



# groupcircle

## Work In Service

John Schlapobersky, MA, MSC, CGP



**EDITOR'S NOTE:** John Schlapobersky, MA, MSC, CGP, is the author of *When They Came for Me: The Hidden Diary of an Apartheid Prisoner* (Berghahn Books and Jonathan Ball Publishers, ©2021). His previous book, *From The Couch to the Circle: Group Analytic Psychotherapy in Practice* (Routledge ©2016) won AGPA's Alonso Award for 2017. John was born and raised in South Africa, and was arrested for opposing apartheid, tortured through sleep deprivation, and detained in solitary confinement. He was released without charge subject to deportation. He helped to found Freedom from Torture, a human rights charity providing rehabilitation for survivors. His memoir describes case studies drawn from this work. He is an active member of AGPA, teaches internationally and has many publications. He now works privately at Bloomsbury Psychotherapy Practice offering individual, couples and group psychotherapy in London and online.

I wrote this memoir based on memory and artefact, more than 50 years after the events it describes, as a homage to my homeland of South Africa and the struggle we lived through to free the country from the baleful apartheid government. The ordeal of imprisonment, interrogation, and deportation came upon me in most unexpected terms, bringing me—in a moment—from a university program and suburban life to a cell beside the gallows in Pretoria's hanging jail at the age of 21. Not surprisingly, it proved to be a formative experience of great consequence. The many ways in which it has shaped me have also proved seminal in my career as a mental health professional. When I put my life together again after the events of 1969 and through the further ordeals of exile and displacement, I found myself living in the United Kingdom and a graduate of the University of Sussex and London School of Economics. I was married, raising a young child, and providing a home base for my siblings. Employed as a social worker in the psychiatric services of London's hospitals, I went on to train as a group therapist at the Institute of Group Analysis and was pleased to represent our model of practice when attending AGPA meetings on a regular basis from 1985 onwards.

Before my arrest, between school and university, I spent a year as an exchange student in New York and attending Scarsdale High School. The year in New York, (1966-67) provided an education and awakening. The Civil Rights movement had mobilized, as did the movement against the Vietnam War. Together with fellow students from Scarsdale, I attended the Visitor's Gallery of the Security Council at the United Nations Building during Israel's Six Day War; we stood together at the United Nations Plaza, where the inscription of Isaiah's words, part of which reads "nation shall not lift up sword against nation; neither shall they learn war anymore," made an indelible impression. Just 18 months later, these words comforted me as I lay in my cell in Pretoria listening to the voices of those condemned in the struggle for human rights, singing before their executions.

After qualifying as a group analyst in London, I joined forces with Helen Bamber, and in 1985, we established the Medical Foundation for the Care of Victims of Torture. We were never happy with the organization's name, but it served us well in the beginning. The organization is now better known as Freedom from Torture, a United Kingdom-based human rights charity that has both a campaign wing and a center for rehabilitation and recovery for refugees and asylum seekers in the United Kingdom. My colleague later went on and founded another such agency, the Helen Bamber Foundation, which also works with survivors of trafficking and torture, and my first book is dedicated to her memory.

My memoir tells the story of 55 winter days reconstructed in detail from a hidden diary I kept on toilet paper and in the flyleaf of a Bible I was allowed. These were the artefacts out of which I built the narrative, and the book is illustrated with their photographs. At the beginning of my detention, I was kept without sleep for nearly a week, forced to stand on a brick for much of the time, and

underwent constant, intensive interrogation. When allowed to sit at the interrogation desk for meals, I hid one of the policeman's pens on me, and when later taken into solitary confinement, I kept a daily record. These records, and the memories etched into such overwhelming experience, provide the basis for an account that also includes Biblical passages, poems, and songs that played a part in my survival, along with a poem written by an unknown man whose name was scratched into the cell wall, presumably written before his execution. During interrogation, I learnt to talk to the brick I was standing on, and under my breath, I would sing to it Simon & Garfunkel's song *The Sound of Silence*: "Hello darkness, my old friend."

The book also has an epilogue—*Six Stories of Healing and Recovery*—devoted to the work undertaken at the Medical Foundation and at other such centers in the field. The stories provide illustrative testimony to the work of rehabilitation with people who have endured extreme experiences, many of whom came to us with complex PTSD and other disorders of extreme stress. Those described in these vignettes have origins in Afghanistan, Algeria, Chile, El Salvador, Ethiopia, Iran, Iraq, Rwanda, Somalia, Sri Lanka, Syria, Turkey, and Uganda. They represent a larger catalog of torture states around the world whose people are seen at this center. Group therapy is a modality of choice for survivors, and the inception and growth of the center's *Group Work Program* stands as a development for which I remain proud and grateful. Other notable developments have included the practice of therapy through interpreters, which we inaugurated from the outset. Organizations like this, including the Traumatic Stress Clinic in London where I spent many further years working, and trauma centers in many hospital departments in the UK's National Health Service, have active, supervised interpreter programs in a range of languages.

My first book, *From the Couch to the Circle: Group-Analytic Psychotherapy in Practice*, which won AGPA's Alonso Award for Excellence in Psychodynamic Group Theory 2017, has many illustrative vignettes drawn from this range of practice. Other vignettes are drawn from hospital-based work in psychiatric departments and from my private practice, which is now my full-time occupation. The new book, *When They Came for Me*, has a foreword written by one of the leaders of the anti-apartheid struggle—Justice Albie Sachs, who after a lifetime of endeavor as a lawyer, law professor, author, and underground activist was appointed to South Africa's new Constitutional Court by then President Nelson Mandela. Sachs calls on his own personal experience of imprisonment, torture, and survival after an attempted assassination by the country's Security Services. My memoir also has an afterword that explores the relationship between memory and testimony drawn from my own experience and from the experience of other survivors seen in centers like those named here, and it takes in the literature of the Holocaust and other stories of imprisonment and resistance. The book documents writers in the anti-apartheid struggle like Albie Sachs and some of

Continued on page 8



from the  
president

Gary Burlingame, PhD, CGP, DFIGPA

I came into my office this afternoon to write this column and it was 75 degrees, sunny, and flowers were beginning to peak through the earth. We still have snow on the Rocky Mountains that surround our campus, but spring is in the air! It's one of my favorite seasons because it reflects new beginnings, new life, and a return to hiking in our mountains and the national parks close by to Provo. The weather outside reflects some of the optimism for group therapy that I tried to articulate in my Presidential Plenary talk; I'm hoping some of you heard it at AGPA Connect 2022. If not, you can watch it at <https://youtu.be/YRsLPPfkTKw>. I laid out the strongest empirical evidence I've seen in my career that supports the effectiveness of group therapy for a wide variety of psychiatric disorders. I also summarized strong evidence for group producing equivalent improvement when compared to individual therapy along with how familiar interventions to improve group process also explain client improvement. I framed all this information in common language that clients can easily understand as we set evidence-based expectancies. In short, there is much to be optimistic about our roots and the present evidence to support our treatments.

The last three months have been a very busy time for AGPA. We've hit our half-year mark for Angela Stephens, CAE's, leadership as CEO. I'm convinced that her knowledge and understanding of AGPA, along with her commitment, skills, and energy are critical success factors to the smooth leadership transition we've experienced across the Tri-Organizations (tri-org). This also marks the organizations' six-month transition over to an association management firm, Kellen Company.

Last week, I had my first quarterly meeting with Kellen's Group Vice-President of Healthcare who is assigned to our organizations. I'm convinced from our hour-long meeting that Kellen will be able to continue to expand our resources

Continued on page 2

## what's inside

From the Editor	2
AGPA and Systemic Racism: Problems, Opportunities and Solutions	3
Human-Nature: Reframing Group Therapy Through an Anti-Racist Lens	4
Group Assets	Insert
The Collective Power of Healing for Arab Americans Through Trauma-Informed Group Therapy	5
Group Psychotherapy May Help Address Law Enforcement Violence	6
International Board for Certification of Group Psychotherapists Presents 2022 Harold S. Bernard Group Psychotherapy Training Award to Howard University Counseling Service	6
Consultation, Please	7



**Leo Leiderman, PsyD, ABPP, FAACP, CGP, FAGPA**

I feel outrage watching on mass media the horrific, inhumane cruelty, and disregard for human life and international law occurring in Russia's unprovoked war against Ukraine. The countless killing of innocent civilians, destruction of entire cities and countless properties, and the displacement of individuals running for their lives causing Europe's worst refugee crisis since World War II is beyond comprehension. There are images of what appears to be civilian mass graves and civilians being bound and executed. It's as if a madman is terrorizing Ukraine and vicariously traumatizing most others in the world.

At the same time, the Ukrainian people and its President Volodymyr Zelenskyy have been inspiring and heroic. They have refused to succumb to being occupied and have demonstrated the courage to fight for nationalism, freedom, and independence. NATO allies have unified in their support of Ukraine. We are witnessing a fight for democracy and the dangers of dictatorships and authoritarian rule. We can only wish for peace and pray for an end to the war.

I hope this spring edition of the *Group Circle*, provides you with meaningful connection to AGPA. Our feature article by John Schlapobersky, MA, MSC, CGP—*Work in Service*—discusses the publication of his memoir, including being an apartheid prisoner, and his work as a group therapist and author. Kumea Shorter-Gooden, PhD, AGPA's DEI consultant, summarizes proposed initiatives to make our organization antiracist in her submission *AGPA and Systemic Racism: Problems, Opportunities and Solutions*. Another feature in this issue, *Human-Nature: Reframing Group Therapy Through an Anti-Racist Lens* by Vinny Dehili, PhD, LP-HSP, CGP, denotes constructs group therapists can utilize when using an antiracist lens.

In his first *From the President* column, Gary Burlingame, PhD, CGP, DFAGPA, AGPA President, shares updates regarding AGPA, the recent AGPA Connect virtual conference, and strategic planning and DEI initiatives. In *Widening the Circle: Racial & Social Justice*, Mohamed Elnakib, PsyD, and Tamara Makki, BA, denote the racism experienced by many Arab Americans and provide culturally specific interventions in their captivating article *The Collective Power of Healing for Arab Americans Through Trauma-Informed Group Therapy*. The *Consultation, Please* column features a clinical dilemma and responses from AGPA's Health and Medical Issues Special Interest Group (SIG) Co-Chairs Linda Williams, PhD, CGP, and Leah Murphy-Swiler, PhD. The SIG Chairs response provide valuable insights into an area that is likely new for many of us. In our *Research Matters* column, Ryan McEnroe, JD, Hilary Connery, MD, PhD, Rachel Tester, MS, APRN, and Caleb Demers, LICSW, propose a group therapy

intervention to reduce violence from law enforcement in their submission, *Group Psychotherapy May Help Address Law Enforcement Violence*.

We also proudly congratulate the Howard University Counseling Service on receiving the International Board for Certification of Group Psychotherapists 2022 Harold

S. Bernard Group Psychotherapy Training Award!

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*

on several fronts (e.g., technology, conference planning, and human resources), but I'm more excited by the deep understanding of the unique challenges that professional associations like ours face. Below are a few examples of areas that I expect Kellen will help us.

In our January AGPA Board meeting, I reported on appointments of new committee and task force co-chairs along with acknowledging co-chairs who have rotated off. One of the things we celebrated in that meeting was the level of diversity in the new Board members who were joining the tri-org Boards. This diversity included early career professionals, lowering the average age of each board, along with an increase in BIPOC membership. This new group of leaders reflects progress in our strategic goals.

At that January meeting, I also announced a new AGPA-ASA Task Force that will build on some of the progress we've made over the past few years in better integrating and supporting our Affiliate Societies. I see the Affiliate Societies as a critical success factor for membership. It's at the Affiliate Society level that our new members are often nurtured, supervised, and brought into the AGPA-at-large family. I've heard dozens of stories from both new and long-term members about the critical role their Affiliate Society played in supporting their growth as group therapists. I've also noticed that the Affiliate Societies are a training ground for the leaders who eventually end up on our tri-org boards or key committees and task forces. Membership and leadership are the lifeblood of the tri-org, and I'd like to strengthen our relationship with the Affiliate Societies that play a critical role in both. In my meeting with Kellen's Vice President, I explored how other professional organizations have supported their Affiliates and was pleased to hear that Kellen can provide us with effective models that have worked in other associations they manage.

In February, our DEI consultant, Kumea Shorter-Gooden, PhD, along with Molyn Leszcz, MD, FRCPC, CGP, DFAGPA and Angela Stephens, CAE, conducted a four-hour Strategic Planning session with the tri-org, Affiliate, and SIG leadership. Sophia Aguirre, PhD, CGP, FAGPA, and Wendy Freedman, PhD, CGP, Co-Chairs of the Diversity, Equity & Inclusion Task Force, provided a review of the successes we've achieved so far and the work ahead. Dr. Shorter-Gooden summarized AGPA's report on systemic racism and led the group through a vision statement development process. The bulk of the time was devoted to breakout groups to continue the strategic planning process begun in November 2021. Each group focused on six critical topics: (1) membership—access, engagement, and healing; (2) certification, recognition, and Leadership (CGP); (3) certification, recognition, and leadership (fellowship); (4) education, learning, and research (National Instructor Designate [NID]) training

groups, AGPA Connect, DEI Training); (5) education, learning, and research (Foundation scholarships); and (6) structure and leadership. Dr. Shorter-Gooden's article in this issue (see page 3) of the *Group Circle* provides more details.

Our second virtual AGPA Connect meeting was a success on multiple fronts. Prior to the meeting, some of us were concerned that a second consecutive virtual conference might lead to a drastically reduced number of attendees due to pandemic fatigue, but this concern was unfounded. We exceeded our goal for attendees at Dr. Kenneth Hardy's Special Institute, *Group Therapy in a Time of Racial Reckoning and Unrest*, which was one of the best I've attended in my 40 years of coming to AGPA Connect. AGPA Connect 2022 was also a time of celebration and tears as we honored Marsha Block's amazing contributions to AGPA over the past 50 years. It's not a surprise that we ran overtime on the Saturday event honoring her. Les Greene, PhD, CGP, DLFAGPA, did an amazing job of organizing both planned and unplanned acknowledgments from members, leaders, and members of Marsha's family. In the spirit of transition, Angela Stephens ended the celebration with a moving and personally poignant acknowledgement of what Marsha meant to our organization and to her as a mentor. It's an end of an era and the beginning of a new journey, and it was again clear that we're in good hands under Angela's leadership.

As Molyn passed the gavel and presidency to me, I had an opportunity to acknowledge him. If you missed it, here are a few sentences from a much longer acknowledgement:

*There is no adequate way to thank you for what you have given to the tri-org. You've steadied the ship when we were assaulted by the pandemic. You invested an incredible number of hours reaching out personally to members who were suffering on the listserv, writing personal emails, and making phone calls.... And, while we were in the midst of our first COVID surge, we experienced a social justice movement that is still awakening our nation and organization. You embraced this movement with your whole being!... And, if that wasn't enough, Marsha's retirement from a 50-year AGPA commitment was quietly announced to the Officers in 2020.... Your clear-headed leadership helped us steady the ship when we announced Marsha's retirement.*

I want to thank you for an opportunity to join an amazingly talented and dedicated AGPA staff and tri-org leadership as we embark on a new era. There's much to be optimistic about from my perspective and much to learn and do. I welcome any comments or questions and can be reached at gary\_burlingame@byu.edu. 📧

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# AGPA and Systemic Racism: Problems, Opportunities and Solutions

Kumea Shorter-Gooden, PhD, AGPA DEI Consultant

AGPA began the work of addressing racism and advancing diversity, equity, and inclusion (DEI) several years ago. After the murder of George Floyd, this vital work was intensified, with the DEI Task Force playing a key role alongside AGPA's Board and staff leaders. An important step was to hear from members about their experiences, perceptions, recommendations, and hopes. Three consultation groups and 10 sets of focus groups (each meeting three times) were conducted from December 2020 to May 2021; more than 180 members participated. We are very grateful to the group leaders and facilitators, many of whom are members of AGPA's DEI Task Force. The DEI Task Force and Racial and Ethnic Diversity (RED) Special Interest Group (SIG) have played an essential role in this work. These groups yielded rich information about the problem of racism and oppression in AGPA as well as the Certification Board and the Group Foundation, and, importantly, provided valuable guidance on strategies to advance antiracism/DEI.

In the spring of 2021, I was brought on as a DEI consultant to AGPA, and one of my tasks was to synthesize and report on the data from the groups. Ollie Trac, a Research Associate, was integral in accomplishing this. Following is a summary of what we found.

There were five core, broad areas where experiences of racism and oppression were noted:

- The limited racial diversity of the membership of AGPA, and particularly of the leadership, as well as the limited access to certification (CGP) and recognition for BIPOC (Black, Indigenous, and People of Color) members.
- Frequent racial microaggressions and other harmful incidents and interactions occurred, often at AGPA Connect.
- The privileging of a Eurocentric model of group psychotherapy and a lack of openness to alternative models and cultural approaches for group psychotherapy.
- The accountability and transparency of leaders was called into question, particularly with regards to antiracism/DEI issues and how organizational decisions are made.
- The problem of systemic racism was highlighted; racial injuries and incidents are not simply interpersonal but reflect the ways in which racism is embedded in the structure and culture of AGPA.

The impact of these experiences and this culture are feelings of alienation, exclusion, exhaustion, and a lack of safety for many BIPOC.

Key strategies and recommendations emerged in four broad areas: membership—access, engagement, and healing; certification, recognition, and leadership; education, learning, and research; and structure and leadership.

While a few of the recommendations were already in progress, this report has accelerated change in the organization. A summary of recommendations in each of the four areas is provided below.

## Membership—Access, Engagement and Healing

AGPA should take substantive steps to increase BIPOC membership, and thus the racial/ethnic diversity of AGPA, and to create and sustain an inclusive culture that supports the full engagement of BIPOC members. To achieve this:

- The **website** should be revised and updated with attention to making it more welcoming, warm, accessible, and user-friendly. Tabs should be added to the homepage to “Welcome,” “Get involved,” or “Find sub-groups.” Easy access to volunteer activities and advisors.
- A strategy should be devised to address the **listserv**, which is experienced as a source of ongoing harm. Two ideas were offered: The listserv can be moderated, or a group of members can be enlisted to shape or coach difficult conversations.
- Mechanisms for addressing **healing** when persons are harmed by AGPA colleagues or at AGPA Connect or e-Learning events should be developed. Grievance procedures should be enhanced, and healing circles or restorative justice practices could be adapted and employed systematically to address harm.
- There should be greater **clarity with existing and new members** about AGPA's commitment to

antiracism and DEI, and about the importance for the organization of supporting/prioritizing BIPOC needs and addressing White fragility.

## Certification, Recognition and Leadership

Recommendations for revising the **Certified Group Psychotherapist (CGP) credential** are:

- Create greater clarity about the process of certification and requirements. Enhance access to information about certification.
- Address the application and process of applying, which is seen by some as unclear, off-putting, and not user friendly. For example, avoid terminology like “nominal fee,” which can be shaming to those of limited means.
- Find ways to address the significant barrier of the fees for certification and for required supervision.
- Address issue of supervision by someone within one's state versus consultation and how this might be addressed to advantage rather than disadvantage BIPOC.
- Develop clarity and transparency about the Core Course, including who teaches, the diversity of instructors, and course content.
- Infuse antiracism/DEI lens/issues throughout Core Course.
- Include antiracism/DEI training as part of recertification. Consider requiring mentoring/guiding another member to CGP as part of one's recertification.

Recommendations for revising the **AGPA Fellowship** are:

- Replace FAGPA with another term or acronym, as it is offensive to the LGBTQ+ community and allies.
- Address barriers to nomination, e.g., requirement to be sponsored by two Fellows, and how that contributes to an in-group “club” and exclusion of BIPOC. Consider having SIGS, such as the RED SIG, nominate to increase diversity and reduce barriers.
- Reconsider requirement that Fellows have volunteered in AGPA, which is another barrier for BIPOC. A corollary is to attend more to external service of potential Fellows.
- Include experience/expertise in antiracism/DEI as another important category for Fellows.

To cultivate **BIPOC leadership** in AGPA, it is recommended that the Nominating Committee is racially diverse and that creating a diverse slate is a key part of the Committee's charge. Additionally, it is recommended that the incoming AGPA President is charged with naming a racially diverse group of committee chairs.

## Education, Learning and Research

Recommendations for the **National Instructor-Designate Program** (the training that is required to be faculty for process group experience sections at the Two-Day Institute during AGPA Connect) are:

- Increase clarity and transparency about the application process, including who reviews the reviewers.
- Address barriers for BIPOC, especially lack of welcoming and requirement of three years' attendance at Institutes. Consider special training session for BIPOC to increase numbers.
- Revise the criteria: Requirements seem narrow regarding how group experience is defined, yet broad with regards to diversity (can be age rather than race/culture).
- Ensure DEI and racial/cultural issues are central in the training, including how harm and injury will be mitigated and addressed.

Recommendations for **AGPA Connect** are:

- Reduce barriers to facilitation and engage more BIPOC facilitators.
- Require antiracism/DEI training for all facilitators, including how to handle microaggressions.
- Include one or more workshops or open sessions, or an entire day, devoted to antiracism.

Systematic, ongoing, and diverse opportunities for



antiracism/DEI training for members are recommended, including opportunities for:

- Self-education, using AGPA-recommended and curated resources.
- Small groups (one-time and ongoing) for discussion of key topics, books and movies.
- Courses like the Principles of Group Psychotherapy Course on antiracism/DEI.
- Skills-building sessions, including the importance of experiential learning and use of scenarios.

Recommendations for **scholarships for annual conference** are:

- Revise language and expectation regarding a personal statement of financial need, need, as this can be experienced as marginalizing.
- Reconsider required scholarship letter, as this is a high cost for a couple of days at AGPA Connect.
- Fix the problem of scholarship recipients registering last, as this exacerbates marginalization.
- Don't list the names of scholarship recipients, as this contributes to marginalization.
- Reframe as scholarship recipients are helping AGPA by increasing diversity, representation, and perspectives rather than AGPA is the benefactor.

AGPA should support and promote **antiracist scholarship**, which can serve as a resource for educating AGPA members through articles, books, and especially in all AGPA training manuals. Promoting antiracist scholarship includes challenging the privileging of only Eurocentric theories and models of group psychotherapy.

## Structure and Leadership

AGPA should center a **systemic lens** in addressing racism and promoting DEI, recognizing and addressing individual-level actions and harms, while staying focused on the systemic and cultural context that needs to be transformed. AGPA should commit to becoming an anti-racist organization.

- AGPA should **publicly communicate** its commitment to antiracism/DEI through public statements, its website, and its mission statement.
- AGPA should **reconsider the structure of the organization**, particularly how the hierarchy might be flattened and how gatekeeping functions can be managed in a more inclusive fashion. A change in cultural orientation from keeping people out to bringing people in is needed.
- **Mechanisms need to be developed to deal with harms** that are experienced. Neither coddling offenders, nor shaming them is useful; instead, creating a culture of accountability and learning is crucial. A specific grievance procedure is needed to support this.
- At an **organizational level, humility** is called for, including a willingness for AGPA to acknowledge wrongs and missteps even as antiracist/DEI aspirations are articulated and pursued.
- AGPA should consider how to engage internal and/or external **antiracism/DEI consultation and expertise** to support the Institutes, as expert consultants for faculty and participants, and, more broadly, to achieve the organization's antiracism/DEI goals.

The **Code of Ethics** should be revised to:

- Be less neutral and safe, more aspirational and inspirational, and more passionate and activist.
- Explicitly address systemic oppression, antiracism, and DEI.
- Include responsibility that members have to their AGPA colleagues, including responsibility to call-in colleagues as necessary.
- Include in the Professional Standards section an explicit statement about training in antiracism/DEI.

Continued on page 8

# Human-Nature: Reframing Group Therapy Through an Anti-Racist Lens

Vinny Dehili, PhD, LP-HSP, CGP

**EDITOR'S NOTE:** Vinny Dehili, PhD, LP-HSP, CGP, facilitates free consultation and leads training groups for therapists interested in expanding the diversity of group theories and raising consciousness on the socio-cultural threads throughout group therapy.



“Neither love nor terror makes one blind: indifference makes one blind.”

– James Baldwin, *If Beale Street Could Talk*

Group theories, like most nascent constructs within our modern context, have the threads of Eurocentric values woven throughout their fabric. This is most easily seen in how many seminal books and articles for group theories did not include any identity factors during the time in which they were published. This erasure of identity in our discourse reinforced the concept that race, among other intersections, is not important to consider or to be mindful of when approaching group therapy interventions (MacNair-Semands, 2007). This leads to a one-size-fits-all approach to teaching group theories and ignores the metaphorical third parent that influences our view of self and others, the socio-cultural context in which we are raised (Neville et al., 2021).

When identity is erased, group theories tighten the threads of White supremacy, which keep all of us bounded and pulled apart from being with each other's experiences, pushing us to reinforce the constructs of objectivity, perfectionism, individualism, qualifications, binary emotions, productivity over humanity, worshiping the written word, defensiveness, fear of open conflict, power hoarding, and urgency. This article proposes methods to raise consciousness on individualism and emotional binaries by shifting towards practices of interbeing and emotional equanimity.

## Individualism Versus Interbeing

There are an innumerable number of spiritual practices that highlight the value of taking an interconnected view of the self, other, and the larger community: Hozho (Navajo), Shalom (Jewish), Whakapapa (Maori), Ubuntu (South Africa), Tendrel (Tibetan Buddhists), Interbeing (Zen Buddhists). Individualism is a freewill view where one believes in the self as the author of their own destiny; you and your bootstraps are solely responsible for your successes, and you are solely at fault for your failures.

Psychological theories that focus on the ego reinforce this separatist belief, utilizing language like “resistance” and “self-esteem” to emphasize the self as the problem.

Interbeing takes us to a view of non-self, indicating that the self is an extension of the environment and world around us. We recognize the need for relentless curiosity and compassion and ask, if it is not natural for any being to attack the self, then what system around you (e.g., family, racism, sexism, culture, etc.) is pulling you down and holding you back? What do you need that you are not getting in the group? This is owning our human nature, not discriminating humans as separate from nature, but interconnected to it. This mindset shifts us to recognize that when one of us in a group suffers, we all suffer.

## Emotional Binaries Versus Emotional Equanimity

Let us look deeply into what it means to say, “I feel good or bad.” Is good or bad really a feeling? Why do we consider any feelings bad? What makes irritation, loneliness, hopelessness, guilt, and fear our enemies? (Krishnamurti, 1964) Psychology adheres more to an individualistic, medical model rather than the systems-centered social philosophy of its roots, and this extends to our theories and practice (Distiller, 2022; Dalal, 2002, 2016). Medical models focus on treating, reducing, and healing a person's symptoms when they have an illness within their body. The parallel is easy to see when discussing mental illness. We naturally draw on the idea of our emotions as the symptoms and psychotherapy as the medicine or vaccination for our disease.

The problem is that our emotions are an outside-in response to phenomena, not an inside-out failure of the self. If we look deeply when we describe depression or anxiety, we will see these symptoms are simply subjective, emotional experiences, and physiological sensations (Distiller, 2022; Hardy, 2018).

## Reframing Group Therapy from an Anti-Racist Lens

Group theorists often agree with the concept of group as a microcosm of society and isomorphy, which states that the larger systems' culture perpetuates its values, feelings, and energy at the lowest level of the systems. As such, what is normative to the culture is going to be recreated without intervention. We take a moral stance that emotions are important to explore to increase awareness. Accordingly, are you devoted to the importance of race, intersectional identities, and culture illumination in group process, not as an option, but as an ethical responsibility given the continued socio-cultural and political history of discrimination?

It is the environment we set that determines how fertile the ground will be for diverse group dynamics. The country is currently in a state of dissonance regarding whether we should silence discourse on critical race theory, sexuality, and gender identity within our schools. Staying silent as a leader is a choice to recapitulate the erasure and silence of millions of subjugated identities. It is an ethical imperative to be more aware of how identities interweave into the fabric of who we are internally and externally with others. The systems' strings of White supremacy pull white-identified folk into feeling comfortable with privilege and numb to the felt experience of discrimination from people of color, resulting in stoicism, intellectualism, and a focus on deifying the self or ego as the determining factor for one's success rather than being aware of the impact of the systems around us.

Group leaders have several questions to engage with mindfully in order to hold an anti-racist lens:

- What identities do I hold as an individual within our historical, socio-cultural, and political context?
- How does my identity interact with other intersectional identities (visible and/or invisible) and group dynamics when I utilize specific interventions or techniques?
- What socio-cultural narratives does my action or inaction potentially reinforce within the group currently? How can I illuminate, break, and/or bond binary language tied to our emotional experiences?
- How can I engage with members to bring awareness and honor their intersubjectivity and adaptations, rather than focus on universal objectivity and “resistance?”

Thich Nhat Hanh (2011) describes the idea of our emotional mind as our inner child. This helps us reflect on how we treat our emotions when they arise in us. We live in a reality where emotions appear to be judge, jury, and executioner of our self. In the example below, I demonstrate how this equanimity allowed me to hold and examine feelings with more purpose in a moment of rupture and to proceed mindfully to attend to others in the session.

## Case Example

A White cis-gender hetero male, Bob, discussed a story in a group where he shouted at a neighbor, leading a few members in the group (including a Black cis-gender hetero female and a Latina cis-gender lesbian female) to express shock and surprise at the incident, citing the privilege to speak so blatantly and publicly to his anger without fear of repercussion. The Black woman, Dominique, stated, “My father would always tell me ‘Is this worth going to jail for? If not, then I'm walking away,’ and I've always lived with that message.” After a bit more dialogue was exchanged, I brought the group back to reflect on Dominique's comment by asking, “Did anyone have any reactions when Dominique stated her father's message: ‘If it's not worth going back to jail for, then I'd just walk away?’” This led to the original White male member and the Black woman both questioning me: What do you mean “back to jail?” She didn't say that.” Bob stated, Dominique chuckled as she responded smiling, “Haha, yea, why would you think that?”

In that moment, I reflected on my action as a White man holding a position of power. My unconscious bias pulled my words to reinforce the stereotype as Blacks as inherently criminal. I was struck with sadness, fear, and frustration at myself. I noticed thoughts that accompanied feelings of shame: I can't say anything right. Everyone hates me. I need to prove to them that I'm not who they think I am. But none of these thoughts or feelings felt bad. I was okay. Let's break down why.

Is it bad to feel sad? What is the cause of this sadness? I am only sad because I have hurt a member, Dominique, who I care for deeply. So, to feel sad is to bond it to my love for that member. Is it bad to feel fear? Fear is meant to make me vigilant and aware of others' needs, recognizing their needs are bonded to my needs; therefore, fear is an ally. I can use the stimulation to be attentive to the verbal and non-verbal cues of others. Is it bad to feel frustration towards myself? I can separate from the concept of self by asking, “If it is not natural in nature to feel frustrated towards oneself, rather than who or what system am I actually angry at?”

and identify that I am frustrated at the system of White supremacy, which pulled on me to generalize Black men as being criminals throughout my life in unconscious ways. I bond anger towards my compassion for humanization.

What about the thoughts associated with those feelings - are they mine? Perhaps we can use the concept of projective recruitment to understand these thoughts as the thread which interconnects the self and other. Projective identification speaks about defensively projecting unacceptable qualities of oneself onto others. I would propose as self-psychology states one of our basic human needs is to be validated for our subjective, emotional reality and one way to do that is to show, not tell, others how we experience the world (Stolorow, Brandchaft & Atwood, 1987). Could this be my inner child, helping connect me to the experience of another? Am I briefly sharing and holding the thoughts and feelings of shame, fear, or anger they have held onto throughout their lives? Is this a true connection? Empathy? Love?

I responded calmly, “Yep; that's my internalized racism. I'm sad that it's there, and I'm sad I said that. Now, I'm curious Dominique. I imagine that was frustrating to have me, the leader of this group and a White male, say something like that. But your reaction was kind of light and full of laughter. Could we explore what that meant for you?”

By being able to release expectations of being the competent therapist who does not have racist parts of him, I was able to hold a stance of emotional equanimity and attend to Dominique's intersubjectivity. The sadness bonded me towards my love for her. My fear brought my awareness towards her adaptive behavioral response to make light of hurt and repress anger as a Black woman. My anger bonded me to seeking justice towards the larger bias systems at play rather than displacing it on the group members defensively. We were able to learn and grow from that experience, with several members growing in their awareness of one another's identities and the interplay of how it impacts group dynamics.

## Summary

I suggest a change in the group therapy narrative with good/bad emotional binaries where happiness is the goal. We need to hold relentless curiosity for our feelings to guide us towards understanding and compassion for everyone. This takes effort. It is about reclaiming our love and humanity being pulled away by the strings of the oppressive systems we navigate in life and seeing that when one suffers, the part of us suffering is our human interbeing. This is not just a Black or White problem. Whether we currently see the strings that connect us or not, we are all in this together. 🌍

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## The Collective Power of Healing for Arab Americans Through Trauma-Informed Group Therapy

Mohamed Elnakib, PsyD, and Tamara Makki, BA

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Mohamed Elnakib



Tamara Makki

Arab American Heritage month is a time where Arab history, culture, and contributions of the diverse Arab American population are celebrated. Arab Americans can trace their origins back to 22 Arabic speaking countries within the Middle East and North Africa. The U.S. Census Bureau categorizes Arab Americans as White, which results in cultural misrepresentation by ignoring the variation in racial identity (Abdullah & Brown, 2011). As a result, Arab Americans' unique positionality in the U.S. racial hierarchy has negatively influenced their access to equitable economic, social, and political representation, and resources (Cainkar, 2016). As such, it is imperative to uplift and acknowledge the historical and cultural differences existing between those of European descent and those of Arab descent and recognize the consequences of misrepresentation and lack of visibility for Arab Americans throughout history (Elnakib, 2022).

Studies show that Arab American immigrants are a minority group who are vulnerable to developing mental health illnesses due to several risk factors, including the effects of pre-migration and post-migration traumas and stressors (Hashemi et al., 2020). According to Awad et al. (2019), there are extensive racial and ethnic traumas and cultural barriers that contribute to feelings of hopelessness, insecurity, and alienation. Such barriers include culture shock, language differences, and social discrimination (Awad et al., 2019; Yako & Biswas, 2014). Studies also indicate that many Arab American immigrants and refugees experience pervasive and chronic anxiety, victimization, and social isolation due to ongoing surveillance, hate crimes, and overall hostile national climate (Abu-Ras & Abu-Bader, 2008; Hendricks et al., 2007).

Despite the need for mental health services in the Arab American community, there is a lack of understanding of mental illness and a substantial level of stigma, which influences help-seeking behaviors among this population (Mechammil et al., 2019). Arab American clients may experience a range of barriers when seeking help, including traditional cultural values, low acculturation levels, and perceived racial discrimination (Alhomaizi et al., 2018). In addition, there is evidence to suggest that Arab immigrants with lower levels of acculturation to the American culture, especially those who immigrated at a later age, have more negative attitudes toward seeking mental health services. Researchers found that this population is less likely to seek help and underutilize mental health services due to fear of being stereotyped or misunderstood by mental health professionals (Muhammad, 2015).

There is substantial evidence that speaks to the power of healing through social support within collective community spaces despite the presence of stigma. According to Speer et al. (2013), active participation in a community is a form of psychological empowerment that can lead to greater health and well-being. In addition, available research suggests that those who lacked social support experienced higher rates of depressive and post-traumatic stress disorder (PTSD) symptoms following a traumatic event in comparison to those who had family and community support (Abu-Ras & Abu-Bader, 2008). For many Arab American families, the collectivistic family system is an important source of social support, and providers must recognize the centrality of the family unit when working with this population (Abuddabeh, 1996).

According to Yalom & Leszcz (2005), group therapy is an effective form of psychotherapy that can facilitate change through therapeutic factors. They identified 11

primary therapeutic factors that exist in the group process: instillation of hope; universality; imparting information; altruism; the corrective recapitulation of the primary family group; development of socializing techniques; imitative behavior; interpersonal learning, group cohesiveness; catharsis; and existential factors. Although research is limited on the influences of group therapy on the Arab American population, we have taken the liberty of modifying the listed therapeutic factors to reflect the benefits that can be translated to this specific population. Universality assists with recognizing that group members are not unique in their struggles: "Members of homogeneous groups can speak to one another with a powerful authenticity that comes from their firsthand experience in ways that therapists may not be able to do" (Yalom & Leszcz, p.8, 2005). The therapeutic effect of universality can be viewed as a parallel to the centrality of the family unit for Arab American members by the recognition of shared experiences and feelings. Furthermore, group cohesiveness, such as *groupness* or *we-ness* can be recognized as a sense of belonging, acceptance, and support (Yalom & Leszcz, 2005). The phenomenon of groupness or we-ness is a powerful characteristic of the collective culture that is central among the Arab American community and can be transferred to group psychotherapy.

In conclusion, it is crucial to utilize a trauma-informed model of care when working with Arab American communities in a group therapy setting. According to Miller et al. (2019), trauma-informed care is an approach that recognizes the pervasive impact of trauma on a person's development and health, applies this knowledge of trauma and its consequences into practice, and actively seeks to prevent re-traumatization. Trauma-informed care for Arab Americans may include promoting physical and psychological safety, fostering and supporting agency, promoting intersectionality, building trusting relationships and collaborating with patients and their families, and providing peer support in group therapy spaces (Elnakib, 2022). Furthermore, it is imperative to focus within group therapy spaces on cultural and religious coping skills and activities, as this can serve as a form of healing and self-care in the face of trauma experiences. When providing culturally sensitive care to Arab American patients, it is essential not to assume that all Arabs are the same. Taking a nonjudgmental, curious, and open-minded approach in exploring the various cultural and religious values that Arab American patients may have is important (Elnakib, 2022). Thus, honoring the cultural coping skills that Arab American patients may use would allow them to process their trauma, build on their coping skills, reduce mental health stigma, and ultimately improve their well-being. 🌟

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## Group Psychotherapy May Help Address Law Enforcement Violence

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Group psychotherapy for law enforcement officers (LEOs) may be an effective tool to treat psychiatric illness among LEOs, as well as to indirectly impact law enforcement (LE) violence. A recently published article describes a mentalization-based treatment (MBT) group for LEOs that has been implemented at McLean Hospital in Belmont, Massachusetts (Drozek et al., 2021). The initial results of this group are promising, providing a case study in how group psychotherapy can play a role in addressing broader systemic issues.

### LE Violence and Clinical Interventions for LEOs

In recent years, LE violence has become a leading national concern, with more than 1,000 arrest-related homicides in the United States in each of the past eight years (Sinyangwe et al., 2022). In addition, LEOs are at higher risk than the general population for several psychiatric conditions, including PTSD, substance use disorders, sleep disorders, work stress, anxiety, depression, and suicidality, which may negatively impact decision-making and job performance (Drozek et al., 2021). In the national discussion surrounding LE violence, little has been written about possible clinical interventions for LEOs.

McLean Hospital has been at the forefront of a growing movement to provide specialized mental health and addiction services to first responders based on the unique challenges they face. McLean's LEADER (Law Enforcement, military Active Duty, and Emergency Responder) program offers several care options to treat trauma, addiction, and other symptoms that disproportionately affect uniformed officers. Participants receive care from clinicians with expertise in treating this population and benefit from attending groups with others who face common struggles.

### Mentalization-Based Treatment Groups for Law Enforcement

One particularly promising intervention for LEOs is mentalization-based treatment (MBT). Mentalizing is the ability to read, access, and reflect on mental states (e.g., thoughts, emotions, desires) in oneself and others, and MBT aims to increase individuals' mentalizing capacities (Bateman & Fonagy, 2016). It is an evidence-based treatment for individuals with borderline personality disorder and antisocial personality disorder, and MBT is increasingly being used to treat PTSD, substance use disorders, depression, and suicidality (Drozek et al., 2021).

Relevant to LEO violence, mentalizing can be disrupted

during intense emotional states and failures of the mentalization process are risk factors for aggressive behavior. MBT has been shown to help individuals manage emotional reactions, improve interpersonal interactions, and reduce aggression. For LEOs, the ability to effectively mentalize can be a matter of life and death, as officers must quickly and accurately determine others' mental states and assess potential threats in dangerous, high-stress situations.

Clinicians at McLean's LEADER program, along with a co-founder of MBT, Anthony Bateman, recently published an article describing LEADER's MBT group for LEOs (Drozek et al., 2021). Based on their experience working with LEOs, the authors describe common mentalizing challenges among LEOs, including focus on others over self, difficulty reflecting on internal processes, increased attention to mental states related to threat (e.g., anger), and disconnection from more vulnerable emotion states (e.g., sadness, insecurity). In addition, police training tends to focus outwardly on environmental and situational factors, increasing potential obstacles to mentalizing. These factors may place LEOs at risk for impulsivity and empathic deficits.

LEADER's 60-minute MBT group for LEOs, part of a two-week residential program for male first responders, follows the typical structure for MBT groups. In the first 15 minutes, the facilitator educates members about mentalizing and elicits examples of mentalizing from the members' lives (e.g., during traffic stops, using drivers' facial expressions, tone, or behaviors to assess their mental states).

The next 35 minutes focus on a group mentalizing exercise. After choosing one example of a recent altercation in a member's life, the facilitator leads a discussion in which the other group members hypothesize about the mental states of the sharing member (who remains silent during this period) and the other individual during the altercation (e.g., what emotions might the LEO have been experiencing during a particular traffic stop, or what thoughts might the driver have been having). In the final 10 minutes, the facilitator invites the sharing member to discuss which comments resonated with him and what emotions arose for him during the exercise.

Through this exercise, the sharing member typically shows an expanded understanding of his internal experience and that of the other individual involved during the altercation. By mentalizing the two individuals involved in the incident, the other group members also increase their own capacities

to mentalize and develop more elaborated internal experiences. The consistently positive response to the MBT group from LEOs is a promising development, as research suggests improved mentalizing capacities may help reduce aggressive behavior.

At this time, the efficacy of the single-session MBT for LEOs group is supported only by anecdotal evidence. Future research could include the implementation and assessment of weekly longitudinal outpatient MBT groups for LEOs. Further, the LEADER residential treatment program could run for a specified period of time (e.g., three months) without the MBT group to generate a sufficiently large control group and compare outcomes to the treatment program that includes the MBT group (Drozek et al., 2021).

To assess outcomes in both the single-session groups or in longitudinal groups, clinicians could administer the Symptom Checklist-90-Revised (SCL-90-R), which includes domains potentially related to LE violence (e.g., hostility, interpersonal sensitivity). Clinicians may also use the Reflective Functioning Questionnaire (RFQ), a measure of mentalizing, to assess whether outcomes may be related to improved mentalizing capabilities. Ultimately, MBT groups could be integrated into police training and debriefing programs to address LE violence at the systemic level.

If MBT can help LEOs address their emotional challenges and better attend to the mental states of themselves and others, it could reduce aggression and violence among LEOs. While provisional in nature, this case study provides an example of how innovative approaches to group psychotherapy may be able to meet the clinical needs of certain treatment-seeking populations while also impacting broader societal concerns. 🌐

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## International Board for Certification of Group Psychotherapists Presents 2022 Harold S. Bernard Group Psychotherapy Training Award to Howard University Counseling Service

The International Board for Certification of Group Psychotherapists presented the 2022 Harold S. Bernard Group Psychotherapy Training Award to the Howard University Counseling Service (HUCS). The presentation took place during AGPA Connect 2022.

The award, established in 2001, is given annually to an individual or organization whose work in group training and/or education contributes to excellence in the practice of group psychotherapy. It was renamed through a legacy gift provided to the Group Foundation for Advancing Mental Health by Dr. Bernard for the purpose of endowing the award. Throughout his lifetime, training in group psychotherapy was near and dear to Dr. Bernard's heart. His legacy bequest and this award ensure that individuals and

programs meeting a high standard of training quality be identified and honored for their contributions to the field in developing the next generation of clinicians who use group psychotherapy to help people.

HUCS was recognized for its exemplary and expansive training, both in group counseling and diversity training. The training is comprised of didactic seminars, observational group/discussion, co-leading a counseling group, and group supervision. In the didactic seminars, trainees are introduced to theories and group interventions. While observing, students see group theory, conceptualizations, and interventions as they unfold. Co-leading gives participants an opportunity to facilitate short-term counseling groups and practice skills learned. Finally, group supervision is led by an experienced group training

Continued on page 8

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



# consultation, please!

This issue's dilemma and responses are supplied by the Health and Medical Issues Special Interest Group (SIG), whose primary mission is to be a resource for the larger AGPA community around accessibility, disability, and health. Our goal is to build relatedness around the values of accessibility and inclusivity within the mental health community and specifically group therapy. The SIG strives to design structural and ideological barrier-free spaces for AGPA members and model barrier-free group therapy treatment. We hope to lead AGPA and its members to a profound experiential knowledge of what full participation in group psychotherapy can be without exception. We support group therapists who address health concerns in their work and provide a space where they can process their health issues and disability identities related to their professional practices. You can reach Co-Chairs Leslie Klein, PhD ([lesliekleinphd@gmail.com](mailto:lesliekleinphd@gmail.com)), Leah Murphy-Swiler, PhD, ([leah.murphy.swiler@gmail.com](mailto:leah.murphy.swiler@gmail.com)) or Linda Williams, PhD, CGP, ([linda@wellonline.com](mailto:linda@wellonline.com)), for more information. Members interested in joining the Health and Medical Issues SIG can contact the AGPA office at [info@agpa.org](mailto:info@agpa.org).

Dear Consultants:

I have a group that I've been leading for four years. Recently, I added a new member who happens to be an only parent and identifies as Latinx and disabled. They were excited to join the group, but I noticed the rest of the members focused on the physical nature of their disability. The group attributes the new member's anxious symptoms to their disability and suggests using essential oils and specialized treatments. I can see the new member is uncomfortable. How can I shift focus away from the physical? How can therapists treat the social aspects of disability? Isn't disability a medical issue?

Signed, Respectful



Dear Respectful:

Knowing how to talk about disability and engage with bodily and neurodiversity may be new for many group leaders and clinicians. Disability studies is a relatively young field. The first graduate program in disability studies opened in 1994, and the first academic paper was published just a few years later in 1997, so exposure to disability theory and best practices may not yet be part of a graduate curriculum. There are two main disability models that inform our work: The medical model and the social model of disability.

Disability studies characterize the medical model as an essentialist approach that defines disability as part of the individual body rather than the social environment. The medical model is concerned with the etiology, diagnosis, prevention, and treatment of physical, sensory, and cognitive impairments (Siebers, 2008).

In contrast, the social model of disability centers on the socially imposed barriers, such as inaccessible buildings, the limited modes of transportation and communication, the prejudicial attitudes and systems we inhabit, and even the collective and societal lack of knowledge and consensus about disability itself. These hidden and seen barriers construct disability as a subordinate social status and devalued life experience. Mental health providers may play essential roles in centering and validating the lived experience by acknowledging the inherent social barriers and ableism within their patient's unique cultural context. When assessing for mental illness, mental health providers engage a vital role in key social areas of functioning such as education, the workplace, and interpersonal relationships.

When assessing a client, evaluate these questions: Is your client's uncertainty, distress, helplessness, or hopelessness due to the lived experiences of the social barriers that relate to their diverse or disabled bodies? Pause and ask your clients questions about their everyday experiences related to their chronic condition or disability. Mental health providers have an opportunity to advance care through understanding how these barriers intersect and impact our clients' lives. We can be inclusive, anti-ableist providers by naming the lived experience, encouraging self-care, understanding ableism, the systems with inherent barriers, and the detrimental effects of internalized ableism upon our mental health.

Linda Williams, PhD, CGP  
Co-Chair, Health and Medical Issues SIG  
San Diego, California



Siebers, T. (2008). *Disability theory*.  
University of Michigan Press.

Dear Respectful:

Shifting the focus away from your new member's disability and instead looking at the group system that is perpetuating this marginalization should be applauded. Your group has become inaccessible to this new member. The term access reflects a direct ability to participate in a space, as clearly your new member is present and able to participate. Access goes further than Americans with Disabilities Act compliance, and includes eliminating barriers from being seen, heard, or cared for once they have joined. While likely well-intentioned, I suspect the other members in your group have centered the new member's lived experience as the issue because their own able bodies cannot relate. Additionally, by advising treating anxiety with unfounded treatments, members are putting the burden of their disability on the medical model, which believes the issue is located in the body and, thus, on the individual person rather than on systems of oppression.

While we undoubtedly want to offer this client personal support in whatever form that arises, it is imperative that as group therapists we spotlight and address the systemic barriers that inhibit their capacity to become full participants of our groups. There is a constant message from society that our clients with disabilities and especially persons of color need to navigate existing systems that are not designed for them to achieve optimal mental health. When clients experience navigation failure, the blame is characterized as residing within the client rather than the systems designed without their needs in mind.

The deeper work of your group begins with directly connecting the social ills that oppress the disabled in society and how this microcosm has repeated in this very group: Does your new member feel they have to navigate this group like they navigate lived experiences of everyday inequalities? Try asking your group members if they feel they are profiting from the time they've taken offering advice to the member with disabilities, directing attention to a replicated system in effect. The idea is not to shame altruism but to hopefully create an accessible institution within the group.

You might also take a structurally competent approach (Metzl & Hansen, 2014), which requires seeing individual interactions as reflective of larger patterns of inequalities. Instead of standing by as your group makes trivial recommendations to the new member to "try essential oils," use these moments to stop the group and challenge them to consider the assumptions, disparities, and oppressions your group members may be replicating.

A structurally competent practitioner disrupts structural-level barriers. A likely structural-level barrier in your group is the group's focus on fixing the new member rather than providing space to the new member to discover how the group may be of emotional and therapeutic benefit. A structurally competent practitioner broadens the focus away from it's-up-to-the-individual to self-advocate to collective access. If the therapeutic potential of disrupting systemic oppression can occur, it is within the intimate exchange of this very group experience.

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Co-Chair, Health and Medical Issues SIG  
Ithaca, New York



Metzl, J.M., & Hansen, H. (2014). Structural competency: Theorizing a new medical engagement with stigma and inequality. *Social Science & Medicine*, 103, 126-133.



# groupcircle

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See *Group Assets* insert

## WORK IN SERVICE

Continued from page 1

the most notable voices in the struggle for justice, including Koestler's *Spanish Testimony* (1937), Fucik's *From The Gallows* (1947), Sharanky's *Fear No Evil* (1988), and Mandela's *Long Walk To Freedom* (1994). One of its appendices contrasts the apartheid regime's Terrorist Act, under which I was detained, with the Bill of Rights in South Africa's new Constitution whose principles, which Sachs helped to draft, are inspired by those in the United States Constitution. Another of its appendices sets out Principles for the Political Applications of Psychotherapy, which we developed during our first years at the Medical Foundation, and which guided us in staffing appointments and the design of our rehabilitation services.

The group-analytic model of psychotherapy lends itself readily to applications in other countries and cultures. I was part of a team that established the *European Group Analytic Training Institutes Network* (EGATIN) in 1986 on the eve of the Balkan Wars. The network has grown to incorporate and regularize training activity in more than 30 European countries, including Albania, Georgia, Israel, Russia, Ukraine, and, most recently, China and India. My own visits to Moscow to help initiate training there began in the early 1990s; since then, others have come forward to take the training further. Most recently, we began a program we hope to see coordinated through the work of the main accreditation body for psychotherapy—the *United Kingdom Conference for Psychotherapy*—to provide different forms of psychological first aid for those affected by the recent invasion of Ukraine, directed towards traumatized people inside the country and the swelling numbers now seeking refuge in neighboring countries. I wish to give special honor to our colleagues in Ukraine who in recent days participated in an online EGATIN meeting under the most unbearable conditions.

We had a sub-pleinary event, *Writing to Learn: Learning to Write*, at the Symposium of the Group Analytic Society in 2008, delivered by myself and two of my former students—Nicky von Fraunhofer and Ewa Wojciechowska—who had completed their training at the London Institute of Group Analysis. I have been responsible for the supervision and oversight of our graduating students' final pieces of written work over decades, a role now being devolved to others who

have come forward through the training. The qualifying papers of those former students are now published in our journal *Group Analysis*. At that event 14 years ago, we explored the creative tension between writing and learning. Focus on this creative tension has been a running thread in my own professional life. It guided me through a 10-year cycle of visits to Israel in what we called *Reading and Application Seminars*, coordinated by my colleague Robi Friedman, PhD, at the Israeli Institute of Group Analysis. Among the papers now in print from those participants, for example is *A Bridge Over Troubled Waters: Conflicts and Reconciliation in Groups and Society* (Routledge, 2017) edited by Gila Ofer, PhD.

This focus will soon come into play with the written work of graduates on another program—this one in China—initiated by Haim Weinberg, PhD, CGP, FAGPA, who invited me to join him as a faculty member in the Chinese American program. We have been working together for three years now and, together with Martha Gilmore, PhD, CGP, LFAGPA, and Claudia Arlo, LCSW-R, CGP, FAGPA, we ran a training seminar in person in Beijing on the eve of the pandemic's breakout in December 2019. Our work continues, supplemented by another Chinese program coordinated by Robi Friedman. In a further development coordinated by our Chinese colleague, Shuai Li, Claudia Arlo and I are now each running an independent therapy group for our Chinese colleagues with the help of a Chinese-speaking interpreter, Anrui Ding.

When I left South Africa from prison as a deportee at the age of 21, I was labelled an "enemy of the people," a *volksvyand*, by the leading publication of Afrikaans society, *Rapport*, a weekly magazine that bid me good riddance. We chose to hold the launch of my memoir on June 13 to mark the original date of my arrest in 1969. On the same day in 2021, the same journal published a centerpiece spread about me and my relationship with their language—Afrikaans—as it is explored in the memoir. Their article included a series of family photographs describing our life together in the years leading up to my arrest; it was especially poignant as my family gathered in London for the occasion as well as Albie Sachs and Gillian Slovo. It was a streamed, hybrid launch

event at which my daughter and sister both spoke. Its proceedings are available for viewing on YouTube at: <https://youtu.be/Yv17WHQ0ASs>.

The catalyst in drafting this memoir arose at AGPA Connect 2018 in Houston, Texas. I visited the NASA Space Center and was vividly reminded of how, when Apollo 11 landed on the moon in 1969, I knew nothing about it until the wardens in Pretoria Prison, where I was being held, told me about it. I struggled to see the moon later that night but discovered that my cell faced the wrong way. I feared I might never see the moon again. In Houston, I came away deeply moved and, on sharing these feelings with a new friend at AGPA Connect, knew I had to finally set this story out. Memories of the prison that came flooding back were prompted by seeing the speaker from which Neil Armstrong spoke to the world—a speech which I could not hear. As I stood amongst other visitors that day in 2018, these were the memories that cut me off from them as we did not share the same experience of the landing. Trauma separates and isolates. Our work as group therapists can open the deep recesses of hidden, buried hurt, restoring people to one another and to the selves they may have lost along the way.

In the first story of healing and recovery in the book's epilogue, in a therapy group made up of survivors from many different countries, people discover that the multitude of losses they have suffered has not cost them generosity; it remains a primary resource. In the compassion with which they meet and find one another, we see them begin to rebuild their lives together. In the last of these stories, a survivor recounts how he helped an ageing fellow inmate endure brutality by teaching him to read and write—a victory of their own against the inhumanity of their persecutors. The same man goes on to thank his therapist, towards the conclusion of the program: "Yours is the hand of humanity that has reached out to save me from drowning in my sorrow."

The world we inhabit today has rarely been in such need of the hands of humanity. Group therapy can proffer many such hands. 🙏

## AGPA AND SYSTEMIC RACISM: PROBLEMS, OPPORTUNITIES AND SOLUTIONS

Continued from page 3

- Include how AGPA will respond to violations of the Code (not simply punting to other entities).
- Excise gender binary language (e.g., he/she, Chairman).

A November 2021 Tri-Organizational Strategic Planning meeting, followed by a February 2022 Strategic Planning meeting, both attended by several dozen AGPA leaders, led to more specific action steps and time frames. The work of codifying a specific implementation plan continues. Additionally, the Group Foundation has in place a DEI Fund Advisory

Committee that is considering how the Foundation can financially support efforts.

This work is both urgent and long-term, and all members are invited to find ways to participate and support through their own learning and advocacy. AGPA, the Group Foundation and the Certification Board are deeply committed to this important transformational process. Plans for member feedback and engagement around these issues are under development by AGPA leadership. This will provide membership with opportunities for further input into shaping AGPA's future. 🙏

## INTERNATIONAL BOARD FOR CERTIFICATION OF GROUP PSYCHOTHERAPISTS

Continued from page 6

supervisor. In addition to training interns, the staff is encouraged to continue training at AGPA, the National Group Psychotherapy Institute, and the A. K. Rice Institute for the Study of Social Systems, among other programs. HUCS has also been a leader in the group therapy field, specializing in treatment for the BIPOC community, and furthering multiculturalism and diversity training. Please see Dr. Ayana Watkins-Northern accept the award on behalf of Howard University [here](#).

The past few years' recipients of the award follow; the full list can be found [online](#). 🙏

2021 Farooq Mohyuddin, MD, CGP, FAGPA  
2020 J. Scott Rutan PhD, CGP-R, DFAGPA  
2019 Judith Coché, PhD, ABPP, CGP, LFAGPA  
2018 Helene Satz, PsyD, ABPP, CGP