

SUMMER 2023

groupcircle

The Invisible Struggle: Making the Invisible Visible

Brandon Diggs Williams, Sr., LCSW



EDITOR'S NOTE: Brandon Diggs Williams, Sr., LCSW (Diggs) is a licensed clinical social worker and works full time at the Raleigh II Veterans Affairs Clinic, providing individual, couples, and group therapy through the VA and his private practice—The Center of Transformation. He received his bachelor of social work from the University of North Carolina Greensboro (UNCG) and a master of social work from the joint MSW program of North Carolina Agricultural and Technical State University and UNCG. Mr. Williams carries a national certification in cognitive behavioral therapy for depression (CBT-D). He also specializes in spiritual development, cognitive restructuring, and cultural competency with a focus on the Black community. Mr. Williams also created a community

organization called Lion Tamers, which is dedicated to the holistic development of Black men. This development takes place mainly in sessions that are held in the community and/or virtually multiple times throughout the year. He utilizes a modality that he created called The Diggs Method, which is an eclectic approach to mental health care.

Untying the Strings of Racism and Oppression with Compassion: Raising Awareness and Honoring Socio-Cultural Threads Throughout Group Therapy was a training presented by Vinny Dehili, PhD, ABPP, CGP, and me earlier this year. My portion of this presentation was derived from a training I created called *The Invisible Struggle: Making the Invisible Visible*. The focus of this training was to identify and uncover factors that contribute to dissension and division between people groups in the U.S. The Invisible Struggle eventually became a therapeutic group offering with the goal of developing the ability to cope with stress connected to race-related challenges.

In these offerings, there is a focus on the people groups of Blacks and whites. This is not done with the intention of excluding any other group. Yet, when examining the hierarchy of influence and enfranchisement in the U.S. concerning people groups, whites are the most enfranchised and Blacks are the least in health, criminal justice, employment, income, home ownership, and wealth (Washington, 2008; Alexander, 2012). Therefore, implementing positive change within these groups can potentially have the greatest impact on all other groups.

Human behavior and socialization contribute to the development and formation of bias, which frequently leads to discrimination and racism. This process often takes place in the subconscious and operates in areas that are unseen. To address barriers to progress, they must first be identified accurately. In this context, positions of power must also be recognized to optimize impactful change appropriately. Examining the thought processes of people can assist in the process of positive cognitive restructuring.

Human Behavior and Development

During adolescence, people undergo significant cognitive, emotional, and social changes heavily dictated by exposure (Ginot, 2015). This produces impressions in the areas of self-concept, interpersonal understanding, perspective-taking, social comparison, imaginary audience and personal fable, and the development of social relationships (Ginot, 2015). No postulation concerning outcomes should be considered concrete for all people. It is appropriate to explore learned behaviors and responses while accounting for cultural influences. Once a behavior is learned, a similar causal situation can trigger a replicated reaction outside the realm of awareness (Ginot, 2015).

System I and System II: Categories of Thought

Much of humanity's acculturation process takes place through exposure to messages received consciously and subconsciously. Automatic thoughts refer to the development of reactionary thoughts, actions, and behaviors that occur in response to previously encountered stimuli that become ingrained and habitual. Daniel Kahneman categorizes these reactions as System I responses. This contrasts with System II responses, which are more measured and thoughtful, and a product of executive thinking (Kahneman, 2011). He states that it is more efficient and concise operationally to refer to these

two thinking systems as System I and System II rather than providing a detailed conceptualization of the context of thinking conversationally each time it is relevant (Kahneman, 2011).

Trauma in Dialogues about Race: White America

DiAngelo shared reactions from white people when the subject of race was presented. Emotions such as anger, fear, and guilt, and behaviors such as argumentation, silencing, and withdrawal are triggered when the subject of race is introduced to white people (DiAngelo, 2018). DiAngelo also intimates that a drive to avoid discomfort and return to racial comfort manifests when conversations pertaining to race are presented. During the interactive portions of my presentations of *The Invisible Struggle*, I collected voluntary, self-reported reactions from white participants. These reactions included: anger, avoidance, blame, defensiveness, fear, frustration, guilt, irritation, pain, sadness, shame, and weakness. Based on this information, coupled with this author's professional clinical judgement, the maladaptive reactions that white people often have to the subject of race are trauma induced.

Trauma in Dialogues about Race: Black America

Mental illness within the Black community must be considered in clinical practice bearing in mind past and continual traumatic experiences related to personal identity (Eshun & Packer, 2016). "The impact of personally mediated, internalized and institutionalized racism" must also be considered (Eshun & Packer, 2016). DeGruy termed "trans-generational adaptations associated with the past traumas of slavery and on-going oppression" as Post Traumatic Slave Syndrome, or PTSS (DeGruy, 2017). Carter Woodson recognized the destructive impact of the negative self-perception that permeates the Black community. He stated, "If you make a man feel that he is inferior, you do not have to compel him to accept an inferior status, for he will seek it himself" (Woodson, 1933).

Trauma - System I and System II

Trauma has the potential to significantly impact our cognitive processes (Van der Kolk, 2014). Van der Kolk also highlighted the dysregulating impact trauma can have on attention, executive functioning, the ability to think clearly, one's ability to regulate emotions, and general decision-making, and shared that trauma contributes to cognitive distortions that often promote negative self-perception, distrust of others, and distortions of reality. Therefore, when Black and white people are triggered in the setting of dialogue pertaining to race, one can understand that the challenge of communicating effectively is greater than many may perceive.

Diggs' Methods for Promoting Growth & Change When Engaging Race-Related Challenges

In my work with The Invisible Struggle as a group facilitator and as a trainer, I developed an eclectic approach to confronting race-related challenges therapeutically. Generally,

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from the
president

Gary Burlingame, PhD, CGP, AGPA-DF

As I write the summer column, I'm mindful of the tumultuous times we are living in and the grief and horror each week brings to our global citizens. Outside our borders comes news of a horrendous railway disaster in India that killed hundreds, a knife attack on young children in France, insurgencies in Sudan, Somalia, and Tanzania killing thousands, the invasion and counteroffensive in Ukraine, and closer to home violence in Mexico and unprecedented wildfires in Canada. Domestically, the 200+ mass shootings that happened in the first five and a half months in 2023, political upheaval with an unprecedented indictment of a former president, and extreme weather events hitting nearly every part of our country add to our stressful environment. At the same time, I'm also mindful of the hopeful and encouraging news, such as the four Columbian children rescued after spending 40+days in the jungle, the atmospheric rivers that provided a respite from the drought by filling reservoirs in the west, and the reaffirmation of the 1965 Voting Rights Act. I begin the column knowing that our thoughts and prayers are with those who are suffering from these global and domestic tragedies and acknowledging that progress is also being made on multiple fronts. It's also noteworthy that our AGPA Connect 2024 Planning Committee is responding to our turbulent times with the theme title of *Turbulent Times: Using Groups to Overcome Divisions and Foster Engagement*. What follows are select highlights, noting progress that AGPA has made since my spring column.

On May 15, a special single item AGPA Board of Directors meeting was called to review proposed changes to the membership dues structure. Angela Stephens, CAE, CEO, Diane Feirman, CAE, Public Affairs Senior Director, and Desirée Ferenczi, MA, former Membership and Credentials Assistant Director, worked tirelessly during the preceding months to create the membership dues proposal with the support of Kimberly Chhabria, Kellen Senior Vice President of Membership, Marketing, and Sales. Key drivers of the

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

The Southern Poverty Law Center's (SPLC) 2022 Edition of *The Year in Hate and Extremism*, published in June, overviews the threats to our diverse nation from hate and extremism. A few of their findings include: (1.) Because of perceived threats by the growing power of increasing diversity, many seek to return to an America before the Civil Rights Act of 1964; inciting political violence to accomplish these goals is now widely accepted; (2.) The SPLC documented 523 hate and 702 antigovernment extremist groups; (3.) Male supremacy animates many of these groups; (4.) The fear and pain experienced by Black, Brown, Indigenous, Asian, LGBTQ+, and other marginalized groups went far beyond any individual incident. Similarly, this July the Anti-Defamation League's (ADL) annual survey showed that reports of online hate and harassment over the last 12 months increased within almost every demographic group, including more than 75% of transgender, 47% of the LGBTQ+ community (excluding transgender), 26% of Jewish, 38% of Black Americans, and 38% of Muslims respondents.

Both reports also shared recommendations to address the growing hate and extremism, including educating oneself on how extremist movements operate and attempt to divide communities, organizations, large and small groups; and the importance of volunteerism, activism and community organizing to prevent the roll-back of civil and human rights, etc. The SPLC is also partnering with other institutions to provide models and resources that help educate and empower communities to address youth radicalization toward extremism and violence.

I hope this Summer edition of the *Group Circle* provides you with another meaningful connection to AGPA. Our feature article, *The Invisible Struggle: Making the Invisible Visible* by Brandon Diggs Williams, Sr., LCSW, provides a model of developing the ability to cope with stress connected to race-related challenges. Marian Margulies, PhD, and Lorraine Mangione, PhD, highlight the theoretical concepts and constructs of Kenneth Pollock, PhD, CGP, in their article *A Mini-Version of a Master Class: How to Work with Difficult People Using the Unique Properties of Group*. In this edition, we also pay tribute to the loss of two of our cherished leaders and icons in the field of group psychotherapy to Past Presidents Robert Klein, PhD, ABPP, CGP, AGPA-DLF, and Walter Stone, MD, CGP, AGPA-DLF.

In his *From the President* column, Gary Burlingame, PhD, CGP, AGPA-DF, shares select highlights, noting progress that AGPA has made since his last column and a summary report of the accomplishments of the AGPA/Affiliate Society Assembly (ASA) Task Force following 18 months of hard work. Cheryl Kalter, PhD, LPC, CGP, in her first column as our new Affiliates Editor also shares an in-depth perspective of the AGPA/ASA Task Force report in her article *Report from*

the Hinterlands: Comment on the Affiliate Society Assembly (ASA)/AGPA Task Force Report. The Consultation, Please column features a clinical dilemma and well-informed responses from Justin Hecht, PhD, CGP, AGPA-F, and Robert Pepper, LCSW, PhD, CGP, AGPA-F.

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

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proposed changes included removing gross income, simplifying the process, and aligning with best practices of professional associations. There was active discussion on the proposal with particular attention on equity and support for members in need. Further discussion was focused on projections to the budget, which portrayed a net zero effect, although it was acknowledged that the final impact is unknown until the new system is implemented. The AGPA Board of Directors approved the proposal with the motion also acknowledging and appreciating Angela, Diane, Desirée, and Kim for their work. The new dues structure went into effect June 1, 2023.

Further support from our Kellen resources were provided prior to AGPA Connect 2023. More specifically, Senior Vice President Brad Pryba, who specializes in strategic planning, conducted structured interviews with each member of the Tri-Org Executive Committees to gather information on strengths, areas of improvement, and ideas around new initiatives. A strategic planning meeting was held where the aggregate data was displayed and preliminary ideas regarding the current strategic plan and future revisions were identified and discussed. It's important to emphasize that this is the first step in a deliberate process that will involve input from the Tri-Org leadership in the coming months with the goal of developing a strategic plan for the next three-year cycle.

As noted in past columns, an Executive Committee Subcommittee, comprised of M. Sophia Aguirre, PhD, CGP, AGPA-F, Leo Leiderman, PsyD, ABPP, CGP, AGPA-F, and Lorraine Wodiska, PhD, ABPP, CGP, AGPA-F, created a proposal to revise our listserv guidelines. The proposal, which received input from multiple leadership groups and was approved by the Board of Directors, was highlighted in the Spring issue of the *Group Circle*, with links to their work. The AGPA team is hard at work with IT's support in shifting our infrastructure to a new system that is an essential component to support some of the listserv proposal recommendations. Once this technical platform is in place, we'll be in a better spot to proceed with the proposed listserv changes.

In my Spring 2022 column, I announced the creation of an AGPA/Affiliate Society Assembly (ASA) Task Force that would build on progress made over the past few years in better integrating and supporting our Affiliate Societies. I particularly noted the Affiliate Society's role with new members who are often nurtured, supervised, and brought into the AGPA family. I also noted that Affiliate Societies can be a training ground for the leaders who eventually end up on the Tri-Org Boards or key committees and task forces. Deborah Sharp, LCSW, CGP, AGPA-F, Marc Azoulay, LPC, LAC, ACS, CGP, and Donna Harris, MA, MSW, CGP, AGPA/ASA Task Force Co-Chairs, have completed their work and presented their findings at the June AGPA Board of Directors meeting. We're indebted to these co-chairs and their committee for an enormous amount of work over the past 18 months. Here are a few highlights from their work:

- The AGPA/ASA Task Force was charged with identi-

fying factors that contribute to success and failure and to provide recommendations regarding the reciprocal relationship between AGPA and Societies to help Affiliates thrive.

- They created and administered a lengthy survey to the current ASA membership during their annual leadership retreat, which included open comment boxes on key issues. Seventeen participants fully completed the survey. One or more representatives from each Affiliate completed the survey except for San Antonio and Louisiana.
- The following categories were found to be most relevant for Affiliate success:
 - o **Financing**—collecting adequate membership dues, generating event revenue, cultivating agency sponsorships, donations, and formalized budgeting practices.
 - o **Staffing**—engaged membership and board, succession planning and presence of executive director or administrative staff members.
 - o **Information, Organization, Orientation, and Training**—descriptions for leadership roles and functions of the society, an updated repository of information and use of technology platforms.
 - o **DEI, Outreach, and Representation**—student involvement, focused outreach, community service programs, and agency partnership and training.
 - o **AGPA Investment**—mentorship from legacy members and AGPA staff help, clear and accessible AGPA policies, and promotion of local leaders within AGPA.
- Five notable trends emerged that may be related to Affiliate distress and/or failure:
 - o lack of understanding/orientation regarding ASA & AGPA particularly on AGPA structure and its relationship to local societies;
 - o lack of logistic knowledge on event planning, local board roles/responsibilities, DEI integration, data storage/management, and financial/membership management;
 - o confusion on accessing AGPA resources;
 - o concerns on hierarchical structure, in/out-group, and private practice bias;
 - o financial literacy on budgeting, fundraising, hosting events, maintain website, and over reliance on individual board member financial load.

Using the strengths and distress findings, the AGPA/ASA Task Force created a multi-level health metric system that can be referenced during AGPA Board meetings. The health system can be used to encourage growth and progression if so desired by an Affiliate Society. The system ranges from the lowest level reflecting a budding

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In Tribute to Past President Robert Klein, PhD, ABPP, CGP, AGPA-DLF

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

AGPA Past President Robert (Bob) Klein, PhD, ABPP, CGP, AGPA-DLF, loving husband, father, friend, colleague, esteemed group therapist and psychologist, author, editor, mentor, and advocate of community outreach and social causes died on May 22. He touched so many of us with his vibrant and caring personality, altruism, colorful spirit, wisdom, brilliance, great sense of humor, and his infinite generosity to others and meaningful causes. He trained, mentored, and supervised hundreds of mental health professionals since 1967.

His contributions to AGPA spanning almost 45 years are enormous and incalculable. He first attended AGPA in 1979 and served AGPA governance in numerous roles, including being President, Secretary, and Community Outreach Task Force Co-Chair. As President, he established the Science to Service Task Force. He was a member of the Editorial Committee for the *International Journal of Group Psychotherapy* for over 44 years.

Bob's contributions across a broad spectrum of community-based needs both within and outside of AGPA were extraordinary. In the aftermath of 9/11, he co-chaired the Disaster Outreach Task Force of AGPA, coordinating a multi-tiered response that involved more than 500 groups. The Task Force decided how, where, and with whom to intervene, what to offer, who could do the work, and how they would be supervised. It built an online presence to provide training; coordinated with other organizations and our federal government; and worked closely as part of a team to gain grant support for AGPA (that included 19 grants for more than \$5 million). Thousands of groups were run by members of AGPA. For over 20 years, Bob remained involved as one of the volunteers at the 9/11 anniversary events hosted by the *Voices of September 11th* organization, which invites traumatized 9/11 responders, survivors, and surviving family members to participate in annual AGPA leader-run support trauma groups. He volunteered in response to natural disasters, going to New Orleans after Hurricane Katrina, working on Skype with Chinese psychologists after the earthquake in the Chinese province of Sichuan, and in response to the terrorism in Mumbai, India. In response to Sandy Hook and other school shootings in the United States, Bob and Victor Schermer, MA, AGPA-LF, co-edited a two-part special issue on violence in the *International Journal of Group Psychotherapy*. In response

to the migration crisis in the U.S., he chaired a one-day conference *Migration Crisis: How to Effectively use Community Resources*, which was co-sponsored by the Westchester Group Psychotherapy Society and the Group Foundation for Advancing Mental Health; co-facilitated support groups for a migrant community in Westchester County, New York, that was traumatized witnessing ICE arrests and deportations of family members; was the guest editor for a special issue of the *International Journal of Group Psychotherapy* on the migration crisis; and chaired an Open Session at AGPA Connect 2020 on the *Emotional Impact of the Migration Crisis*. In addition, he was an invited presenter hundreds of times both nationally and internationally, including over 50 presentations at AGPA Connect.

Bob was an accomplished author and in the forefront of emphasizing the need for empirically based group psychotherapy research and bringing our profession into the mainstream. He authored more than 130 publications, including books, peer reviewed articles, chapters, and columns. Bob had a rare gift as an author, easily conceptualizing difficult theoretical constructs and composing manuscripts like great works of art and music. Throughout his career, he seldom, if ever, stopped writing and often worked on several manuscripts at the same time. A few weeks before his death, he asked me to read and provide input on a chapter he wrote with Bonnie Buchele, PhD, ABPP, CGP, AGPA-DF, for the revised *AGPA Trauma Volume I* they were co-editing. I had a hard time putting the compelling manuscript down. His book (*Group Psychotherapy for Psychological Trauma*) with Victor Schermer, MA, AGPA-LF is a masterwork and a staple for any trauma-focused group therapist.

Notwithstanding personal injuries or illness, Bob characteristically was the first to volunteer for AGPA and community-based initiatives. He offered a unique kindness and generosity that few have. He was the first to call when he knew a friend or colleague was vulnerable, grieving, or hurting. He often invited his colleagues to join him in documenting community outreach, writing articles, books, and columns. What added to his big-heartedness was his capacity to value and work with everyone and anyone; he always tried to expand the circle of inclusion. He encapsulated the highest professional and personal qualities found in an exemplary leader and enhanced any

organization that was fortunate to have him, demonstrating an extraordinary ability to envision projects, initiatives, and generate ideas that promoted development and growth.

I feel very blessed for the many years of close friendship I have had with Bob, his wife, and daughter, and for the countless professional projects, presentations, groups, publications, conferences, conversations, laughs, and fun we shared and co-facilitated. It was easy to be in sync with him, and I loved the energy that was fostered in our friendship and professional accomplishments. I am grateful that in April 2022, the Westchester Group Psychotherapy Society and the Group Foundation for Advancing Mental Health co-sponsored *The Attachment and Trauma Conference* to honor his lifetime achievements. Several of the AGPA leadership and other presenters shared their personal reflections and long-term relationships to Bob. He spoke to me often of how touched he was by the personal tributes many shared that day. Our Chief Executive Officer Angela Moore Stephens, CAE, who knew Bob for more than 40 years, described him as a "crown jewel" in her moving tribute to him. The plaque he received during the conference was by his graveside during his funeral, symbolizing his cumulative lifetime love, dedication, and commitment to AGPA.

According to AGPA Past President Molyn Leszcz, MD, FRCPC, CGP, AGPA-DF, "Bob was perhaps the first member of AGPA I met, 40 years ago, when he attended the first presentation I nervously made at our annual conference. From the warm support and encouragement, he offered at that time and through the next many decades, Bob was a pillar of wisdom, counsel, and mentorship; I will always be grateful to Bob for his personal decency and kindness and for his devoted leadership to AGPA. May his memory be a blessing!"

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

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In Tribute to Past President Walter Stone, MD, AGPA-DLF

J. Scott Rutan, PhD, CGP, AGPA-DF

On the morning of June 21, Walter Stone, MD, CGP, AGPA-DLF, succumbed to cardiac failure at 91 years old. The field of group psychotherapy and the world lost a giant on that morning.

Walt was many things: a self-psychologist; scholar; teacher; avid follower of his Cincinnati Bengals and Reds; a birder; a lover of jazz, swimming, handball, cards (bridge, cribbage, and poker); and a prolific author. He was President of AGPA from 1990-1992, but he had been a major contributor to AGPA and the field of group psychotherapy for years before that. In 2007 he received the prestigious International Board for Certification of Group Psychotherapists Training Award.

I was on the Institute Committee when Walter was Co-Chair with John Peck (1976-1980). Then I joined Walt as Co-Chair, and that is when I got to really know and love him. As we organized and observed supremely talented group therapists from around the world, we began to talk about how group therapy works. That resulted in the book *Psychodynamic Group Psychotherapy*; Walt was an amazing co-author. As a faculty member at the University of Cincinnati, he often promoted his students' careers by co-authoring articles with them and always demanding they take senior authorship.

Above all, Walt Stone was a good man. I would not be surprised to see his photo appear next to the word *mensch* in the dictionary. *Mensch* is a Yiddish word that means a person of integrity and honor.

Walt was a Midwest man. He started college at Denison University in Ohio and finished at Colorado College. He received his medical degree from Vanderbilt University, and shortly after that, he was drafted into the Air Force, where he served as a Captain in the Medical Services Corps. While in the Air Force, tasked with evaluating the fitness of airmen for duty, he changed his focus from internal medicine to psychiatry.

Walt did his psychiatric residency at the University of Cincinnati, and while there, he was exposed to self-psychology through the teaching of Paul and Anna Ornstein, two of Hans Kohuts' most active followers. After graduating, he joined the faculty there.

For those of us who knew Walter, we can readily understand the appeal that self-psychology had to him. Self-psychology focuses on empathy rather than Freud's sexual drives. Walt became the first to rigorously apply self-psychology principles to group psychotherapy.

Walter spent most of his career working with the chronically ill population. His book, *Group Psychotherapy for Chronically Mentally Ill Persons*, remains a classic in the field.

Walt led workshops on group psychotherapy all over the world. In addition to his teaching in the United States, he also taught in Canada, China, Japan, Croatia, and Australia.

Walt's Judaism was always important to him, though it never led him to exclude anyone. He never had a Bar Mitzvah as a young man, however, in his 70s he learned to read Hebrew, Torah, and Haftarah and his Rabbi told him he was the best Bar Mitzvah student that he had ever had.

As Walt's health declined, he continued to enjoy listening to jazz and spending time with his beloved wife, Esther, who he met at an AGPA Conference. Esther and Walt were inseparable and had a marriage that inspired all of us. He leaves four children, two stepchildren, 12 grandchildren, and two great-grandchildren.

Richard Beck, LCSW, BCD, CGP, AGPA-F, Past President of the International Association of Group Psychotherapy and Group Processes (IAGP) shared: "Walt helped me understand how best to help people suffering from the trauma of chronic mental illnesses ... and to reduce the shame associated with that. I got to know, and like so many others, love Walt for his warmth, gentleness, humanity, kindness, sense of humor, love of

family, love of nature, in particular birds, and love of adventure as he accompanied his beloved wife Esther on numerous IAGP-related meetings and events. He was a brilliant theoretician, and loving husband and father. Our hearts go out to Esther as we all grieve the loss of her beloved husband together. Walt's memory is a blessing."

Kathy Ulman, PhD, a Past President of AGPA, also reflected on the loss of Walt both personally and professionally: "In my early years at AGPA, I knew Walt from afar as a respected shining star in group therapy. Over the years, I enjoyed the privilege of getting to know him for real at the Past Presidents' meetings and IAGP meetings, where there was more relaxed time to visit. It was a special treat to experience his warmth, humility, openness, sense of humor, and his devotion to his wife Esther and various grandchildren who accompanied them to the IAGP meetings. I became fond of Walt and counted him a valued colleague. Nevertheless, he always remained the shining star of group therapy I first knew. He leaves a big hole in our group community. I will miss him."

Walt will be missed, and he will always be remembered for his contributions to AGPA and the field of group therapy, as well as the warmth and humanity he brought to every interaction. A legend has passed, and we are the poorer for it. 🕯️



A Mini-Version of a Master Class: How to Work with Difficult People Using the Unique Properties of Group

Marian Margulies, PhD, and Lorraine Mangione, PhD

EDITOR'S NOTE: Marian Margulies, PhD, is a licensed psychologist with more than 30 years of experience working with children and adults and has a private practice in New York City. She has published extensively over the years on topics related to child development and psychotherapy. She was a columnist for *Scholastic Early Childhood Today*, editor of the *Candidate Connection* newsletter for the American Psychoanalytic Association while a candidate-in-training, and editor for the newsletter for the Eastern Group Psychotherapy Society for several years while serving on their board. Lorraine Mangione, PhD, is a Professor and Director of Practica in the Department of Clinical Psychology at Antioch University. Her clinical interests include research, teaching, women's growth and development, creativity and artistry, spirituality and religion, aging, and loss and grief. Her qualitative research with Italian American women led to the manuscript *Daughters, Dads, and the Path through Grief: Tales from Italian America with Donna DiCello*. She has also examined the meaning of Bruce Springsteen's work, especially how it resonates with women fans, spirituality, and religion.



Marian Margulies



Lorraine Mangione

On the final day of the AGPA Connect 2023, I (Marian) almost slept in, exhausted from a full week of plenaries, workshops, Institutes, and meetings. But, alas, I did not want to miss some choice selections, one being a workshop titled, *Difficult People, Defensive Process and Countertransference: Using the Unique Properties of Group*, led by Kenneth Pollock, PhD, CGP. With nearly 50 years of experience as a group therapist, I figured, at the very least, I'd take away a few pearls of wisdom. In fact, I gathered enough pearls to string a whole necklace!

After the workshop, Lorraine and I approached Ken to let him know how much we took away from his morning workshop. Lorraine then planted the idea of something being written up to capture his first-hand experiences with leading figures doing group-related work going back to the early 1960s. I (first author) picked up the baton and volunteered to interview Ken and write something up. What made Ken's workshop feel so inspiring and invigorating? It was Ken's openness, vulnerability, curiosity, intellectual clarity, and active presence—his way of bringing himself fully into the group. He made sure we stayed in the here-and-now. If anyone dared venture out to the there-and-then, he brought them right back in.

In this article, we endeavor to shed light on the inner workings of Ken's intervention model, illuminating more clearly how one can use his 10 unique properties of groups to maximize therapeutic gain. The article focuses on:

1. Discussion of the 10 unique properties of group;
2. Core goals and specific interventional strategies to mine the unique properties;
3. The difficult patient/group member seen under the lens of intersubjectivity;
4. Phenomena that occur in group at different levels and related defensive process; and
5. Using our countertransference (CT) to make it our friend.

Ken brings to the field a wealth of experience as a psychotherapist, professor in both graduate and medical schools, researcher, and writer. His group therapy work was influenced by several leading theoreticians and therapists, including Sigmund Freud, Donald Winnicott, Kurt Lewin, Warren Bennis, Wilfred Bion, S.H. Foulkes, David Schnarch, and Jerry Gans. Warren Bennis, along with Herb Shepard, were especially influential, in the original creation of a theory/model of how groups unfold and develop. Their influence, while often not acknowledged in the therapy literature, has been profound. (Bennis, 1964; Bennis & Shepard, 1956).

Ken also referenced the work of Kurt Lewin, who he considers to be the most significant theorist, and essentially the founder of group dynamics as a field. While at MIT in the late 1940s, Lewin founded the Institute for Group Dynamics. Along with his students, he essentially invented sensitivity training, encounter groups, and T-groups (Lewin, 1948). This first occurred at a moment during a work meeting that was being impaired by palpable, just beneath the surface, interpersonal tensions. In frustration, Lewin said something like, "There is too much tension in this room, and it is interfering with our work. Let's spend some time talking about what's going on between us that is getting in our way." The subsequent discussion proved useful, and Lewin suggested that all work groups might use this *stop-action-let's talk-about process* approach as a regular part of teamwork. Out of this discovery, the National Training Labs was formed. It resulted in the subsequent development of an entire field that would soon have a major impact on group psychotherapy and that paralleled the development of group therapy associated with the British psychoanalysts (e.g., Bion, Foulkes, etc.).

Ken's most memorable early experience with groups was as a graduate student/research assistant working on a National

Institute of Mental Health project studying educational innovation. This project was led entirely by researchers, all former Lewin students, who, 17 years later in 1964, were themselves distinguished leaders in the field of group and organizational dynamics. They had all been present at the table in 1947 when Lewin introduced the idea of talking about group process. Ken recalls the group was having interpersonal trouble working together. "I was a 24-year-old research assistant; my job was taking notes and getting coffee. One of them said something like: 'the group needs to stop working on the task and take a look at the interpersonal problems that are hurting our productivity'—again a replay of 1947! They agreed to meet the next morning. At that point, another researcher turned to me and said: 'We need a group facilitator. Ken, you be it!' This immediately triggered an anxiety attack. The next morning, after much loss of sleep, I managed to do a passable job by not embarrassing myself. It was baptism under fire!"

The Unique Properties of Group

Ken has identified 10 unique properties that can serve as a platform for intervention in groups. His first property posits that a member can receive rich interpersonal feedback from many different people. In contrast, in individual therapy, feedback is limited to one person, and one's therapist is also highly constrained in what they can share. A related, unique property groups offer is people learn how to give feedback in a helpful and more user-friendly manner so the receiver can do something with it. Yet another property is that groups are a place where members can practice taking interpersonal risks in their interactions with other members. Still another property is that groups provide a host, because of so many people present, of transference objects from one's past and present, and therefore, offer multiple opportunities to work on difficult and/or charged relationships.

An especially important property of groups is to experience being witnessed by others, even though they cannot fix your problems, and learning to be a witness: being present for others. An intervention might be, "Bill, how do you feel about the way people are responding to your tears about your wife's death? Can you let them know how you feel?" Bill has been witnessed; can he partake in that witnessing? A simple and powerful way someone can witness another is to ask, "Are you feeling understood?" Being listened to can be a game changer. Some people have never had someone truly listen to them, ever.

The 10 properties serve as Ken's foundation for intervening in groups. Each one provides therapeutic intervention opportunities different from individual therapy, and for each property, he points out, "the number of possible interventions is infinite."

Core Goals in Group Therapy

Ken has three core goals in mind: repair, growth, and support.

Repair—In groups, one can repair or fix things that are broken or that don't work very well. Examples: Low self-esteem or, placing too much emphasis on other's opinion of them.

Growth—Groups make it possible to achieve growth; that is, they take something that works and make it even better. Example: I have friendships but don't get too close or take risks to achieve greater intimacy.

Support—Group offers many opportunities to give and receive support. Members feel less alone when they find out others share their feelings and problems. For example, a group member politely says a glib thank you, brushing off more connection with members who reach out to them saying how they feel their pain.

Difficult People in Group Psychotherapy

Ken credits Jerome Gans, MD, AGPA-DLF, for bringing greater awareness to the idea that the difficult person is not acting alone and is the source of all difficulty. Rather, difficulty is co-created with others in the room (Gans &

Alonso, 2010). The intersubjectivists have written at length about co-construction in individual therapy where the therapist and patient reciprocally affect each other (Stolorow, Brandchaft & Atwood, 1987). He also emphasized that Gans' other profound comment was, "difficult patients are our best supervisors."

Ken broadened our understanding of the difficult person. He takes a closer look at what constitutes difficulty. While agreeing with Gans that a difficult person is often angry, hostile, and contentious, he extends the term to include a variety of people who include those who find it hard to connect to others or are difficult because of how they relate or don't relate. A difficult person can often be thoughtful and supportive, but "does not edge into areas of vulnerability confronting and expressing their own issues." They often have trouble with intimate connections. They could be a quiet person who is withdrawn or an oxygen robber who starts out being empathic but then consumes considerable group time to talk about their own problems.

Different Levels of Defensive Process in Group

A primary foundational premise of understanding groups is that phenomena occur in groups at several levels, not just at the individual level, but at the level of dyad, the subgroup, and the-group-as-a-whole. The group therapist is tasked with paying attention to both implicit and explicit phenomena at all these levels, especially defensive processes. For example, an angry and contentious member pushes others away to defend against their desire for connection because they might fear merger and loss of self. Or, on the level of group-as-a-whole, the group might scapegoat a member rather than talk about their own painful feelings, e.g., loss, guilt, or shame. Instead, the member becomes the recipient of various projections.

Transference and Countertransference

It is crucial for therapists to recognize their own countertransference (CT) reactions. In groups, CT is far more complex than with individual therapy. A group can have 10 members, each evoking countertransference reactions; then there are subgroups and the group-as-a-whole so, for example, the leader can feel anxiety about a topic the group is discussing or inadequate with a particularly difficult member who is insulting them. "When we don't recognize our positive or negative CT, we can unwittingly split the group into easy and difficult members and be seduced away from understanding issues that could provide therapeutic opportunities," Ken stressed. He elaborated, saying that when it is negative—often the case with difficult people who typically want to destroy the leader's authority—the leader's challenge is to detoxify in themselves the effect of being treated poorly through understanding the answer to the question: What is it in myself that makes this person so difficult for me? The leader also needs to get the group members to ask the same question of themselves. Ken's advice: "Be curious and make countertransference your friend."

Summary

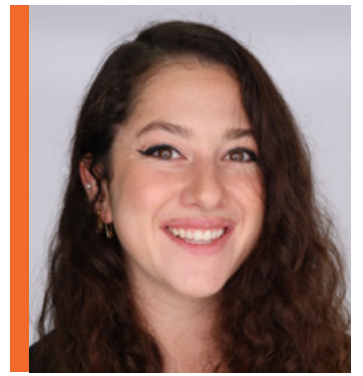
The seeds of this article were planted in the moments after Ken's workshop when we both felt the power of and magic in our group experience. This is more likely to happen when a therapist conducts the group in such a way that people feel seen, felt, heard, and understood. Ken's way of being present in his full personhood demonstrated to those of us in the workshop the meaning of what it's like to be witnessed and to be a witness to others.

Some essential ingredients in his workshop recipe include: 10 tablespoons of unique properties, two tablespoons of goals and strategies, a large measure of awareness of one's countertransference, and not forgetting to add to the mix the crucial importance of what difficult people can teach us about ourselves. You might also add in a heaping teaspoon each of curiosity, non-defensiveness, openness, and any other spice you like to make your group experience recipe richer, deeper, denser, and more meaningful. 🍴

Continued on page 7

Individuality and the Fantasy of the Other in Virtual Groups: Are Online Groups Really the Same?

Hannah Goldstein



EDITOR'S NOTE: Hannah Goldstein is a doctoral student at the George Washington University clinical psychology program and early career clinician. She has studied group processes experientially by participating as a member of several group relations conferences, in academic settings and in belonging to groups. She is passionate about how psychodynamic thinking and liberatory praxis may be interconnected to invoke justice for/in groups and individuals.

Recent attention has been devoted to the use of video-conferencing media for group therapy and other forms of group work (Weinberg, 2020). While many understand these changes as suitable substitutes to in-person groups, there is little research exploring how virtual group therapy is a unique treatment approach with its own therapeutic factors. To the contrary, online delivery of group work is often seen as an alternative or replacement, rather than being considered as a form of delivery that has its own processes, potentialities, and influences on the psychic structures of both the group and the individual. This article discusses one process in group work and raises questions around the extent to which online groups are quintessentially altered or influenced by online delivery. More specifically, the article explores how the fantasy of the other (Lacan, 1954), as it operates in groups, manifests in virtual group convenings.

Understanding the Other

The other is an essential figure in psychodynamic theory (Lacan, 1954). Particularly in a Western-American framework, the need for the other in group often arises out of a need to conceive of oneself as an individual: an entity with a beginning and end. The other becomes a container for unwanted aspects of the self. Wilton (2004) uses a Lacanian construct to understand how castration anxieties get evacuated into disabled bodies as evidence of an underlying psychic effort to maintain one's wholeness. The initial form of engagement with the group is essentially a refusal to join it; this is an attempt to maintain the integrity (existence) of the individual. As Skolnick and Green (2004) summarize from Bion, "emotional involvement with the group threatens the viability of the individual at the core" (p. 119). Othering is a normative process within groups that serves to enact the individual's terror of being subsumed into the group and to project disavowed, unwanted aspects of the self. These are defenses aimed, at least partially, at keeping the individual at the fore.

Object Relational Theory and Group Work

Object relational theorists argue that groups begin to work when they can engage in taking back these projections (Bion, 1961, p. 98-99). In doing so, individuals agree to contain some of their previously projected badness. Skolnick and Green (2004) describe this as a process of "reowning noxious mental contents that have been evacuated into the other" (p. 118). To join a group and access the "growth and identity based on multiple realities" and a sense of "membership in the larger human family," one must relinquish "unconsciously held omnipotence, omniscience, innocence, self-aggrandizement, and the certainty of an unambiguous reality and identity" (Skolnick & Green, 2004, p. 123). The relinquishment of unconsciously held fantasies about the self and other requires the loss, in some part, of individuality, which is traded cautiously through interpersonal transactions. These interactions change us and make us a part of the group. Thus, the transformation of the unconscious fantasy of both the other and the self is an essential part of joining the group; we trade in these fantasies slowly, cautiously, as we transact interpersonally and take back projections.

Individuality and Group Cohesion in the Digital Space

How do we understand the unfolding of these processes in a digital space? If transactions across boundaries are central to unwinding our ability to maintain projections of the other, is it possible to pursue this in a virtual context? Considering visual design components of web conferencing platforms

like Zoom, the process of transacting across boundaries is no longer conceptual, it is embodied—with each member relegated to a neat, autonomous, delineated square. How does the representation of the space pose a barrier or obstacle to this essential task—this exchange between individual and group?

Recent research by Gullo et al. (2022) found that group cohesion was more challenging to foster, and conflicts were harder to work through in digitally run groups. While much more research needs to be done to understand the obstacles blocking group formation, I extend the idea that it is considerably more difficult to have a sense of oneself as relinquishing one's individuality in a space that physically configures individuals as finite squares with sharply drawn borders. The very physicalizing of ourselves as squares on screen affirms individuality: I end here, and you begin there. The visual component of web conferencing enforces the fantasy of the unambiguous self, which even in in-person settings is already so difficult to confront. This embodiment of individuality—even our autonomy in muting, unmuting, turning on video, turning it off—reminds us on some level that we do not actually wish to join the group and are safer inside our boxes.

The self-view component also allows us to witness ourselves interacting with the group, further maintaining our fantasies of selfhood. Bearing witness to one's presence in the group—one's background, facial expressions, contact with our reflection in the here-and-now—may allow one to sustain a defensive insistence on individuality. As we know, the individual (the me) requires the other (the not me), and so this process is not innocuous. Gullo et al. (2022) cite interruptions to and awkwardness in providing therapy online because of the self-awareness that self-view promotes in therapists, who must see their face and facial expressions on the screen, an experience that does not occur in face-to-face treatment. Lopez et al. (2020) also found significant differences in group members' sense of relating, interacting, and connecting. How does this assertion of one's self-image maintain the process of othering, blocking the possibility for transformation through group membership?

Does the loss of non-verbal cues, such as the flattening of body language or the greater difficulty in reading the room, prevent individuals from trading the fantasy of the other for a more integrated vision of group and self? A consultant from a group relations conference I attended once referred to Zoom as a "projection factory," referring to the fact that what we read of others non-verbally is necessarily altered by a lack of physical context; our experience of them onscreen is fundamentally other than it might be in the room, where more physical meanings, dynamics, reactions, feelings, and energies may be sensed or possible. Gullo et al. (2022) name this as a distinct challenge in virtual group therapy, stating "[therapists'] and patients' body language, which is more obvious in face-to-face therapy, is relegated to the background or is impossible to see in online sessions" (p. 6-7). Unspoken ways of being and relating become more difficult to sense, more subject to becoming translated, mistranslated, or, even, unrecognized, and, therefore, lost. These processes seem to be an essential piece of transacting across boundaries that enables the individual to join the group. What do we do when this data is lost?

If othering is an unconscious projective process that emerges as resistance to the formation of the group—and if what awaits us on the other side is a more cohesive human experience—then virtual groups face a set of challenges that alter their work. Resistances and defenses aimed at preserving the individual

may not only show up in force, but the ways in which these are overcome may themselves require different means, different approaches, or even different understandings of what, precisely, the task(s) of the group are.

Opportunities and Obstacles in Virtual Groups

A shortcoming of this manner of thinking is to assume that the intentions of virtual groupwork are the same. While this article raises questions, it does not explore the rich potential to understand, take on, and work through the ways that virtual groups are fundamentally different from those in-person. While virtual groups close some pathways (or at least make them quite difficult to traverse), there are other avenues for psychic exploration at the individual and group level that are facilitated precisely by the unique dimensions and configurations of virtual deliveries.

If virtual groups deepen some processes and minimize others, how might these be embraced or reordered to arrive in a space where group cohesion and individuation are balanced? For most group therapists doing face-to-face groups, facilitating group cohesion takes priority before more holistic kinds of individuation are reintroduced to the group through the process of conflict and repair. The evident separateness of members in online groups may not prevent cohesion so much as re-order the occurrence of these processes. Does this produce a more durable group cohesion and alliance? Is this attainable? For whom? Future research is needed to explore the development of the group in online and face-to-face modalities to understand who benefits differently from these different processes. 🧠

References

- Bion, W.R. (1961). *Experiences in groups and other papers*. Tavistock Publication. doi.org/10.4324/9780203359075.
- Gullo, S., Lo Coco, G., Leszcz, M., Marmarosh, C.L., Miles, J.R., Shechtman, Z., Weber, R., & Tasca, G.A. (2022). Therapists' perceptions of online group therapeutic relationships during the COVID-19 pandemic: A survey-based study. *Group Dynamics: Theory, Research, and Practice*, 26(2), 103.
- Lacan, J. (1988). *The ego in Freud's theory and in the technique of psychoanalysis, 1954-1955*. W.W. Norton & Company.
- Lopez, A., Rothberg, B., Reaser, E., Schwenk, S., & Griffin, R. (2020). Therapeutic groups via video teleconferencing and the impact on group cohesion. *MHealth*, 6, 13. doi.org/10.21037/mhealth.2019.11.04.
- Skolnick, M. & Green, Z. (2004). The denigrated other: Diversity in group relations. In S. Cytrynbaum & D. Noumair (Eds.), *Group dynamics, organizational irrationality, and social complexity: Group relations reader 3*. A.K. Rice Institute.
- Weinberg, H. (2020). Online group psychotherapy: Challenges and possibilities during COVID-19—A practice review. *Group Dynamics: Theory, Research, and Practice*, 24(3), 201-211. doi.org/10.1037/gdn0000140.
- Wilton, R.D. (2003) Locating physical disability in Freudian and Lacanian psychoanalysis: Problems and prospects. *Social & Cultural Geography*, 4(3), 369-389. doi.org/10.1080/14649360309069.

FROM THE PRESIDENT

Continued from page 2

community that needs nurturing and support to the top level reflecting excellence in the Affiliate success factors noted above. The recommendations that will be reviewed by the AGPA Board are calibrated by this health system and guide expectations regarding the resources an Affiliate Society needs along with four structural and logistic integration recommendations.

The report summary is five-times longer than the description here, and I look forward to Board action and prioritizing actions voted on by the Board as part of the strategic planning process that was begun at AGPA Connect.

As President, I have the opportunity and pleasure to participate in Board meetings and

listen to hopeful proposals, a few of which I've highlighted here. This returns me to how I started my column, noting that we're surrounded by challenging events and setbacks, but hope is generated by step-by-step progress on important initiatives. I see this in each of our Board meetings, as well as the committee and task force meetings that I attend. My hope is that you can see the same progress and celebrate the improvements they bring. I'd like to end by recognizing the passing of two giants in our world—Robert (Bob) Klein, PhD, ABPP, CGP, AGPA-DLF, and Walter (Walt) Stone, MD, CGP, AGPA-DLF. There are tributes in this edition of the *Group Circle* that spell out their many contributions to the Tri-Org and our field that I'd like to direct your attention to. Thank you for your support, comments, and feedback. I can still be reached at gary_burlingame@byu.edu. 🧠

this has been due to a lack of evidence-based approaches to address the topic. I cultivated a level of expertise in working with Blacks and whites and facilitate and present from that context. I understand there are limitations to what I can provide and believe this is the most impactful approach for all Americans.

Diggs' Approaches for White Americans (abridged)

I promote the understanding that many of the negative reactions of white Americans to the subject of race are born out of trauma. This creates a different perception of these reactions and promotes empathy. I strive to influence white Americans to explore and increase their awareness pertaining to their conceptualizations related to race. This lack of exposure to and experience sitting with these dynamics leaves one inept and underqualified to navigate this challenging topic.

I often implement the strategy of presenting parallel concepts that do not trigger defense to explain the ways in which we develop our world view as in human behavior. This allows the functional understanding of acculturation to become solidified in the listeners' understanding without triggering trauma and defense.

Diggs' Approaches for Black Americans (abridged)

Many Black Americans endure a period of experiencing anger towards white America while in the developmental process of self-actualization. There is a need to work through this anger to optimize the ability to promote change. Developing understanding that white Americans have also been traumatized by the true enemies, which are greed, division, and discrimination, promotes empathy. This effort is not intended to absolve white Americans holistically but to promote coping and increased levels of joining.

Black Americans mostly know and recognize that we are victims of race-related trauma. What often is invisible and needs to be clarified is the trauma and impacts of re-traumatization and poor self-perceptions. As a counter to these challenges, Dr. Carter Woodson created National Negro Week, which later became Black History Month, to highlight the rich history of accomplishments and contributions made by Black people.

Positive psychology has been referenced as a modality that has shown success in countering trauma in underserved populations (Seligman, 2000). Utilizing this type of strength-based perspective highlights resilience and protective factors. Black culture is filled with messages of encouragement, optimism, and communal support (Neville et al., 2008). The influence of unique historical, spiritual, and cultural factors must also not be ignored (Eshun & Packer, 2016).

Diggs' Approaches for All (abridged)

When facilitating The Invisible Struggle group, I maintain several foundational intentions:

- Promote pertinent historical information.
If we analyze race relations over the past five years but neglect to consider the past 100 years, we are not viewing a complete picture.
- Share relevant psychoeducation.
Providing information pertaining to the mental health implications associated with race assists people in connecting the dots related to their challenges.
- Create an *in vivo* exposure experience.
Recreating stimuli that are triggering in a safe environment and being intentional about encouraging positive cognitive restructuring often promotes an increase in the ability to cope with trauma.
- Provide and cultivate space for cathartic group processing.
Creating a courageous environment in which people can evaluate their feelings and share them with understanding and attentive listeners has great therapeutic value.

Clarifying Definitions

Providing definitions for and displaying the progressive connections between the development of automatic thoughts and the development of prejudicial thinking. Displaying how and when that prejudicial thinking is put to action and becomes discrimination, and emphasizing that discrimination plus power in the context of race equals racism, cultivates understanding that promotes progress for all.

Within the isms, we see that the dominant group is the one that can add the suffix *ism* to the discriminatory act. It is not often that we see the traditional male, the young, the rich, or the able-bodied express that they are victims of sexism, ageism, classism, or ableism. It is the contextual power in the equation that transitions discrimination to racism. Clarifying complicated and confusing concepts such as this promotes understanding that encourages connection.

The Transformative Thinking Process

"We operate mostly based on habitual thinking and programming that becomes imprinted over time. It can be exceedingly challenging to modify the way we think, yet it can be done through intentional practice. If we choose how we want to think and practice it consistently, we can change our programming" (Williams, 2019).

I created The Transformative Thinking Process to be a repeatable method of training System I through intentional System II implementation in five phases.

1. Establish goals.
2. Assess your current programming (System I).
3. Identify barriers to goals.
4. Modify behaviors, thoughts, and actions intentionally (System II).

5. Reassess and repeat until System I mirrors System II.

Conclusion

As I have given myself to this work, there emerges a sense of hope and optimism for progress in the ongoing fight against discrimination and racism. While the focus of my work has been directed towards the experiences of Black and white people in America, the underlying intention of this work and my fervent hope is to foster equity for all of humankind.

Despite the erroneous declaration that we are members of different races, we are actually the human race. Through embracing this fundamental truth, we can pave the way towards a future in which equality and inclusivity prevail, for every individual, regardless of identity. May this journey towards a more equitable society be a collective effort. Let us continue to make the invisible, visible. 🙏

References

- Alexander, M. (2012). *The New Jim Crow*. The New Press.
- DeGruy, J. (2017). *Post traumatic slave syndrome: America's legacy of enduring injury and healing*. Amistad.
- DiAngelo, R. (2018). *White fragility: Why it's so hard for white people to talk about racism*. Beacon Press.
- Eshun, S., & Packer, E.M. (2016). Positive psychology practice with African Americans: Mental health challenges and treatment. In E.C. Chang, C.A. Downey, J.K. Hirsch, & N.J. Lin (Eds.), *Positive psychology in racial and ethnic groups: Theory, research, and practice* (pp. 259-279). American Psychological Association. <https://doi.org/10.1037/14799-013>.
- Ginot, E. (2015). My unconscious made me do it: An excuse or an accurate state of affairs. In E. Ginot, *The neuro-psychology of the unconscious: Integrating brain and mind in psychotherapy*. W.W. Norton & Company.
- Kahneman, D. (2011). *Thinking, fast and slow*. Penguin UK.
- Seligman, M.E.P., & Csikszentmihalyi, M. (2000). Positive psychology: An introduction. *American Psychologist*, 55(1), 5-14. doi.org/10.1037/0003-066X.55.1.5.
- Neville, H.A., Tynes, B.M., & Utsey, S.O. (2008). *Handbook of African American psychology*. SAGE Publications.
- Van Der Kolk, B.A. (2015). *The body keeps the score: Brain, mind, and body in the healing of trauma*. Penguin Books.
- Washington, H.A. (2008). *Medical apartheid: The dark history of medical experimentation on Black Americans from colonial times to the present*. Anchor.
- Wilkerson, I. (2020). *Caste: The origins of our discontents*. Random House.
- Williams, B.D., Sr., (2019). The invisible struggle: Making the invisible visible [PowerPoint presentation].
- Woodson, C.G. (1933). *The Miseducation of the Negro*. Reada-Class.com.

IN TRIBUTE TO PAST PRESIDENT ROBERT KLEIN

Continued from page 3

shared: "Bob was one of the first members I met at AGPA Connect in the early 1980s. As a graduate student, I attended the Research SIG meeting and found myself anxious and intimidated being surrounded by group authors I admired. I was certain I had little to offer. Bob sensed my mood and greeted me with enthusiasm, warmth, and support saying I was in the right place and could make a difference. Over the next 40+ years, Bob led with the same warmth, energy, and eagerness, uplifting members and colleagues with authentic and accurate praise. His uncanny ability to see where we needed to go next was matched by his engaging interpersonal style that supported his coworkers. Bob literally touched the lives of thousands who were blessed by his vision and hard work. We'll miss you Bob and will never forget what you've done for us!"

So how can you continue his legacy? Consider replicating his humanity that was reflected by his big-heartedness in going the extra step to show compassion and care for others and communities in need. He was dignified, humble, non-competitive, and valued empowering others. He welcomed any opportunity to co-create professionally with others. As a group psychotherapy trauma expert, he emphasized the need for self-care, laughter, laughing at oneself, and having fun both professionally and personally. Most importantly, he naturally showed and expressed love

to many in AGPA. Many members consider AGPA their professional home or family. I believe no home or family can truly endure without the experience and expression of love for one another, which can last a lifetime. I imagine the love felt by and expressed to Bob will endure for the lifetimes of many.

A memorial and celebration of life for friends, colleagues, and relatives will be held on a date to be announced later this year. There are also plans to dedicate the revised AGPA *Trauma Volumes I and II* to honor his memory.

To access the entire day-long *Virtual Attachment and Trauma Conference* honoring Bob, including all the didactic presentations please, visit Item Detail - 04.30.2022- WGPS/GF Attachment/Trauma Conference (No CE) (agpa.org).

To access the moving and touching opening and closing session personal and professional tributes to Bob from the day-long *Virtual Attachment and Trauma Conference* click onto the links below.

Opening remarks: <https://youtu.be/VtaToy1WeeM>

Cocktail hour Honoring Bob:
<https://youtu.be/HRVM0b-fxUU>



Special Note About AGPA's Health and Medical Issues SIG

The spring issue of the *Group Circle* featured a prominent article on "Disability Justice in Groups," by Aziza Belcher Platt, PhD, Editor of our Widening the Circle: Racial & Social Justice column. In our rush to get out the issue, we neglected to provide additional information about AGPA's Health and Medical Issues (HMI) Special Interest Group. The HMI SIG supports group therapists who address health concerns in medical and non-medical settings, provide psychological treatment to the medically ill, and incorporate wellness techniques into their group work, such as meditation and mindfulness. For additional information about the HMI SIG, contact one of the Co-Chairs: Leslie Klein, PhD, lesliekleinphd@gmail.com; Leah Murphy-Willer, PhD, leah.murphy.swiller@gmail.com; or Linda Williams, PhD, CGP, linda@wellonline.com. You can join the HMI SIG by emailing info@agpa.org or calling (212) 297-2190. 🙏



consultation, please!

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

Dear Consultants:

I have a mixed-gender therapy group that has been meeting weekly for about seven years. We are diverse racially and in sexual orientation. Members range from their 20s to 60s. It's a great group and has done a lot of terrific work over the years. For most of its existence, the group has had eight members. The pandemic led to a lot of attrition, and we are now down to three people. The meetings are still lively and engaged, but if one person can't make it for some reason then it's not really a group. We've been meeting on Zoom since March 2020, which makes feeling connected more difficult. It's been harder to engage and keep the few new people who have joined. I see postings on the listservs about all the different themed groups: a DBT group for young adults; a group for post-partum mothers; an LGBTQ+ group; a failure to launch group. Just the sheer number of groups makes me wonder: How do I compete for members with all these different groups?

Signed, Disappointed



Dear Disappointed:

It has been difficult to practice during the COVID pandemic and during the progression to its endemic phase. It's hard to know how to respond to the many needs of people as they confront their (and our own) vulnerabilities to COVID. One of your first tasks is to decide the meeting format for your group going forward: online only; online with periodic in-person meetings; hybrid (people both in-person and online at the same meeting); or in-person only. Our group members look to us for leadership on how and where we will meet as groups.

Next, stop thinking about competition as you look to rebuild your group. While easier said than done, I sincerely believe that a group begins as a dream in the mind and heart of the group therapist, and that the group is sustained by the therapist's careful, diligent work in the group and their genuine caring for group members.

You describe with obvious relish the great work that your group did in the past. Own that success and feel good about yourself as a professional and approach this challenge feeling empowered. You led that group and helped to facilitate that work and those connections; you can do it again! And by the way, feel free to find a special niche if you think it's helpful to you; but there's nothing wrong with a general process group.

Finally, as you approach rebuilding the group, consider who in your practice could benefit from group therapy. There's nothing wrong with self-referring from your individual practice to your group. In fact, as I discussed in a recent panel (moderated at AGPA Connect 2022 by Maryetta Andrews-Sachs, MA, LICSW, CGP, AGPA-F, and with Aaron Black, PhD, CGP, AGPA-F, Kenji Kuramitsu, MDiv, MSW, Annie Weiss, LICSW, CGP, AGPA-F, and Ellen Wright, PhD), it can be a win-win-win. The client gets more effective combined therapy, the group gets the benefit of an additional member, and the therapist creates and sustains a thriving group.

Justin Hecht, PhD, CGP, AGPA-F
Lexington, Massachusetts



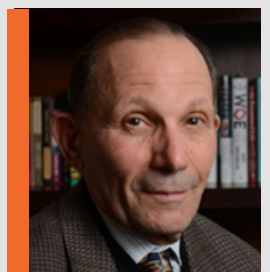
Dear Disappointed:

Disappointment is an attitude based on an expectation, which means you have had expectations that haven't been met. The pandemic has wrought havoc on group therapy practices for most of us. We have all had to make difficult decisions and adjustments to accommodate forces out of our control. In March 2020, we thought that the lockdown would last for only a few weeks. What did we know? My mentor, Louis Ormont, PhD, AGPA-DF, once reassured our training group that, unlike other professions, group therapists would never be made obsolete by technology. He must be spinning in his grave.

You mention the demographics of the group, but don't tell us whether your group is a psychotherapy group. That makes a big difference. As you may know, psychotherapy groups, unlike support and self-help groups, deal with resistance and unconscious process. At the end of your query, you list homogeneous support groups as your competition. I don't think so. It's like mixing apples and oranges.

The potential population of support groups is vastly different than therapeutically oriented ones. If you're looking for ideas on how to market your group practice, one recommendation has always stood out: If you want a large practice, you'll need a large network of referrals. Another piece of advice, coming from a wholly different direction, was told to me long ago by a sagacious supervisor when I, too, bemoaned the paucity of members in my group practice. He said, "Do your best with what you got."

Robert Pepper, LCSW, PhD, CGP, AGPA-F
New York, New York



A MINI-VERSION OF A MASTER CLASS

Continued from page 4

References

- Bennis, W. (1964). Patterns and vicissitudes in T-group development. In L.P. Radford, J.R. Gibb, & K.D. Benne (Eds.), *T-Group theory and laboratory method*. (pp. 248-278). John Wiley & Sons.
- Bennis, W.G., & Shepard, H.A. (1956). A theory of group development. *Human Relations*, 9, pp. 415-437.
- Gans, J.S., & Alonso, A. (2010). Difficult patients: Their construction in group therapy. In J.S. Gans (Ed.), *Difficult topics in group psychotherapy* (pp. 127-145). Karnac Books.

- Lewin, K. (1948). *Resolving social conflicts: Selected papers on group dynamics*. Harper & Row.
- Pollock, K., & Feinstein, R. (2022). Employing psychodynamic process-oriented group psychotherapy with personality disorders. In R. Feinstein (Ed.), *Primer on personality disorders*. Oxford University Press.
- Stolorow, R., Brandchaft, B., & Atwood, G. (1987). *Psychoanalytic treatment: An intersubjective approach*. Analytic Press.



groupcircle

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See *Group Assets* insert

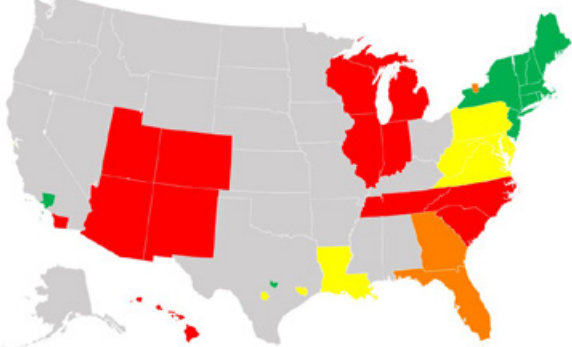
a view from the affiliates

Report from the Hinterlands: Comment on the AGPA/ASA Task Force Report

Cheryl Kalter, PhD, LPC, CGP, Affiliates Editor

The AGPA/Affiliate Society Assembly (ASA) Task Force was charged in early 2022 with identifying factors that contribute to success and failure of Affiliate Societies and with providing recommendations for how the larger organization can help local Affiliates to thrive. The AGPA/ASA Task Force report was delivered to the Affiliates gathered virtually on May 22. We were all amazed at what has come from the time and dedicated effort to research and express the main concerns that come from each of the Affiliate Societies. This phenomenological qualitative research captured the pain and despair that comes out of seeing two major Affiliates collapse (Four Corners GPS and Westchester GPS), as well as delineating the struggles that many other Affiliates are having. The data provides an assessment tool that is designed to give each AGPA Affiliate a rating system that shows a snapshot of its present-day situation as compared to other Affiliates. This enables each Affiliate to report and talk openly with each other and to get help in dealing with particular problems. It is important to note that the research involved one-to-one surveys, open discussion, interviews, and information gathered personally from members. As in group, when vulnerability and surrender to the shared space takes place, hope begins (Ghent, 1990).

Affiliate Health



This self-report rating system calculates the health of an affiliate society on a scale of 1-5, with 3 being stable, comfortable, and effective in terms of the local organization. To easily see how each society is doing within an overall map, colors have been selected: 1-green, 2-yellow, 3-orange, 4-red, and 5-grey. These rate each of the five health factors that were evaluated. The colors reflect the overall health of any society, with grey being nonexistent and green being thriving. Thanks to Marc Azoulay, LPC, LAC, ACS, CGP, for his technical skills in producing a visual that can be read at a glance. Each Affiliate can use this to identify specific areas on which to focus to bring them back to a stable, sustainable place. For an Affiliate, this is a major gift that can help build it from a red to a green rating, for example.

In addition to a guidance tool, the ASA report provides Affiliate Societies with a map of their strengths. A Society can become so focused on working on particular issues, such as administrative roles, workshops, training, equity and inclusion, or financial constraints that it loses sight of the factor where it excels. This now can be evident to the group-as-a-whole and to AGPA-as-a-whole. The report also provides

opportunities for each Affiliate Society to learn from and emulate the areas of strength from other Affiliates. Overall areas of concern that were identified included finances as well as equity and inclusion.

As each Affiliate representative finished their ratings, the impact was palpable in the Affiliate Assembly group that met. After an informal sharing of each Society's self-rating in all five areas, the immediacy of the impact was apparent to the group. There was a sense of discovery about the strengths as well as the weaknesses. Some of the comments expressed included: "I feel pretty good about how our Society compares to where I thought we were;" "It's nice to know we still have areas to work on but now we have a guide;" "I'm starting to feel re-engaged;" "This feels constructive, a little hopeful." People in the group also reported that it felt that leaders are starting to finally ask the right questions. Instead of trying to explain details of success or areas where help was needed, each Affiliate began to use the shorthand provided by the report. Now an ASA member can understand that their society is a red in something such as finance, and openly seek help to access resources to move into the green zone. Clear, concise, and effectively understood by the whole Affiliate Societies Assembly, the Task Force will share this information with the Tri-Org (AGPA Board, The Group Foundation for Advancing Mental Health, and the International Board for Certification of Group Psychotherapists). This report speaks to the importance of each Affiliate Society within the overall AGPA organization.

The goal now is to work together through a creative process, identifying resources to act quickly and find solutions for the problems identified in individual Affiliates. We talked about who would be best able to develop a long-term organization, so we no longer need to rely on only a few people's energy, which naturally flags over time. We discussed in considerable detail the common concern of financial issues. Because of detailed information newly provided by this overall map of the health of the Affiliate Societies, the ASA hopes to develop real solutions in this area of mutual concern.

Because the report provides a better orientation and helps members interact within their individual societies but also with the large organization, hopefully it will encourage individuals to work with the Affiliate Societies Assembly as a step to becoming leaders in AGPA, as well as becoming faculty, committee members, workshop presenters, etc. Thanks to the hard work of our dedicated Task Force of Marc Azoulay, Donna Harris, MA, MSW, LCSW, CGP, and Deborah Sharp, LCSW-S, CGP, AGPA-F, we have been able to actually see ourselves. We now have instituted data gathering, analysis, and a self-rating instrument to identify critical factors affecting the health of each Affiliate.

The critical backing of Gary Burlingame, PhD, ABPP, CGP, AGPA-F, AGPA President, and Lorraine Wodiska PhD, ABPP, CGP, AGPA-F, President-Elect, was another key to our being able to work together as a group. We created what Bion (1961) might call a large work group. Surrendering (Ghent, 1990) to the creative process opened a way forward into the

realm of knowing and being known that has given the ASA a feeling of hope and excitement, a sense that we now have a place to hold on to. Perhaps Winnicott (1971; 1991) might have agreed with me that a potential space was created in the group where effective process can happen that leads to enrichment of the Assembly, as well as to AGPA in general. As a large organization devoted to group therapy and group process, AGPA needs to constantly address group issues that arise. Most recently, the focus on equity and inclusion has highlighted the importance of individual members and their Affiliate Society representation. This effort provides an opportunity for the group-as-a-whole to be more inclusive and for individuals to be heard and understood in new ways.

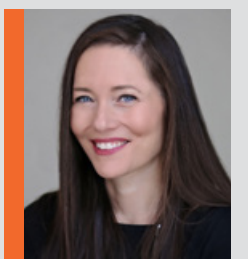
As shared by Marc Azoulay: "The Affiliate Societies are critical to rejuvenating and diversifying the membership of AGPA. We are the boots on the ground that can make connections and build community on the local level. Opening the lines of communication between the Affiliate Societies and AGPA is the first step in creating bottom-up leadership and participation." 🙏

References

- Bion, W. (1961). *Experiences in groups*. Basic Books.
- Ghent, E. (1990). Masochism, submission, surrender-masochism as a perversion of surrender. *Contemporary Psychoanalysis*, 26(1), 1080136.
- Winnicott, D.W. (1971, 1991). *Playing and reality*. Routledge.

Member News

Group therapy and AGPA member **Cheri Marmarosh, PhD, CGP, FAPA, AGPA-F**, are featured in an article, "Why group therapy can be such a powerful tool for growth," in the *Los Angeles Times*. Marmarosh is Editor of the *International Journal of Group Psychotherapy* and Co-Chair of the Science to Service Task Force. To access the article, visit



<https://tinyurl.com/45twxrar>. 🙏