course regressive, and a new group consisting of your professional peers can feel especially intimidating and quite vulnerable. In addition, training groups are not therapy groups; the container is different, and the boundaries and group norms may be different. I wonder if your leadership might instill a patient cultivation of curiosity around what members might learn from their emotions during the group in addition to their tendency to want to stay with theoretical and intellectual topics. How would it be for you to join the group's need to remain more cerebral and intellectual? Is this a resistance that can teach you something about what the group needs? I would try to become very interested in my feelings of boredom and restlessness and let them teach me about the group's resistances, as well as my own.

*Paul LePhuoc, PhD, CGP  
Houston, Texas*

Dear Bored:

**I**t sounds like a challenging group. While attrition should be expected, you raise an important and common issue about study groups, training groups, and consultation groups, whatever the title. My consultation comes from a modern analytic perspective, guided by both clinical experience and theoretical knowledge from the works of experts in the field of group psychotherapy. From this perspective I will discuss a movement towards utilizing the power of the group-as-a-whole through the illumination and study of resistance, countertransference, and parallel process.

I begin with the importance of parallel process and using the information gained as a way to move the group towards emotional communication. The conduit for the transmission of affect is termed "parallel process," an ingredient that is essential to a fully realized training group. Members of the training group experience reactions that mirror, parallel, or identify with preexisting dynamic processes. For the training group to offer more than technical advice and the lessons of one's own personal and clinical group histories, the group must somehow become privy to the emotional currents and ready projections that move from one setting (and one person) to another.

In addition to being aware of parallel process, psychodynamic literature strongly emphasizes conducting training groups through the study of countertransference. Holding onto the overall view of how affect is transmitted by parallel process, there must be a study of the feelings of the leader (both subjective and objective countertransference) and encouragement of group members to do the same in their work with patients. For example, your feelings of boredom may actually be induced by the group. This can be valuable information about what the group is experiencing and/or what may be going on in their practices. If boredom generally indicates stifling of affect, that could inform your interventions with the group. A study of your own countertransference adds to the understanding of the emotional climate and happenings in parallel process.

From this perspective, interventions would seem best directed towards engaging in an exploration of what the group believes you are doing to cause members to leave. You might also wonder aloud as to what the group would be talking about if they were not talking theoretically or intellectually. Is there something fundamentally unsafe about the group, i.e., is there a way for people to talk about their feelings towards you or others in the group? What would it be like if the group talked more openly about their feelings toward one another and about their personal experience in the room with patients? It may even be helpful to discuss the possibility of ending the group.

Bringing the immediate experience of the moment into the process creates a more lively and progressive environment that can breathe new life into a group. The references below provide rich case studies and examples. Of course, there is no substitute for having a skilled supervisor or supervision group of your own.

*Lisa Means, MA, LPC, CGP  
Austin, Texas*

Ettin, M.F. (1995). From one to another: Group Consultation for Group Psychotherapy. *Group*, 19(1), pp. 3-17.

Ormont, L.R. (1980). Training Group Therapists through the study of Countertransferences. *Group*, 4(4), pp. 17-26.

*Members are invited to contact Michael Hegener, MA, LCP, CGP, FAGPA, the Editor of the Consultation, Please column, about issues and/or questions that arise in your group psychotherapy practices. They will be presented anonymously, as in the question here, and two members of AGPA will be asked to respond to your dilemma. In this way, we all benefit from members' consultation from an objective point of view. SIG members are also encouraged to send cases that pertain to your particular field of interest. Michael can be reached by fax at 512-524-1852 or e-mail at mhegener@sbcglobal.net.*

Consultation,  
Please  
Case



American Group Psychotherapy Association, Inc.

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**See Group Assets insert**

## Affiliate Society News

**The Austin Group Psychotherapy Society's 2014 Fall Conference** featured Scott Conkright, PsyD, CGP, who spoke on *Lacanian Desire in Group Psychotherapy*.

**The Colorado Group Psychotherapy Society's Fall Conference—Leading Groups with Presence & Vulnerability—** will be held November 1–2 in Boulder. Visit [www.cogps.org](http://www.cogps.org).

Harold Rice-Erso, PhD, CGP, will speak on *The Stories that Enslave Us, The Stories That Liberate Us, and How We Work with Both in Group*, at the **Illinois Group Psychotherapy Society's (IGPS) Fall Conference**, to be held October 24–25. Dr. Rice-Erso began his training as a group therapist while completing his MEd at the University of Southern California and continued with his PhD studies in individual, group, and organizational dynamics at Northwestern University. His group training also included Tavistock Conferences, group therapy training at Evanston Hospital, and years of group therapy workshops through IGPS. His approach to group therapy combines systems perspectives and psychodynamic psychotherapy. In both his group and individual therapy, Rice-Erso draws on the understandings of human beings and life that come from all the great wisdom traditions—psychology, religion, spirituality, and philosophy. Hylene Dublin, LCSW, ACSW, BCD, CGP, LFAGPA, presented *Exploring Boundary & Other Ethical Issues in Psychotherapy Groups* on September 19. Dublin, currently in private practice in Evanston, Illinois, has contributed many years of teaching and training experiences to AGPA including serving as Co-Chair of the Institute for four years. She is on the faculty of the School of Social Service Administration of the University of Chicago Professional Development Program and has published numerous book chapters and articles on issues in psychodynamic group psychotherapy. IGPS celebrated its 50th anniversary in September with a luncheon and meet and greet with past presidents, members, and guests. This is the first year that Illinois psychologists have been required to obtain CEU credits to maintain their licenses, and IGPS is one of the first accredited organizations able to provide those credits.

**The Mid-Atlantic Group Psychotherapy Society (MAGPS)** is launching its third season of Cinema Series. Cinema Series Chair Lenore Pomerance MSW, CGP, revitalized the series to give MAGPS members and friends a chance to connect between its Spring and Fall conferences and explore together group themes through diversity, while receiving CEU credits. Members gather at Lorraine Wodiska, PHD, CGP's house in Arlington, Virginia, where, when possible, meals reflect the spirit or theme of the films. For example, prior to a showing of *The Cats of Mirikitani*, about an 80-year-old homeless Japanese-American artist, Pomerance provided a sushi-making clinic. Venus Masselam, PHD, CGP, presented *The Band's Visit* about an Egyptian police band mistakenly arriving at an Israeli desert town. Masselam, of Syrian descent, made stuffed grape leaves for the occasion

Farooq Mohyuddin, MD, CGP, started this year's series off with *The Story of the Weeping Camel*. Maryetta Andrews-Sachs, MA, LICSW, CGP, FAGPA, will be showing *Soldier of Orange*. Webmaster, Rob Williams, MSW, CGP, has listed all films and times on MAGPS's easy-to-use website.

**The Northern California Group Psychotherapy Society's Fall Event** on November 8 will feature Ronnie Levine, PhD, CGP, FAGPA, who will present a day-long workshop on *Exploring Barriers to Intimacy in Group Psychotherapy*.

**The Southwestern Group Psychotherapy Society's (SWGPS), Fall Workshop** will be held October 25–26, at the Dallast Marriott Las Colinas Hotel in Irving, Texas. Joseph Kobos PhD, ABPP, LFAGPA, will lead a workshop on *Applying Practice Guidelines In Group Psychotherapy*. Dr. Kobos will conduct brief didactic presentations including ethical considerations and offer demonstration group experiences. This workshop will assist practitioners in meeting requests for information by insurance companies and third-party payers. Email [ckingshill@sbcglobal.net](mailto:ckingshill@sbcglobal.net).

Steve Van Wagoner, PhD, CGP, FAGPA, will lead a full-day institute on *Envy and Competition in the Group: From Destruction to Relatedness and Intimacy* for the **Michigan Group Psychotherapy Association** at its spring program in April. Contact Brian Ashin, LMSW, CGP, [ashinb@comcast.net](mailto:ashinb@comcast.net) or 734-678-3281.

**The Tri-State Group Psychotherapy Society's November 15 Fall meeting** will feature Melyn Leszcz, MD, FRCPC, DFAGPA, speaking on *Achieving and Sustaining Group Therapist Effectiveness*. Combining didactic and experiential learning, this presentation will examine the factors that contribute to therapist effectiveness in group therapy, looking more deeply at the assumption that although the psychotherapies are generally effective, not all therapists are equally effective. The workshop will address what unfolds at the level of the therapeutic relationship in group therapy that can improve or impede clinical effectiveness. Areas that will be addressed include understanding the central role of the alliance and group cohesion; empathy and attunement; therapeutic focus, activation of the here-and-now; the value of interpersonal approaches as an integrative model; therapist use of self and judicious transparency; therapeutic metacommunication; use of countertransference. Contact Kathy Reedy, LCSW, LMFT, CADC, BCD, CGP at [Kathy@kathyreedy.com](mailto:Kathy@kathyreedy.com).

Please note: Affiliate Societies may submit news and updates on their activities to Kathy Reedy, MSW, MFT, BCD, CADC, CGP, Editor of the Affiliate Society News column, by e-mail to: [Kreedy57@gmail.com](mailto:Kreedy57@gmail.com).

Visit AGPA's website at [www.agpa.org](http://www.agpa.org) for updated Affiliate Society meeting information. For space considerations, upcoming events announced in previous issues are included in *Group Connections*.