

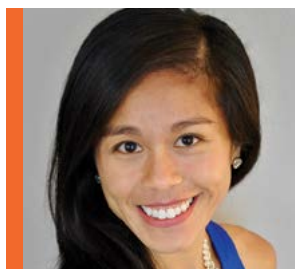


WINTER 2023

groupcircle

A Series of Identity Conflicts for an Asian in America: Asian or Chicken?

Teresa Lee, MD



EDITOR'S NOTE: Teresa Lee, MD, is psychiatrist with private practices in Berkeley, California, and New York City. She supervises psychiatry residents on psychotherapy training as a faculty member at Mount Sinai Hospital. A member of the AGPA Board of Directors, she presents on topics around Asian American mental health and group psychotherapy. She is currently focused on developing affinity spaces for Asian persons, particularly therapists.

The water was a sterile blue, like cleaned glass, but the little triangles of colored flags signaled that this setting was anything but placid. Little hands and feet were chopping through the swim lanes, a whistle screeched every second, and I was scared. At seven years of age, I told my dad, "I don't want to do this." He replied, "Don't be a chicken." At my first swim meet, I feared drowning and sinking beneath someone's expectations.

Interactions like these ultimately strengthened me, as I translated them from his tough-love language. My dad could be labeled an ethnic stereotype, a "tiger parent" (Chau, 2011). Yet authoritarian parenting is perhaps universal. Just as there are nuances to being a parent within a culture, I invite you to consider some complexities of my existence as an Asian person in America. I love my father, though he is wrong: chickens can swim (Chicken Scratch, 2022).

Teresa Lee or Lucy Liu?

Being Asian American means one thing universally: The individual is straddling two geographically rooted identities. However, the Asian in this identity is most often informed by stereotype, versus literal definition.

For most, when one hears the word "Asian," it evokes East Asian imagery (China, Japan, Korea) (Lee & Ramakrishnan, 2019). Few people think of the entire Asian continent, which includes Central, West, North, and South Asia. A subgroup of people will see themselves as Asian within more specific ethnic categories, like Southeast Asian, South Asian, Polynesian, etc. Chinese readers will also have varied associations: China has 50+ state recognized ethnic groups itself, distinct in cultural elements like language (Minority Rights Group International, 2017).

For many years, Asian would conjure in my mind the leather-clad sex-symbol fighter roles taken by Lucy Liu, the Chinese American actress. The East Asian stereotype permeates many people's associations with Asian American, particularly amongst Whites, Blacks, Latinos, and most Asian Americans (Lee & Ramakrishna, 2019). There are many ways of defining Asian, from phylogenetics, to geography, to appearance; these categories are useful if they cooperate with a multifaceted view on identity. There is no shortcut to knowing an Asian person, as being Asian is further shaped by that person's family, history, and personality.

There have been attempts to linguistically embrace the Asian diaspora. Since the birth of the term "Asian American" in 1968 (Espiritu, 1993), more specific and inclusive monikers have emerged, such as Asian American Pacific Islander (AAPI) and Asian Pacific Islander South Asian American (APISAA). Like most acronyms, these are insufficient in acknowledging the full diaspora, who do not all identify as AA, PI, or SA. For a more inclusive approach, I look to the LGBTQ community, as this diverse group carries a fullness to each letter in an evolving acronym, which lends expansiveness and

awareness to all whom the acronym hopes to embrace. Maybe one day, the Asian diaspora will be experienced fully when we encounter the word Asian.

Asian patients often tell me that "it is hard to find a psychiatrist who prescribes, offers therapy, and is also Asian."

"If I did best in class with a test score of 95, my parents would ask 'where's the other five;' you know, the tiger parent," Ashley explained to me with an eyeroll. When I hear her wish for me to know her suffering, I think that my parents' ferocity was much less specific: Rather than make a perfect grade, they pushed me to overcome situational fear and harden myself against failure.

While I cannot identify with the stereotype of parental pushes towards numerical perfection, I do identify with balancing my parents' caustic fears (of me being timid or weak) with their well-intentioned wishes for me to be happy, safe, and have an easier life. To achieve success and security, I distanced myself from elements of my Asian identity and shored up my American identity.

Unique Asian or Representative Asian?

In my experiences as a facilitator and member of groups, I feel the pressure to represent my Asian heritage. For example, as a facilitator of a workshop for mental health clinicians, the group kept wanting me to explain their Asian patients' issues via the lens of Asian culture. I felt dumber with each request, knowing that being Asian is insufficient to claim knowledge of another Asian's experience.

Recognizing the group's desire for me to be an expert, I responded by saying, "You're going to be unsatisfied with me today. What transpires between you and your patient is a mystery that lives *outside* this group, but maybe we'll get somewhere by first understanding what's going on between you and me, the mystery that lives *inside* this group."

Members fell silent. I asked why they had joined to begin with. James shared with great conviction that he joined to represent the male contingent in this majority female profession. "How is it to be part of this group's majority of White members?" I asked. "I'm not White. I'm Jewish," he swiftly admonished.

I felt myself grow smaller, overwhelmed by his large voice and intense story, and ashamed at my misnaming him. I heard in his narrative echoes of my own identity conflict, one that includes navigating projections and assimilating, at times, for greater inclusion and safety.

"It sounds like it's been hard to not be seen throughout your life, and that worry just manifested again between you and me. I'm sorry for mis-seeing you," I expressed.

"It's been hard and still is," James said, his shoulders softening. I saw him as more fragile than before, sensing his desire to be seen as unique conflicted with a desire to belong, both in the group and in America.

Feeling an opening, I shared "I've experienced some

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from the
president

Gary Burlingame, PhD, CGP, AGPA-DF

The power of group is alive and well in Sicily! I'm writing this column in mid-December from the University of Palermo in Italy, where I've been visiting faculty for the past month. We have strong group psychotherapy advocates at the University of Palermo, including Francesca Giannone, PhD, Gianluca Lo Coco, PhD, and Salvo Gullo, PhD. While here, I've delivered six lectures to 100+ graduate students and faculty on topics ranging from the evidence-based group treatment literature to the power of the group therapeutic relationship in fostering member safety and healing, along with a training on compassion-focused group therapy. My wife, Kara Cattani, PhD, and I conducted the workshop on compassion-focused therapy; as we guided the participants through compassion exercises (e.g., creating a safe place, understanding our inner-critic, and increasing the three flows of compassion), we saw the power of the group as participants shared impactful group experiences with one another.

Shifting gears, I'd like to provide updates on topics I've discussed in past columns, as well as on AGPA Connect 2023.

Thank you to Marc Azoulay, LPC, LAC, ACS, CGP, and Deborah Sharp, LCSW, CGP, AGPA-F, Co-Chairs of our AGPA/ASA (Affiliate Societies Assembly) Task Force, who have been supported by Michelle Collins-Greene, PhD, ABPP, CGP, AGPA-F, and Desiree Ferenczi, MA, Membership and Credentials Assistant Director, in collecting an enormous amount of information from participants at the recent ASA retreat. Thanks also to the Affiliate Societies leadership, who completed the survey created by Marc and Deborah providing valuable insight into the strengths and challenges faced by their local Affiliate Societies, along with suggestions for improvements that AGPA might consider. Joseph Miles, PhD, is working with Marc and Deborah in analyzing the survey results; we hope to have something to share at AGPA Connect 2023.

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

A November 2022 *Financial Times* article addressed the global increases in loneliness among all age groups. COVID, with increased social isolation, may be a contributing factor. Loneliness is a universal painful feeling that many of us and our group members have struggled with. Group therapy offers a valuable opportunity to validate and understand how our group members can process the emotional pain associated with loneliness.

I have found AGPA Connect to be a unique experience with an interpersonally warm and accepting environment. Clinicians from all over the world gather to collectively pay tribute to the power of group and our organization. I look forward to reuniting with many of you and meeting new colleagues and friends.

I hope this edition of the *Group Circle* provides you with another meaningful connection to AGPA. Our feature article, *A Series of Identity Conflicts for an Asian in America* by Teresa Lee, MD, highlights the multiple implications of what it means being an Asian psychiatrist and group therapist. *The Large Group in its Own Right: Taking Group Psychology and Psychoanalysis into the Arena of International Conflicts* by D. Thomas Stone, Jr., PhD, ABPP, CGP, AGPA-F, AGPA Connect Co-Chair, previews many of the concepts that will be addressed by Vamik Volkan, MD, in the Anne and Ramon Alonso Plenary Address. Elizabeth Shapiro, PhD, AGPA Connect 2023 Institute Co-Chair, interviews Haya Abusway, MA, about *Restorative Justice* to introduce readers to this compelling topic prior to the AGPA Connect Special Institute on this subject. Dr. Shapiro also interviews Ronnie Levine, PhD, ABPP, CGP, AGPA-F, AGPA Connect 2023 Institute Plenary Speaker on her presentation, *Finding Your Self in Group. Emotional Availability in Group*. Joseph Shay, PhD, CGP, AGPA-LF, AGPA Connect 2023 Institute Co-Chair, highlights an interview with Jeffrey Hudson, MEd, LPC, CGP, AGPA-F, about his Special Institute.

In the *From the President* column, Gary Burlingame, PhD, CGP, AGPA-DF, updates readers on the AGPA/ASA and AGPA listserv taskforces, the Public Affairs Committee, an impending evidence-based group protocol website, and AGPA Connect 2023 programming. In *Widening the Circle: Racial & Social Justice*, Aziza Belcher Platt, PhD, discusses the importance of culturally affirming holidays. In the *Practice Matters* column, *New Data on the Impact of Group Therapy on Solving the Mental Health Crisis*, Martyn Whittingham, PhD, CGP, FAPA, AGPA-F, argues how several major national milestones could be reached if every mental health clinician added an extra therapy group to their private practice. We proudly congratulate new Fellows Shemika Brooks, PsyD, CGP, AGPA-F, and Ayana Watkins-Northern, PhD, CGP, AGPA-F, who are recognized for their professional competence

and leadership in the field of group psychotherapy. 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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I'd also like to thank the Executive Subcommittee working on listserv guidelines and protocols—guided by Sophia Aguirre, PhD, CGP, AGPA-F, Leo Leiderman, PsyD, ABPP, CGP, AGPA-F, and Lorraine Wodiska, PhD, ABPP, CGP, AGPA-F. This team is making significant progress in writing a proposal that will make our listserv an inclusive and safe environment for sharing ideas and reducing harm. Their deliberate process is recognizing past challenges and creatively addressing them. Our goal is to move as quickly as possible in the proposal development, seeking input from all levels of the organization as we move forward.

A big thank you to APA's Division 49's Society of Group Psychology and Group Psychotherapy's (SGPGP) leadership for hiring a web developer, who is creating the architecture to support the evidence-based group treatment EBGT website. AGPA is co-sponsoring this effort with SGPGP and the German Health Ministry. The web development team has been working since November to create a user-friendly tool to assist clinicians in quickly identifying a myriad of effective group treatments for a dozen common psychiatric disorders. The plan is to have a pilot website ready to test in early 2023. Indeed, this website will be featured at AGPA Connect 2023 during a 90-minute Open Session presentation by Bernhard Strauss, PhD, Tate Paxton, BS, and myself. AGPA Connect 2023 attendees will learn how to find different evidence-based group protocols, therapist manuals, and patient material to support clinical practice. As noted in my past columns, this is Phase I of a multi-phase process to serve both mental health clinicians and the public in identifying group treatments that have been shown to be effective, efficient, and equivalent to other forms of treatment.

The Public Affairs Committee has been systematically implementing its strategic plan over the past few years that includes: (a) publications to increase the exposure of group psychotherapy in multi-disciplinary journals; (b) efforts to influence third-party payer and the federal government reimbursement for group treatments; (c) efforts to increase utilization of group therapy by insurance companies and in private practice; and (d) public outreach. I want to call your attention to an article appearing in the *American Psychologist* in early 2023 by Martyn Whittingham, PhD, AGPA-F (a Public Affairs Committee member) and colleagues Cheri Marmarosh, PhD, CGP, FAPA, AGPA-F, Peter Mallow, PhD, and Michael Scherer, which creates a new and compelling argument for group treatment and meets several of the strategic objectives of the committee. The article makes a persuasive data-based case that the United States has seen an unprecedented increase in mental health need in recent years. It further notes that we simply don't have enough mental health professionals to meet this growing need. The authors then show how group therapy can meet the unmet mental health therapy need using an unprecedented and persuasive labor and financial analysis impact analysis. Their analysis shows that if we increased group therapy by 10%, it would create mental health therapy access for 3,500,000 new patients, while simultaneously saving more than \$5.6 billion. I, along with other AGPA members/leaders, have been interviewed by the *APA Monitor* and other news outlets to comment on this

innovative and impactful publication. The *Practice Matters* column of this issue summarizes this article.

Finally, I wanted to call your attention to our exciting upcoming AGPA Connect 2023 program. Once again, D. Thomas Stone, PhD, CGP, AGPA-F, and Ginger Sullivan, MA, LPC, CGP, AGPA-F, AGPA Connect Committee Co-Chairs, and their committee have produced an outstanding program that includes:

- Two Special Institute Sessions:
 - **Nina Harris, RJ Practitioner, Trainer, & Consultant and Duke Fisher, Mediator, Trainer, RJ Facilitator** presenting *Restorative Circle Process: Powerful Practice for Individual and Group Transformation*;
 - **Jeffrey Hudson, MEd, LPC, CGP, AGPA-F** presenting *Emotional Availability in Group: Expanding the Capacity for Intimacy in Group Members and Leaders*.
- Institute Opening Plenary Address with **Ronnie Levine, PhD, ABPP, CGP, AGPA-F**, presenting *Finding Your Self in Group*;
- Conference Opening Plenary Address by **Rev. Ronald Hopson, PhD**, presenting *Embracing the Other: The Fundamental Work of a Working Group*;
- Anne and Ramon Alonso Plenary by **Vamik Volkan, MD, DFLAPA, FACP**, presenting *Large Group Identity Issues, Political Leader-Followers Interactions and Social Well-Being*;
- Mitchell Hochberg Memorial Public Education Event by **Renee Lertzman, PhD**, presenting *Navigating the Trance of Group Delusion: Connecting the Climate and Community Dots*; and
- Louis R. Ormont Event by **Ellen Wright, PhD**, presenting *Humility and Transparency in the Group Leader*.

AGPA Connect 2023 will be our first in-person meeting since 2020, and AGPA is dedicated to keeping our members and staff safe. We're acutely aware some members will have safety concerns as they return to an in person meeting, and some may elect to not attend in person. In addition to piloting a hybrid virtual program with a limited number of events, we've taken the following steps to ensure safety:

- AGPA follows the public health guidelines set by the Centers for Disease Control and Prevention (CDC) and the City of New York to ensure we meet health and safety protocols;
- The attendance capacity for the Institute and Conference events have been reduced to minimize the risk of exposure;
- For large events, such as the Special Institutes and the Plenary presentations, additional spacing will be allocated between seating;
- Disposable masks and small bottles of hand sanitizers will be available at the Registration Desk.
- Plans are underway to livestream and record the Conference Plenary events.

I hope to see many of you in New York City at AGPA Connect 2023 and thank you for your support, comments, and feedback. I can be reached at gary_burlingame@byu.edu.

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

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Restorative Circle Process: Powerful Practice for Individual and Group Transformation

Elizabeth Shapiro, PhD, CGP, AGPA Connect 2023 Institute Co-Chair

EDITOR'S NOTE: Haya Abusway, MA, is the Director of Restorative Justice Practices at the University of Texas at Austin and a former Program Manager, University of Michigan. She presented an Open Session at AGPA Connect 2022 on Restorative Justice: A Panel Conversation with Practitioners. AGPA Connect 2023 will provide a Special Institute Presentation on Restorative Circle Process: Powerful Practice for Individual and Group Transformation facilitated by Duke Fisher, Mediator, Trainer, RJ Facilitator & Instructor at Albany Law and Nina Harris, RJ Practitioner, Trainer, & Consultant.

ES: Can you define the term restorative justice for those who may not be familiar with the concept?

HA: Restorative justice is a theory and approach that seeks to understand who was harmed and how that harm might be repaired. It actively engages responsible, harmed, and other affiliated individuals so we can build a consensus on how to potentially repair the harm.

The three fundamental questions that restorative justice seeks to address are: (1) What are the harms and needs of those involved? (2) Who is responsible for the harm that has occurred? and (3) What commitments and obligations are necessary to promote healing, repair relationships, and mitigate future harm?

ES: What about your journey led you to your interest in this topic?

HA: Like a lot of restorative justice practitioners, my journey did not begin with an intentional professional roadmap that led me into this field. I began while a graduate assistant in a conflict resolution office during my studies. At the time, I was researching how vulnerable populations are affected by warfare and civil unrest, and quickly began to see the overlap of how unmet needs—whether within matters pertaining to interpersonal conflict or civil unrest—had the potential to impact an individual's livelihood or experience and eventually, if left unaddressed, their community as well. From there, I was fortunate enough to build upon a career that was focused on identifying needs emerging from impactful events or behavior. I was fortunate to work professionally in various roles within higher education, where the responsibilities of those roles aligned with restorative frameworks.

ES: How might a presentation on restorative justice be tailored to our organization composed of group therapists?

HA: While restorative justice might not be in your job description, we hope that regardless of your official role, you are able to adopt a restorative lens to your practice and everyday interactions as you continue to support others through differences.

ES: What are some difficult and challenging aspects of presenting on this topic?

HA: While restorative justice is a type of justice framework, it is less commonly recognized within the U.S. justice system (which is largely punitive), so by default it gets less airtime. The lack of visibility restorative approaches receive within mainstream narratives warps the perception of its legitimacy when we are discussing accountability or responsibility.

Restorative justice is a model that attempts to meet needs differently. I want to emphasize, punitive justice is not bad, and restorative justice practitioners are not necessarily in the business of attempting to replace traditional punitive structures, but rather, the overarching goal is to bring awareness to the benefits of utilizing restorative models through proactive and reactive application.

ES: Have you ever presented on this topic when an instance of harm occurred, and you had to apply the very principles you were trying to teach? How did you handle that?

HA: The definition of harm does not fully encompass all of what it means to experience it. However, when we have been harmed, we are able to identify how we feel, almost immediately. The role of a facilitator is to balance challenging participants on their underlying belief systems with supporting them and others involved to minimize additional impact. To do this well, we need to be mindful of equity, adaptability, and attentiveness to power dynamics to invite engagement and maintain agency among the participants.

When navigating resistance, especially in an educational setting, it is central to attempt to reflect on the root of the resistance, because oftentimes that root is fear. Fear can stem from a perceived understanding of a restorative framework's ability to hold those who cause harm accountable, for example. Acknowledging the individual and not attempting to change their truth is vital, while attempting to shift their perspective around the possibility of alternative ways forward or leaning into the idea has been helpful.

When I encounter another's experience of harm, I will ask open-ended questions, invite participants to generate a list of values, and hold them accountable to upholding them, thereby affirming, acknowledging, and summarizing their perspective. In any encounter, I always call on people by their name.

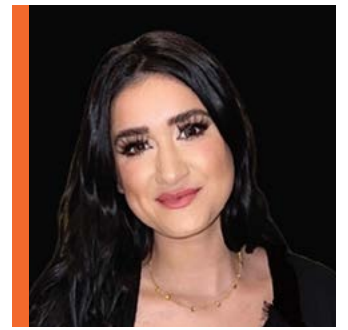
ES: AGPA has made a deep commitment to addressing DEI issues at all levels of the organization and in our educational offerings. How does the work in the areas of restorative justice and diversity, equity, and inclusion dovetail?

HA: Diverse groups require diverse approaches to maximize understanding while having their needs met. Similarly, depending upon your role—whether you are seeking to mitigate harm by adopting a restorative lens or holding people accountable and supporting people through adversity—it is important to recognize that we should not strive to force understanding or resolution, but rather, we should strive to adapt our approach based on the collective needs and desired outcomes of those we are engaging with. Because we know biases and varying perspectives exist within every narrative, an adaptable restorative approach is vital when addressing harm.

I always find it helpful to think of communities as flowers in a garden. Like plants in a garden, individuals within a community all share basic needs but differ as to their specific needs and types of environments that support growth. Adaptability is vital to provide equitable service to diverse communities and teams.

ES: What is an essential part of restorative justice that we haven't yet covered and you would want our members to know?

HA: A restorative justice practice is less about achieving justice and more about incorporating an inquiry model to address what people's immediate needs are. Additionally, if we utilize frameworks that have been adapted from the spiritual practices of indigenous communities, without consistently and intentionally recognizing the origin, we run the risk of appropriation. Restorative justice practices and their frameworks are rooted in indigenous healing practices across the globe. Acknowledgement and appreciation go to these global ancestors and to the Native people of North America, Maori of New Zealand, and the majority of pre-colonial communities across the continent of Africa. 🌍



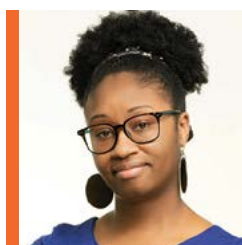
Congratulations New Fellows

EDITOR'S NOTE: AGPA annually recognizes professional competence and leadership in the field of group psychotherapy. Shemika Brooks, PsyD, CGP, and Ayana Watkins-Northern, PhD, CGP, were recognized as new Fellows by the AGPA Board of Directors.

Shemika Brooks, PsyD, CGP, AGPA-F (Ellicott City, Maryland) is a Staff Psychologist at the Johns Hopkins University (JHU) Counseling Center, serving as the Group Coordinator. She also is in private practice, offering both individual and group psychotherapy services. During the past year, responding to our nation's DEI needs, she began offering weekly open-ended Racial Consciousness-Focused Consultation Groups for White clinicians.

Since 2020, Dr. Brooks has served as a Special Projects Chair for the Mid-Atlantic Group Psychotherapy Society (MAGPS), a position created to respond to the many socio-political disruptions that erupted congruently with the COVID-19 pandemic and to advocate for social justice, inclusion, anti-racism, and equity. In addition to being a Board member of both AGPA and MAGPS, Dr. Brooks is Co-Chair of AGPA's Racial and Ethnic Diversity SIG and an active presence in the College Counseling and Other Educational Settings SIG, serving as its Membership Committee Chair. She is also a member of the Children and Adolescents SIG, Groups in Private Practice SIG, Training and Supervision SIG, and Women in Group Psychotherapy SIG. She has been a consistent contributor to the DEI Task Force, Anti-Racism Task Force (Co-Founder and Chair), and Anti-Racism Committee for MAGPS. During the past year, she took on the role of Spring Conference Co-Chair for MAGPS.

Dr. Brooks has presented at AGPA Connect and multiple societies on topics including Identifying Microaggressions in Groups, Implicit Bias, Inter-generation Dynamics in Groups, and Blindness, Differential Care, and the Maintenance of Racist Structures in Group Practice.



Ayana Watkins-Northern, PhD, CGP, AGPA-F (Washington, DC), has been facilitating groups, providing supervision, and teaching about groups for over 40 years. She started her career as a Counseling Psychologist at Howard University Counseling Service. For three years, she served as the Director of Group Training at that site, followed by 10 years of service as the Director of Training, nine years as Director of Clinical Services, and six years as Executive of the University Counseling Center. Since 1983, she has facilitated and supervised groups in her private practice. She has served as Faculty for the National Group Psychotherapy Institute in Washington, DC, of which she is a founding member.

Dr. Watkins-Northern has presented at various conferences or institutes including AGPA, the American Academy of Psychotherapists (AAP), National Institute of Group Psychotherapy, and the Washington School of Psychiatry. She has been a Co-Leader of Large Groups at AGPA Connect and AAP. She is also an active member of the Large Group Team at the National Group Psychotherapy Institute, providing multiple large group experiences at each of their annual conferences.

Dr. Watkins-Northern is an active member of the Mid-Atlantic Group Psychotherapy Society (MAGPS), where she is an involved leader and mentor. She has continually facilitated small process groups during MAGPS's annual conferences and has persistently educated her community around issues of diversity, including the Black group therapist experience. 🌍



Jeffrey Hudson, MEd, LPC, CGP, AGPA-F, To Present Special Institute on Emotional Availability in Group

Joseph Shay, PhD, CGP, AGPA-LF, AGPA Connect 2023 Institute Co-Chair



EDITOR'S NOTE: Jeffrey Hudson, MEd, LPC, CGP, AGPA-F, has been a group psychotherapist in private practice in Austin, Texas, for more than 30 years. His practice includes solo and co-leadership of therapy and training groups, ongoing training groups in Nashville, Tennessee, and online groups for clinicians. A graduate of the Center for Group Studies, he has served as President of the Austin Group Psychotherapy Society and, for 14 years, as a Board Member of the Group Foundation for Advancing Mental Health, including two terms as the Vice Chair. A frequent presenter on group treatment locally and nationally, his training and consultation focuses on transference, countertransference, developing fluency with one's emotional experience, and helping clinicians achieve their professional goals. Mr. Hudson will deliver the Special Institute at AGPA Connect 2023 on Emotional Availability in Group: Expanding the Capacity for Intimacy in Group Members and Leaders.

JS: **What is your therapeutic model or orientation? Has this always been your model? What was your journey to get there?**

JH: I'm a modern analytic group therapist. My journey to modern analytic group evolved through my own group membership. In 1985, as a graduate student in music at the Peabody Conservatory, I joined my first therapy group on the advice of my analyst. Given a difficult family background, and often feeling like an outsider in groups, I continue to be surprised that I took her advice. That decision changed my life! I was in that group for two years before moving to Austin, Texas. Shortly after the move, I joined a weekly object relations group, where I remained until the leader retired. At that point, Elliot Zeisel, PhD, LCSW, CGP, AGPA-DF, took over the leadership, and we've been working together for over two decades. I've been in a weekly group since 1985.

I have also benefitted greatly from participating in workshops and institutes as a member of the Austin Group Psychotherapy Society and AGPA for nearly 30 years. This exceptional training has exposed me to diverse approaches to group leadership. My continuing education has also included membership in a modern analytic training group in Austin for the past 25 years. Finally, as a student at the Center for Group Studies, I had the opportunity to work

with very skilled group leaders and be immersed in modern analytic theory and technique.

JS: **As you know, there are many models of group therapy and intervention. What differentiates the modern analytic model?**

JH: This model focuses on emotional communication, that is helping group members get in touch with their own feelings and their feelings towards others in the moment. This focus enlivens group work, provides a variety of techniques to enhance group leadership, and applies to work with couples, families, and individuals. Additionally, an emphasis on emotional self-awareness for the therapist helps develop engaged clinicians. Modern analytic leaders are trained to become attuned to their internal process and to study countertransference to guide their interactions with group members. For the group, working with an emotionally engaged leader can be deeply curative.

JS: **You will speak on Emotional Availability in Group: Expanding the Capacity for Intimacy in Group Members and Leaders at your Special Institute. Can you tell us what you mean by emotional availability?**

JH: For the group therapist, emotional availability refers to the leader's openness to all their emotions and

the ability to use their emotional experience to effectively work with group members. This includes understanding the primary sources of countertransference: the leader's personal and cultural history; their countertransference resistance; and the emotions induced in the leader through member transferences. For the group, emotional availability refers to the members' openness to feelings within themselves, their feelings towards other members and the leader, and their ability to communicate their emotions in ways that build relationships.

JS: **What will be the structure of your Special Institute?**

JH: There will be a morning and an afternoon didactic presentation, several small-group discussions, and a morning and afternoon demonstration group, each followed by a discussion. In the morning didactic, I will explore emotional availability in group and look at common sources of countertransference. During the afternoon didactic, I'll discuss expanding the capacity for intimacy, review common resistances to intimacy, and reflect on the importance of effective leadership.

JS: **In leading the group, what do you hope to demonstrate or to accomplish?**

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Finding Your Self in Group: An Interview with Ronnie Levine, PhD, ABPP, CGP, AGPA-F, AGPA 2023 Institute Plenary Speaker

Elizabeth Shapiro, PhD, CGP, AGPA Connect 2023, Institute Co-Chair



EDITOR'S NOTE: Ronnie Levine, PhD, ABPP, CGP, AGPA-F, is a clinical psychologist and a group and individual psychoanalyst, who is best known at AGPA for her popular institutes on love and hate. She has served on the Boards of AGPA and the Eastern Group Psychotherapy Society (EGPS). Dr. Levine has been on the faculty of many group therapy programs, including the Center for Group Studies and EGPS's Group Therapy Program. She has published in the International Journal of Group Psychotherapy. Dr. Levine was honored by EGPS for her outstanding contributions to the field of group psychotherapy. More recently, she was the invited respondent to the Foulkes Lecture (2021) on internalized misogyny in women. The talk, A Walk into the Men's Room, is on YouTube (<https://www.youtube.com/watch?v=qCY3Oelk6MY&t=193s>) and is published in the journal Group Analysis. Dr. Levine practices in New York City and on Zoom, seeing individuals, couples, and groups, as well as supervision groups and training groups.

ES: **Can you tell us how you came up with the title of your Institute Plenary, Finding Your Self in Group?**

RL: I am interested in the process of developing a self in group. There are three levels of influence on the development of the self: the social/cultural/political environment; the interpersonal world; and one's individual history and intrapsychic world, all of which interact and contribute to the formation of what we know and do not know about our self.

When I am leading a group, I hope to provide an experience in which each member can form a sturdy, stable, and more aware self at the same time as developing good relationships. What do I mean by this? A self develops as one knows their thoughts and feelings. Group is an excellent modality to learn about one's thoughts and feelings, and the definition of a sturdy self includes the capacity for affect regulation, or an ability to contain intensely upsetting feelings. Affect regulation allows for both self-reflection and emotional insulation which then provides one with resilience and a greater freedom to engage in the world. A sturdy self also enables relationships in which one does not lose their sense of self nor intersubjective relatedness.

ES: **You are a modern analytic group therapist. Would you summarize for us the key elements of that approach?**

RL: I am glad you asked this! This gives me an opportunity to explain how I approach the objectives I just mentioned. I have had a lot of influences that are integrated into my work, and modern analysis has been a meaningful part of it.

While the theory and application are always expanding, the basis of modern group analysis, as I see it, is derived from a maturational object relational developmental theory. The founder, Hyman Spotnitz, MD, developed a brilliant theory and an innovative approach to help schizophrenics develop a self and to have richer interpersonal lives. He saw that these principles could be applied to the greater population, especially reaching the traumatic and preverbal parts of our selves. These emotional difficulties generally stem from a stage of emotional development before language is fully developed when we are emotionally overwhelmed and cannot use our minds to fully grasp what is happening.

Many of our talented and effective group colleagues use various forms of interpretations or rational discourse or other methods to help our group members develop reflective functioning. Spotnitz offered another tool in the toolbox. While not entirely against interpretations and rational discourse, modern analytics notes that they can sometimes be markedly unhelpful or even harmful. Members may not have sufficient capacity for emotional insulation or reflective functioning to withstand feedback. They may feel too wounded to make use of such remarks.

Interpretations—even if correct—may inadvertently give a member a feeling of smallness, inadequacy, and envy upon hearing such wise explanations about their functioning and may cause a negative therapeutic reaction (a kind of therapeutic backlash).

Dr. Spotnitz was particularly interested in the early sacrifices a person made—*forfeiting their functioning, self-stability, and ability to relate to protect a needed primary loved one from being the target of one's destructive aggression*. Maturational interventions were designed to meet the group and its members where they were at and to support them in their survival operations (joining the resistance), while slowly facilitating relational feelings to the therapist, especially the safe expression of anger, hate, and disappointment towards the therapist. All thoughts and feelings were welcomed, provided they were put into words and not destructively acted out. Interventions would be titrated, matching each relational maturational phase of the member. Interpretations were used when a member or group was available to make use of them.

What made this so exciting to me when I first became engaged with it was that this was a different approach to group treatment. I had been working in a private psychiatric hospital (McLean Hospital, Boston) and then a state psychiatric hospital (Rockland Psychiatric Center, New York City) for years, and I now found new and exciting

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Tis The Season?

Aziza Belcher Platt, PhD

After October, we often hear people, employers, companies, and advertisers announce the beginning of holiday season. What comes to mind for you when you hear that phrase or think of the holidays at that time of year? Maybe you think of Thanksgiving or Unthanksgiving, Chanukah, Christmas, or New Year's. While you would not be alone, you would be limited in what you consider holiday season and what holidays you think about. This period, widely known as "holiday season" in the United States and Canada or "festive season" in the UK and other English-speaking countries, is a term that encompasses the period from Thanksgiving through the Gregorian New Year. Often this term and period omit other winter celebrations and in doing so marginalize and exclude other communities based on their religion, race, ethnicity, nationality, and/or culture. In overlooking important celebrations, we overlook important aspects of group members' identities and lives and miss additional chances for knowing, understanding, acceptance, and connection.

Holidays are an intrinsic aspect of human history. The celebrations honor a community's history, past, and future. Moreover, they are a point of unity around something larger than oneself and often encompass important traditions that are part of the bond between group members and their family and community. Holidays and their related traditions and rituals also connect generations and facilitate a sense of belonging, something we are always attempting to do in our groups. Whether holidays are public and legally recognized at the state or federal level; national celebrations of a particular country's significant events; celebrations related to a particular religious, spiritual or faith tradition; special days or customs related to a race and/or ethnicity; or not officially recognized by authority but are observed/celebrated by many (e.g., April Fool's Day), the celebration and tradition signify meaning to individuals in our groups, which we may be missing if we only acknowledge widely publicized holidays.

For instance, if your group's meeting schedule and group's discussion only acknowledges the aforementioned holidays, it means you have missed or are missing several important celebrations, including, but not limited to:

- Bodhi Day, an annual celebration (December 8th in Japan but the eighth day of the 12th lunar month in other regions) that commemorates the day the Buddha (also known as Siddhartha Gautama or Sakyamuni Buddha) achieved enlightenment. Buddhists in China, Korea, Japan, Vietnam, the Philippines, and all over the world observe this day with intensive

meditation and chanting and some make a pilgrimage to the original Bodhi tree.

- Winter Solstice, the shortest day/longest night of the year on the Northern Hemisphere marks the first official day of winter. This non-religious holiday has been celebrated for thousands of years by Indigenous cultures, humanists, pagans, and holds significance in numerous other groups' mythologies. While their celebratory traditions may differ, there is overlap in their focus on change, renewal, and existential meaning.
- Las Posadas, a Christian celebration that memorializes Mary and Joseph's journey from Nazareth to Bethlehem in search for an inn. This nine-day celebration precedes Christmas and is often celebrated in Latin America, Mexico, Guatemala, Cuba, and Spain and by those who have immigrated from those countries are descendants of immigrants from those countries.
- Kwanzaa, a seven-day African American holiday celebrating the Nguzo Saba, that is, the seven principles of Umoja (Unity), Kujichagulia (self-determination), Ujima (collective work and responsibility), Ujamaa (Cooperative Economics), Nia (Purpose), Kuumba (Creativity), and Imani (Faith).

Recognizing and incorporating group members' holidays, including those others in the group may not observe, helps group members develop empathy and understanding for each other. Holidays are an opportunity to explore similarities in family traditions, historical reverence, and cultural respect. They also offer a rich chance to explore differences in beliefs and practices. Given that holidays signify what is important to their fellow group members, by bringing this into group, group leaders help members make healthy emotional and social connections and learn to be culturally sensitive. Moreover, understanding group members' family and traditions illuminates dynamics in the group family and norms and helps members develop empathy and understanding for each other.

As part of our pre-group interview and orientation, we likely inquire about potential members' various aspects of identity, including race, nationality, and religion. But what do we do with that information beyond noting it? How do we incorporate that into our group discussions and meeting schedule? Beyond asking how a member identifies, if they adhere to a particular religious or spiritual tradition, or where a member is from, do you ask about celebrations and traditions related to those aspects of identity and consider them in the context of group? In planning our

group meeting day, time, frequency, we also anticipate days groups will not meet because of federal holidays and/or those our institutions observe. But whose holidays are those? Does that incorporate the holidays of group members? If not, why not?

I have the privilege of co-facilitating a training group with another AGPA member. Given the nature of this being a training group, the meeting calendar and admission into the program and group selection is done thoughtfully and thoroughly. We are fortunate to have international participants as part of the program. During a discussion with the group about upcoming observances and optional days available to make up any instances where group might not be able to meet, one member based in another country indicated they would miss two sessions due to the New Year observation in their country. We could have easily supported their absence without further discussion. However, as group leaders, we know all too well how much can be missed in one session, let alone two. I asked if the group would be willing to consider shifting to one of the optional days we have in solidarity with that member and to keep the member from having to miss two sessions. My co-facilitator and the group readily and eagerly agreed. In that moment, we did not just accommodate the member's absence, we joined them. In doing so, we were given an opportunity to learn about something integral to that member's life, family celebrations and traditions, and culture. We broadened our worldview and deepened our group cohesion.

Whatever celebrations you and your group members observe during this winter, Happy Holidays. As we begin 2023, wherever your new year falls, Happy New Year (Gregorian), *Gong hei fat choy* (Lunar), *Nowruz Mubarak* (Iranian/Persian), สวัสดีวันสงกรานต์ or *Sà-wàt-dee bpee mài*, that is Happy Songkran] (Buddhist), *Muharram* (Islamic), *Enkutatash* (Ethiopian), *Diwali* (Hindu), and *Rosh Hashanah* (Jewish)! 🌍

References

- Lautemann, E. (2007). Encyclopedia of Holidays and Celebrations: A Country-by-Country Guide. *Reference & User Services Quarterly*, 46(3), 94-95.
- Crump, W.D. (2016). *Encyclopedia of New Year's Holidays Worldwide*. McFarland.



FINDING YOUR SELF IN GROUP: AN INTERVIEW WITH RONNIE LEVINE

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ways to reach people. It was so enlivening! Here is how I approached the groups:

First, I now viewed these preverbal survival or security operations as necessary for maintaining emotional equilibrium and, unless treatment destructive, in need of support and understanding, not confrontation. These security operations become resolved as the self becomes sturdier and the need for them has diminished.

Second, insights provided by the group leader were no longer seen as the exclusive agent for change. I used maturational interventions like joining and bridging and invited members to tell me and each other what was going on.

Third, I could see that this approach helped members evolve from narcissistic transferences (self/object merger) to more self/other differentiation—a sturdier, stable self with a recognition of the other!

Lastly, I had to learn how to become more comfortable with my feelings and the group's feelings and to learn how to make use of them to form maturational interventions.

My therapy groups came alive; the inpatient unit came alive; and staff would seek me out wanting to learn what I was up to. Community meetings were now emotionally and interpersonally meaningful.

ES: *Your Institutes are always very popular. What do you think draws attendees to your offerings?*

RL: They are alive! When I am effective, I'm able to invite group members to say what is on their emotional minds. I use myself—my thoughts, feelings, my defensiveness, non-defensiveness, and humor—to engage members with each other and with me. At my best, group members become more comfortable both speaking and not speaking.

ES: *What is most meaningful to you about the experience of leading AGPA Institutes?*

RL: I enjoy relating to a wide range of AGPA members, which gives me the opportunity to continue to develop my own sense of self. Each Institute challenges my emotional range, capabilities, and emotional insulation. I've grown up by conducting AGPA Institutes. I thoroughly recommend conducting workshops and Institutes to our membership!

ES: *On the other side of that equation, what was most meaningful to you about being an experience group/Institute member at AGPA Connect?*

RL: AGPA and my local group society, EGPS, have been my professional homes for most of my professional career. I would not be who I am without the deep emotional experiences and social connections that AGPA provides for me. I am so grateful to AGPA. Because of my involvement

with AGPA, I have been able to expand my capacities by speaking at many of the AGPA Affiliate Societies. I am still learning and growing with the input from both newer members and veterans.

ES: *Who are/were some of your most influential mentors at AGPA? Can you share a bit about what they've meant to you?*

RL: I learned from many teachers/supervisors/mentors, but above all I would have to say Louis Ormont, PhD, AGPA-DF, was the most influential. Lou was the founder of the Center for Group Studies (CGS). I met him before I started my internship at McLean Hospital, and I immediately thought, "He's the person!" Lou was emotionally brilliant. He was able to use himself in creative ways to work with and engage members in a playful and less cerebral-oriented way than others of that time. He inspired me to use myself as a therapeutic agent. He was very important in the development of my experiential and professional self. My dear colleague, Jan Morris, PhD, ABPP, CGP, AGPA-F, gave me a great compliment this summer after attending a workshop I conducted in Pescara, Italy. She whispered knowingly to me, "Lou would have been so proud!"

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marginalization and oppression you spoke about. It's awful, but you're not alone. There are others here who have not spoken and may have similar struggles. Let's make room for them and for any feelings that might be different."

From this point on, James appeared less frightened and angry, and the group began to vocalize deeper expressions of their visible and invisible identities. I prioritized helping them develop an ability to reflect on the group process and see the potential for belonging and membership. If this were a long-term group, I would have explored each member's reaction to a shuffled deck of privileges and disadvantages accumulated through life and their projections onto me, including possibly the stereotype of being a model minority.

The model minority myth often weaves into my experience—this American stereotype of Asians having positive qualities (intelligence, morals, etc.) and attempts to trivialize racism by defining a successful minority, while pitting Asians against other minority groups (Pettersen, 1966). I wonder if the group was stereotyping me as the expert Asian female group leader and simultaneously not wanting to feel their own inadequacy. I'm uncertain if that was felt, however, members came out of the experience reporting feeling connected to each other.

At the end of the session, one member said, "Maybe sitting with uncertainty—having no definitive answers—is the disconnected experience of your Asian patient." Although I did not eradicate this group's hunger for an expert or representative Asian, I helped them get acquainted with this appetite. As a facilitator, I felt very alive in this group that was searching to understand me and each other.

Asian in America or Asian American?

My work and projects often surround APISAA topics, from Asian-centered book clubs, experiential gatherings, to more traditional process and support groups for APISAA therapists. Being immersed in this experiential format with Asian people is relatively new for me. Despite growing up in concentric circles of Asian family and community, I was slow to embrace my identity in social contexts. Until early adulthood, my social circles were notably absent of fellow Asians. In muting my identity, I acted on my fear of becoming another human brick in a wall of Asian stereotypes: weak, fragile, unfashionable, emotionless, and so on. Projecting my distinction from stereotypes, I felt more unique, stimulated, and protected amongst friends that looked different from me.

The biggest shift to embracing my identity occurred when I decided to become a psychiatrist. I carried an urgent need

to know my own mind.

Another psychological and professional growth spurt occurred when I began facilitating online groups for other Asian therapists. In 2020, I was shaken as I realized my Asian identity was no longer stereotyped as virtuous but now as dangerous (Cabral, 2021). I suddenly felt joined to a long line of other targeted and dehumanized people in American history. As the pandemic incubated my restlessness and helplessness, I began offering online groups for pan-Asian-identified therapists. At present, I co-facilitate a weekly process group and a monthly drop-in support group with another Asian psychiatrist, Robert Hsiung, MD. In these groups, we explore the experience and meaning of being Asian in America rather than being Asian American. The former lifts the individual experience above homogenized stereotypes.

My Desire

Within AGPA, I've continued my journey of not wanting to feel lonely or unchallenged with just my own thoughts. Through starting a pan-Asian-themed book club and hosting an informal online affinity space called Gather, I find myself recruiting for a more intimate community. The AGPA APISAA Gather occurs every few months as a leaderless group. These meetings bring to the fore that despite being very different from each other, we are all wanting to relate.

Hope is starting to bubble up. It's the same hope and excitement when a group like this gathers for the first time. When I started facilitating APISAA affinity groups, the beginnings are often marked by awe that the minority has become a majority here. This shock wears off eventually, and we're left to be like everyone else—humans. We go through the same growing pains of any group. Perhaps our narratives are different, but we experience from the same emotional palette.

Often the Asian affinity groups I facilitate are East Asian dominant. I've puzzled over this. Is this a reflection of national statistics? East Asians constitute the majority of Asians in America (Budamin & Ruiz, 2021). Does my being East Asian affect the way other Asians see and want to work with me (Pew Research Center, 2014)? Do I contribute to colorism and classism in the way I advertise or describe these groups?

So, what does it mean to be Asian? For me, being Asian means that I can't escape it. I look Asian, and I will forever receive its projections, advantages, and disadvantages. This is a part of my identity that is undeniable, and as I deepen my understanding of it, I am learning to befriend some

fears. I am cautious about generalizing about other Asians as it limits my ability to hear their individual journey fully. Becoming a psychiatrist and group psychotherapist has forced me to be more intentional with my self-discovery, including exploring ethnicity, which is one of my many traits. When I started writing this article, I felt an immense pressure to be able to represent other Asians. Once I acknowledged that I have been holding onto this grandiose wish tightly, I was able to loosen and write more personally. I've written this so you can better know **one** person, who happens to be Asian and is a lot more than that. 🙏

References

- Budiman, A., & Ruiz, N.G. (2021, April). *Key facts about Asian Americans, a diverse and growing population*. Pew Research Center. Retrieved from <https://www.pewresearch.org/fact-tank/2021/04/29/key-facts-about-asian-americans/>.
- Cabral, S. (2021, May). *Covid 'hate crimes' against Asian Americans on rise*. British Broadcasting Company. Retrieved from <https://www.bbc.com/news/world-us-canada-56218684>.
- Pew Research Center, (2014, July). *Chapter 4: How Asians view each other*. Pew Research Center Report: Global Opposition to US Surveillance and Drones, but limited harm to America's Image. Retrieved from <https://www.pewresearch.org/global/2014/07/14/chapter-4-how-asians-view-each-other/>.
- Chicken Scratch [website]. (2022, August). *Can chickens swim? Fact and rumor*. Retrieved December 05, 2022, from <https://cs-tf.com/can-chickens-swim/>.
- Chua, A. (2011). *Battle hymn of the tiger mother*. Penguin Press.
- Espiritu, Yen le (1993). *Asian American panethnicity: Bridging institutions and identities*. p. 34. Temple University Press.
- Lee, J., & Ramakrishnan, K. (2019). Who counts as Asian. *Ethnic and Racial Studies*, 43(10),1733–56. doi: 10.1080/01419870.2019.1671600.
- Pettersen, W. (1966, January). Success story, Japanese-American Style. *New York Times* Retrieved from <https://www.nytimes.com/1966/01/09/archives/success-story-japaneseamerican-style-success-story-japaneseamerican.html>.
- Minority Rights Group International. (2017, November). *World directory of minorities and indigenous peoples - China* [RefWorld page]. (2017). Retrieved December 5, 2022, from <http://www.refworld.org/docid/4954ce5b23.html>.

JEFFREY HUDSON, TO PRESENT SPECIAL INSTITUTE ON EMOTIONAL AVAILABILITY IN GROUP

JH: During the demonstration group, I'll utilize modern analytic techniques for working with resistance, such as joining, bridging, emotional communication, and contact-functioning. I'll also highlight the value of here-and-now interaction and addressing resistances to intimacy. My goal is to be open and available to the process, and to be with the members wherever they wish to go emotionally.

JS: **Are there specific or predictable problems or complications that you anticipate? How would you address them in real-time?**

JH: I think it can be challenging for therapists to set aside a focus on theory, interpretation, and understanding, and instead, get in touch with our underlying feelings. Prior to my first modern analytic institute, I had been immersed in psychodynamic group and took a lot of comfort in observing and interpreting what might be going on in other members, or in the group-as-a-whole. It felt challenging to set aside these familiar ways of working to focus more directly on emotional communication. Many therapists who are group participants also feel pressure to manage how they are seen by their peers. To reduce this self-consciousness, I hope to create an environment where people feel free to be imperfect, to be known, and to bring multiple aspects of their identities into the experience.

JS: **AGPA is genuinely committed to diversity, equity, and inclusion, and in recent years has taken a deep look at underlying systems and structures that operate against progress in these arenas, as**

well as been committed to a real effort to create change. Still, we are all fallible and there can be hurtful processes, microaggressions, empathic misses, and potentially damaging interactions. Does your model have something specific to say about issues that arise in this arena?

JH: Members of a modern analytic group are invited to share the emotionally significant story of their lives. The leader, and over time the group, work to help each member say more and more. As this process unfolds, the leader studies their emotional experience with each member and observes the member's interactions with the group with a goal of developing an understanding of the member's history and current emotional needs. In recent years, this has expanded to include a deeper appreciation of the impact of cultural factors, including race, oppression, difference, and privilege on peoples' lives. Another goal is to increase group members' capacity to experience and sit with difficult emotions. This capacity is essential when dealing with the deeply stirring aspects of identity.

JS: **How would you handle issues that come up relating to overt or covert sexism, racism, sexual stigma and prejudice, ableism, and so on during your Special Institute?**

JH: My first hope is that group members will speak to these issues as they appear. I follow the contact function, which is supporting group members to make and maintain the amount of contact that they desire, or can tolerate, at a given time. However, because of the silencing that occurs

around issues of diversity and difference, sometimes a shift is needed for the leader to actively engage the group around these issues. This engagement may include naming specific processes or helping the group to become curious about dynamics that are being avoided.

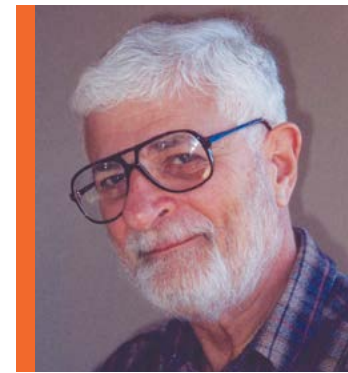
I try to approach my group leadership with openness and to create a group culture where people are free to say more. I lead with an understanding that it is inevitable that hurts, microaggressions, and empathic failures will happen in a group. When they occur, I listen deeply, work towards understanding the member's experience, and facilitate interactions which can improve relationships. Our work emphasizes the likelihood of injuries in intimate relationships and the need to respond to them. This is one way that learning occurs and that intimacy is built in human relationships.

JS: **How would you recommend attendees approach this training if they hope to gain the most through the Special Institute?**

JH: I invite attendees to come to this Institute with curiosity and an interest in knowing more about themselves and about other people. I'm enthusiastic that we will be back together again, in person, in New York! I hope to create an environment where people can have fun, experience their humanity with all its imperfections, and participate in a way that allows them to learn and grow. Ultimately, I hope that people leave this experience with an expanded capacity for intimacy in their work and in their lives. 🙏

The Large Group in its Own Right: Taking Group Psychology and Psychoanalysis into the Arena of International Conflicts

D. Thomas Stone, Jr., PhD, ABPP, CGP, AGPA-F, AGPA Connect Co-Chair



EDITOR'S NOTE: Vamik Volkan, MD, DFLAPA, an internationally known psychiatrist and psychoanalyst, will deliver the Anne and Ramon Alonso Plenary Address at AGPA Connect 2023. He will address Large Group Identity Issues, Political-Leader-Followers Interactions and Social Well-being. For more than 40 years, Dr. Volkan has been deeply involved in the application of psychoanalysis to the resolution of international conflicts. Working closely with psychoanalysts, diplomats, historians, political scientists, and other professionals, he has developed compelling concepts that articulate an understanding of complex national and international conflicts. This article presents several of his key concepts to familiarize you with his thinking in preparation for his Plenary address.

The Tree Model

In his article *The Tree Model: A Psychopolitical Comprehensive Approach to Unofficial Diplomacy and the Reduction of Ethnic Tension* (1999), Dr. Volkan describes an approach to conflict resolution for populations and nations with long-term unresolved disputes. The approach involves “gatherings of representatives of opposing large groups [that] are facilitated by neutral party of unofficial diplomats. The neutral group acts as a catalyst and arranges for the antagonists to become acquainted and discuss options.” (Volkan, 1999, p. 147). Motivated by his unofficial diplomacy work, Dr. Volkan founded the Center for the Study of the Mind and Human Interaction (CSMHI). At CSMHI, the Tree Model was developed slowly over years of work in the field. Dr. Volkan details the methodology of the Tree Model, including how he and his team assess, diagnose, facilitate, and evaluate the conflictual situation.

“The methodology of the Tree is to understand and articulate the identity of each large group involved and how it relates to its neighbor/enemy group. This understanding then informs and supports efforts to remove conscious and unconscious resistances to adaptive change ... By increasing understanding of the conscious and unconscious dynamics at work on both sides new ways of interacting become possible” (Volkan, 1999, p. 202).

The Large Group in its Own Right

A primary concept within the Tree Model is “a large group psychology in its own right.” (Volkan, 2022, p.457). This term is defined as “formulations about the conscious and unconscious shared past and present historical/psychological experiences that exist within a large group whether this group has its beginnings in childhood or adulthood.” (p. 457). The goal of the formulations about the large group in its own right is to “enlarge our understanding of the emergence of major present-day societal-political-religious-ideological events and leader-follower relationships and allows us to look at the interactions between opposing large groups in depth.” (Volkan, 2022, p. 458).

Understanding the development of self-identity embodied within the large group identity and its development allows for formulating an understanding of the large group in its own right and its interactions, especially when conflictual, with other large groups.

Chosen Traumas, Chosen Glories, and Time Collapse

Chosen traumas are the result of “catastrophic loss, humiliation, and helplessness at the hands of a neighboring group. When the members of the victim group are unable to mourn such losses or reverse the humiliation, they pass on the images of their injured selves and even the object images of those who hurt them.” (Volkan, 1999, p. 152). Chosen traumas are transmitted transgenerationally, becoming central to the large-group’s identity. The trauma is deposited into the psychic structure of the large group and includes conscious and unconscious tasks that individuals within the large

group feel duty bound to fulfill to remedy or heal the loss and humiliation. Chosen traumas reactivate when a large group is under threat. Their political leaders knowingly or unwittingly enflame the emotions embodied in the minds of the members of the large group. One can see how this has occurred in many past conflicts and wars, as well as in the current war in Ukraine.

Leader-Follower Relationships

History abounds with examples of leaders who have made transformative differences and those who have been pathologically destructive. Friends and colleagues often express puzzlement about how followers can become attached to leaders who are obviously destructive and dangerous to national and global security. Dr. Volkan explored this phenomenon for many years and incorporates these findings into his work. He discusses the importance of understanding the personal history of the leader and the construction of the large-group identity within the larger context of the global and national forces that influence how conflicts occur across time (Volkan, 2019).

Assessing personality involves a thorough developmental approach and writing a psychohistory of a leader of a large group requires an investigation and assessment of available information, which can be scarce in some cases. Dr. Volkan has written several psychobiographies (Volkan & Itzkowitz, 1984, and Volkan et al., 1997). He and others have found that with such leaders there are often incidents of trauma or the deposit of transgenerational trauma into the life of the family. In some cases, there has been a death either in the previous generation or of a sibling, which results in the replacement child syndrome. There can be a combination of narcissistic entitlement and duty to heal or repair the trauma or damage to the family embedded within the leader’s development. In the article *Psychodynamics of Leaders and Decision-making* (Volkan et al., 1997), the authors assert:

“Leaders make decisions that cannot be explained by conventional, rational approaches to domestic and international decision-making. When the individual psychology of a decision-maker is “agitated” by external factors in the political environment, emotions, and psychodynamic responses, whether acknowledged or not, can drastically influence decisions. On the other hand, decision-makers who have an “agitated” internal world may make decisions that attempt to affect or change the external world in order to find a “solution” for the leader’s unconscious needs and wishes.” (pp. 171-172)

The narcissistic leader’s sense of calling and their ability to align themselves with both the chosen trauma and chosen glories of the large group create a relational dynamic that gains momentum as a malignant political propaganda machine is created to garner unquestioned support for the leader.

The narcissistic leader’s sense of superiority and omnipotence “divides others into those who adore them and those who do not.” (Volkan, 2019, p. 152) These destructive and authoritarian leaders capitalize on an entitlement ideology that arising out of the chosen trauma

and chosen glory. The “entitlement ideology turns into dehumanizing the ‘enemy,’ revengeful actions, thus allowing mass killings and other inhumane actions to be committed.” (Volkan & Javakhishvili, 2022, p.206). This is not the only possibility, of course, as the dehumanization can take many forms, such as targeted humiliation and intentionally hurting groups who are not their followers. The function of followers for this kind of leader is to adore and depend on the leader “to protect and maintain the grandiosity and hide his or her own dependency needs” (Volkan, 2019, p. 152).

What does the transforming leader do? This kind of leader “transcends and even seeks to reconstruct the political system, rather than simply operating within it.” (Burns, 1984, p.16). They also “dedicate themselves to changing the ‘followers’ external and internal worlds in order to lift up their individual self-esteem.” (Volkan, 2019, p. 148).

Concluding Remarks

This article presents a brief and cursory idea of Dr. Volkan’s scholarship over his many years of applying psychoanalytic concepts to international work. I strongly encourage you to read at least one or two of the articles cited in this article. Reading the book *Large-Group Psychology: Racism, Societal Divisions, Narcissistic Leaders and Who We Are Now* (Volkan, 2020), as well as the other articles has helped me come to a deeper understanding of our current state of socio-political affairs. I look forward to seeing you on the morning of Friday, March 10th for Dr. Volkan’s address. I promise you will leave with a deeper understanding of our current global and national state of affairs and see a path for bringing group psychology beyond the group room and into the large-group communities within which we live and work. 🌍

References

- Burns, J.M. (1984). *The power to lead: Crises of the American presidency*. Simon & Schuster.
- Volkan, V. (1999). The tree model: A comprehensive psychopolitical approach to unofficial diplomacy and the reduction of ethnic tension. *Mind and Human Interaction*, 10, 142-206.
- Volkan, V. (2019). Large-group identity, who are we now? Leader-follower relationships and societal-political divisions. *The American Journal of Psychoanalysis*, 79, 139-155.
- Volkan, V. (2020). *Large-Group Psychology: Racism, societal division narcissistic leaders and who we are now*. Phoenix.
- Volkan, V., & Javakhishvili, J. D. (2022). Invasion of Ukraine: Observations on leader-followers relationships. *The American Journal of Psychoanalysis*, 82 (2), 189-209.
- Volkan, V.D. (2022). A look at Albert Einstein’s question “why war?” with a focus on large-group psychology. *International Journal of Psychoanalysis*, 103, 455-466.
- Volkan, V.D., & Itzkowitz, N. (1984). *The immortal Atatürk: A psychobiography*. University of Chicago Press.
- Volkan, V.D., Itzkowitz, N., & Dod, A. (1997) *Richard Nixon: A psychobiography*. Columbia University Press.

FINDING YOUR SELF IN GROUP: AN INTERVIEW WITH RONNIE LEVINE

Continued from page 5

In addition, I also worked with Yvonne Agazarian, EdD, AGPA-DLF, for several years and think her work is very important. More recently, Macario Giraldo, PhD, AGPA-F, has brought a deeper appreciation of Lacan to my attention. Joseph Shay, PhD, CGP, AGPA-LF, has been a wonderful colleague and collaborator, and it’s been a joy to be on his panels. That’s an incomplete list; there are also many other colleagues and leaders who have helped to shape the clinician and person that I am.

ES: I don’t want you to give away the proverbial store, but what are some key points you want attendees to take away from your Plenary?

RL: We are living in a stressful and turbulent social and

political era. It is a time of change and uncertainty. We have not met live as a community since we were last in New York, just when the pandemic was spreading. What a traumatic time this has been for all of us and this organization. Hate has been its own virus spreading around the world interfering with the health of democracy, the welfare of citizens, and the state of our climate.

For many years I have been studying love and hate and how to become comfortable with uncomfortable feelings with varying degrees of success with myself and with others. What I have learned is this: It is vital to develop an in-tune, stable self, not only for our own sense of well-being, but for the sake of our relationships, for our clinical work, and for a healthy society. 🌍

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New Data on the Impact of Group Therapy on Solving the Mental Health Crisis

Martyn Whittingham, PhD, CGP, FAPA, AGPA-F

The United States is in the middle of a mental health crisis, with mental health worsening and unmet need increasing due to workforce shortages (White House Fact Sheet, 2022). Further, the burden of illness is unevenly falling on minority and underserved populations, with those populations only accessing care when severity levels have worsened, resulting in a longer burden of illness as treatment requires more intensive interventions that also take more time. This fact was first pointed out more than 20 years ago (Office of the Surgeon General, 2001) but it has worsened during the COVID epidemic (Thomeer et al., 2022).

An article will soon be featured in the *American Psychologist* by a research team including Cheri Marmarosh, PhD, CGP, FAPA, AGPA-F, Peter Mallow, PhD, and Michael Scherer, PhD, (Whittingham, et al., in press). This provides a vision, backed up by data, for a change in mental health policy, equity, the provision of group therapy and group therapy training, and reimbursement that could dramatically improve mental health access for the United States.

New Data Behind a National Strategy Change

Our research team looked at the national utilization numbers for group therapy compared to individual therapy under private payers, and Drs. Mallow and Scherer provided a labor and financial impact analysis of the impact of changing these ratios. Dr. Marmarosh and I then contextualized the findings, showing how this impacted the nation, while also pointing out the strong research on group therapy outcomes and its equivalence to individual therapy (Burlingame & Strauss, 2021).

We placed particular emphasis on a statistical analysis of utilization in relation to *unmet need for therapy* across the nation. Since unmet need is what is driving this national mental health crisis, strategies to solve this problem must be grounded in solid data. These sources included data sets that were publicly available, as well as ones we had obtained through a collaboration with Fair Health, a data repository agency who shared aggregated data from third party payers, and the AGPA and International Board for Certification of Group Psychotherapists Agency Survey (Whittingham et al., 2018).

The results that our team found were startling. We found that if 10% of the unmet national need for therapy was met by group therapy instead of individual therapy it would impact the United States in three ways:

1. 3.5 million more people would receive mental health treatment;
2. It would reduce the need for 34,473 additional new therapists;
3. It would save the United States more than \$5.6 billion.

The figures are clear. This is a net gain for access, as well as having the potential to reduce therapist burnout and saving insurers money. However, these increases would help access the most if they were to happen in private practice, since this is where people access care before it becomes more chronic and severe (Whittingham et al., 2018). If every therapist was to *add just one group to their private practice*, access to care could greatly be enhanced for people before they fall into the chronic and severe conditions that necessitate higher levels of care and take longer to remit.

Equity and Efficiency

While rates of mental health prevalence are approximately equal for all ethnic and racial groups, people from underserved, marginalized groups tend to have a higher burden of illness due to lack of access (Thomeer, et al., 2022). In other words, they tend to only be able to access services when mental health problems have become more chronic and severe. A national strategy that provides greater access while conditions are still in the mild to moderate range allows for the possibility of treating conditions before they become more serious.

With more slots for all, the therapist can also then be more thoughtful about how to allocate services for each client, in collaboration with each client and based on need, client choice, and preference. This will then allow people to work with their therapist to choose what treatment best fits their needs and preferences since they also now have greater access. This might end up being individual therapy, group therapy, or some other treatment modality altogether. Increasing efficiency and reducing bottlenecks by adding groups, therefore, improves access as well as choice.

Quality and Training

None of these suggested changes matter unless we also provide sufficient quality of group therapy delivery. Gary Burlingame's research shows only a quarter of all doctoral programs require group therapy as a class, and in many cases, they do not even offer it as an elective (O'Hara, 2022).

Now that group has been designated a specialty by APA via the Commission for the Recognition of Specialties and Subsidiaries in Professional Psychology (CRSSPP), this shows that one should not assume that being trained in individual therapy means group therapy training is unnecessary (Whittingham et al., 2021). The CRSSPP application showed that group is not a general therapy activity that only needs generic individual therapy skills. We therefore need to also advocate for group training in doctoral programs and at the post-doctoral level.

AGPA/APA Collaboration

AGPA will be using this argument to fight for increases in access and quality. Under the leadership of Gary Burlingame, PhD, CGP, AGPA-DF, and the Public Affairs Committee, AGPA is also looking to move this agenda forward with insurance companies to ask them to consider offering higher reimbursement rates for group. As a member of APA Practice Directorate's Health Care Finance Advisory Board, I can report that APA is also looking to make the case for greater access and quality. We have an alignment and collaboration between APA and AGPA that is promising, and each is approaching different insurers in the hope that they can see the logic of this national strategy and how it aligns with their goals.

Call to Action: Training and "Just Add One Group"

The Public Affairs Committee has a call to action. First, we ask that you look carefully at the argument and be prepared to discuss it with colleagues. The nuances of the argument are important and because people are busy, we are anticipating that some may take a superficial glance at the paper and misunderstand its reasoning.

Secondly, we ask you to promote the idea with colleagues

and listservs of *Adding Just One Group* to their private practice. Whether you use this *Group Circle* article or the *American Psychologist* article itself, we ask that you help us publicize this. We need to advocate for private practitioners to open up their practices to groups that can promote access. If they feel unprepared, they can make use of AGPA's basic courses in group psychotherapy and CGP training.

Thirdly, we are also asking that you spread the word to training programs that they can facilitate access, efficiency, and quality by offering group therapy classes. Share either article with them as many may not be aware of either specialty status for group or the arguments around competency, equity, and access.

The Public Affairs Committee intends this as a start of a much longer discussion and to ensure that key stakeholders are considering the argument on its merits. We need your help in spreading the word as we move this argument forward! 🗣️



References

- Burlingame, G.M., & Strauss, B. (2021). Efficacy of small group treatments: Foundation for evidence-based practice. In M. Barkham, W. Lutz, & L.G. Castonguay (Eds.), *Bergin and Garfield's handbook of psychotherapy and behavior change: 50th anniversary edition* (pp. 583–624). John Wiley & Sons.
- Office of the Surgeon General (US), Center for Mental Health Services (US), & National Institute of Mental Health (US). (2001). *Mental health: Culture, race, and ethnicity: A supplement to mental health: A report of the surgeon general*. Substance Abuse and Mental Health Services Administration (US).
- O'Hara, D. (2022, September 26). *Gary Burlingame studies outcomes and group therapy*. American Psychological Association. <https://www.apa.org/members/content/outcomes-group-therapy>.
- Thomeer, M.B., Moody, M.D., & Yahirun, J. (2022). Racial and ethnic disparities in mental health and mental health care during the COVID-19 pandemic. *Journal of Racial and Ethnic Health Disparities*, 1–16. Advance online publication. <https://doi.org/10.1007/s40615-022-01284-9>.
- Whittingham, M., Marmarosh, C., Mallow, P., & Scherer, M. (in press). Mental health care and equity: A group therapy solution. *American Psychologist*.
- Whittingham, M., Lefforge, N.L., & Marmarosh, C. (2021). Group psychotherapy as a specialty: An inconvenient truth. *American Journal of Psychotherapy*, 74(2), 60–66. <https://doi.org/10.1176/appi.psychotherapy.20200037>.
- White House. (2022). Fact sheet: President Biden to announce strategy to address our national mental health crisis, as part of unity agenda in his first state of the union.
- Whittingham, M., Arlo, C., Counselman, E., Courville, T., Crosby, G., Helfmann, B., Rene, R., Sheppard, T., Ulman, K., & White, K. (2018). *AGPA and IBCGP Agency Survey*. Downloaded at AGPA and IBCGP Agency Survey on December 20, 2022.