



WINTER 2025

groupcircle

AGPA's Diversity, Equity, and Inclusion Task Force: Supporting the Mission of Creating a Dynamic and Thriving Community of Mental Health Professionals

Tony Sheppard, PsyD, ABPP, CGP, AGPA-F, Group Circle Editor

EDITOR'S NOTE: Vincent Dehili, PhD, CGP, and Latoyia Griffin, LCSW, CGP, AGPA-F, are the Co-Chairs of the AGPA Diversity, Equity, and Inclusion (DEI) Task Force. This article seeks to provide insight into the work of the Task Force and to introduce its leaders. The DEI Task Force's mission is to promote the values of diversity, equity, and inclusion throughout AGPA in the areas of leadership, training, policy, research, and practice. I have been a member of the Task Force since 2020.

TS: What are the primary goals of the AGPA Diversity, Equity, and Inclusion (DEI) Task Force?

LG: The primary goal of the Task Force is to infuse attention to identity into our operations organizationally. We want to provide a space for people to collectively work on the infusion of attention to diverse identities into the leadership, policy, procedures, and training practices of AGPA. We pay particular attention to the inclusion of those with marginalized identities who have historically been and often continue to be left out. The Task Force was started by Sophia Aguirre, PhD, CGP, AGPA-F. She and Wendy Freedman, PhD, CGP, were the most recent Co-Chairs prior to us. I also think that if you were to ask different DEI Task Force members, you might get different perspectives about the goals.

VD: The primary goals are to bring a more diversity-conscious awareness to the various systems within AGPA. It's important to recognize that systems are built for stability and consistency, and AGPA, like any other organization, has a history of things being more hierarchical in nature. Like most organizations, AGPA was built, in some ways, on White supremacy. There are certain ways that things tend to stay the same, which leads to harms that happen over time. The Task Force is a group of clinicians who are consultants to various parts of AGPA. We're trying to help folk critically examine the questions of how people get selected for positions, diversifying the breadth and depth of membership and knowledge within AGPA. We're also trying to help bring diversity into the systems within AGPA and into our organizational policies.

LG: The mission of the Task Force also includes attention to inclusive safety for those from marginalized identities. This includes at AGPA Connect, at other training opportunities, and at all events associated with or offered by AGPA.

VD: The Task Force is working to create systems that cultivate a sense of belonging. We're trying to bring about an appreciation for the strength that diverse perspectives and theories, and other forms of diversity can bring to different aspects of AGPA and group leadership. We live in an intersectionally diverse world that requires increased awareness of diversity. Further, it is important that we notice gaps within people's empathy or perspectives that they just haven't been exposed to or haven't been aware of. The Task Force helps with educational opportunities and ways for group therapists to empathize with the diverse clientele they encounter in their work.

LG: We try to emphasize that we all have commonality in diversity. We want to be more inclusive of those who have been traditionally marginalized.

TS: What brought you both into leadership positions in AGPA?

VD: I had a lot of significant growth from AGPA Connect 2018 and the first Institute that I attended. It was a group for those with zero to four years of experience in group therapy. At the end of that experience, I was told by the leader that I was scapegoated and that I had likely been seen as a representation of the current political system that was going on. I came to realize that if people don't know me, they might take things I say out of context. Since then, other

things have happened that have led me to learn and grow, such as the 2020 killing of George Floyd. I look back on that first AGPA Connect meeting and recognize how many microaggressions that I had within that space toward people with different identities than my own. This made me realize that I had a lot to learn with regard to how things I do or say can impact others, and about my sometimes lack of empathy.

Reading Resmaa Menakem's book, *My Grandmother's Hands: Racialized Trauma and the Pathway to Mending Our Hearts and Bodies*, provided an informative view of racial trauma in the body for me. Michelle Ribeiro, EdD, ABPP, CGP, AGPA-F, APA-F, was instrumental in getting me to focus on examining whiteness and working through my own internalized racism. This also drew me to getting involved in Diversity, Equity, and Inclusion practice.

My leadership journey started when Marcée (Turner) Brennan, MA, MEd, PhD, CGP, encouraged me to join the AGPA Racial and Ethnic Diversity Special Interest Group (RED SIG). I recall feeling very intimidated and nervous about doing so, not feeling like I had a good grasp of diversity-conscious work. She encouraged me, and I found a very warm and welcoming community in the RED SIG. I eventually became one of its Co-Chairs. After that, there was an opportunity to have some folks from the SIG join the DEI Task Force. Michelle Ribeiro EdD, ABPP, CGP, AGPA-F, was very encouraging and I was excited to join the Task Force. However, there was an element of my being awestruck at the idea of *little me* being there with all these folks who know *all these things*. The Task Force has provided a big emphasis on humility and a growth mindset that have been wonderful to take in. Now, that I'm one of the Co-Chairs of the Task Force, I feel like a great deal of my sense of worth and focus on advocacy has come from sharing space with these individuals.

LG: When I was younger and not officially part of AGPA, group work had been a part of my life for many years. From a cultural standpoint, many of the practices that I've participated in have been group oriented. When I did my academic training, there was a natural gravitation toward the group world. I knew about AGPA through colleagues in my training program, yet didn't engage until after I applied for the Certified Group Psychotherapist (CGP) credential. I also became involved with my local Affiliate Society. When I began seeing certain dynamics, harms, and concerns within AGPA, I had a level of discomfort at what was occurring. I then began to consider how I could be of service given the specific skills,

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from the
president

Lorraine Wodiska, PhD, CGP, ABPP-F, AGPA-F

Let's Face It...

The theme for AGPA Connect 2025, March 3-8th, is *Being Seen: The Many Faces of Group*.

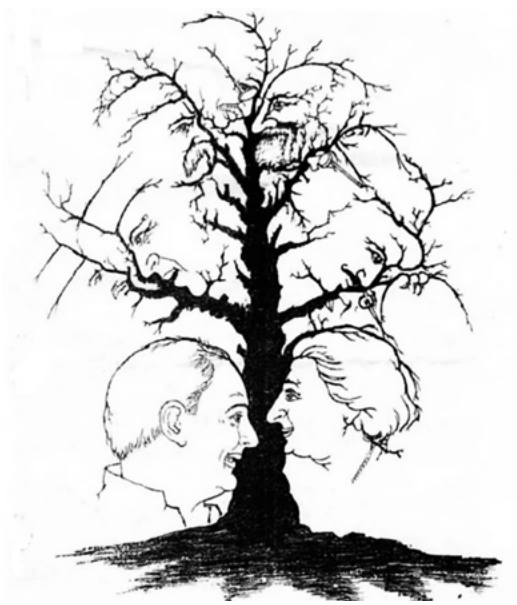
Consider:

- What does it mean to be seen?
- How easy is it to be seen?

Being seen means being known and accepted for who you truly are. It's a fundamental human need. We all want to feel acknowledged, understood, and valued by others. But this is no small task.

How Easy Is It to See Others?

There are many factors that keep us from seeing each other fully. Often, we only see what's easiest or what confirms our existing thoughts and biases. To illustrate this, consider the classic optical illusion of a tree with hidden faces—faces of national leaders from India. At first, you might spot two faces right away. But with a more intentional look, you'll discover there are 10.



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Tony Sheppard, PsyD, CGP, ABPP, AGPA-F

This issue of the *Group Circle* is full of good beginnings. I'm honored to have been selected as the new Editor of a publication that in many ways represents the front door of our beloved AGPA. It is my hope that the *Group Circle* will continue to be a welcoming space for our members and others who might read the publication. It is my goal to continue the commitment to excellence and diversity that my predecessor, Leo Leiderman, PsyD, ABPP, FAACP, CGP, AGPA-F, brought to the publication. I want to extend my appreciation to Leo for a warm welcome and a very thorough orientation. I'm excited to begin my tenure as Editor and look forward to many good editions to come.

Continuing the theme of beginnings, I want to welcome some other new faces to the *Group Circle*! Joining us as Editor of the *Consultation, Please* column is Mendel Horowitz, MS, CGP. I'm excited about the depth of knowledge and commitment to excellence that Mendel brings to his new role. It's also my pleasure to welcome Stephanie Vail, LMFT, CGP, as the Editor of the *View from the Affiliates* column. Stephanie's passion for the Affiliate Societies Assembly, combined with her knowledge and commitment to excellence, will bring good energy to that column. Finally, I'm pleased that Aziza Belcher Platt, PhD, will be continuing in her role as Editor of the *Widening the Circle* column. Aziza brings her knowledge and experience, along with a passion for issues related to diversity and inclusion to this role.

I hope you find the Winter edition of the *Group Circle* engaging and informative. Our feature interview with the Co-Chairs of the AGPA Diversity, Equity, and Inclusion Task Force provides readers with a window into the group that is dedicated to ensuring that AGPA becomes and remains a welcoming place for individuals from all identities. It is my hope that you're able to share some of the passion for this work that comes through in this interview with Vinny Dehili, PhD, ABPP, CGP, and Latoyia Griffin, LCSW, CGP, AGPA-F. This edition also brings us an introduction to Latina psychologist and Conference Opening Plenary speaker, Melba Vasquez, PhD, ABPP, by Brenda Boatwain, PhD, CGP, SHRM-CP, AGPA Connect Co-Chair. Brenda also provides us with an interview with Daniel José Gaztambide, PsyD, the Anne & Ramon Alonso Plenary speaker. Finally, AGPA Connect Co-Chair Ginger Sullivan, MA, LPC, CGP, AGPA-F, gives us an article on *Healing Tribal Division: The Problem and Promise of Group Dynamics in a Polarized Society* about our Hochberg Lecture presenter Tania Israel, PhD.

In her *From the President* column, AGPA President, Lorraine Wodiska, PhD, CGP, ABPP-F, AGPA-F, provides readers with some thoughts on seeing and being seen by each other.

Thanks for reading! I look forward to new beginnings. Don't hesitate to reach out with your ideas, comments, feedback, and contributions. You can reach me at tsheppard@groupworksky.com.

FROM THE PRESIDENT

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This could be a useful metaphor for how we approach AGPA Connect 2025. Could we attend the conference with open minds and open hearts, expanding our vision to include perspectives we don't typically see, agree with, or understand? Often, our vision is limited to what is directly in front of us, shaped by our personal loyalties. AGPA presents us with broader perspectives.

Martin Luther King, Jr. in his 1967 Christmas sermon in Atlanta, Georgia, spoke about the need for a larger perspective that we can all relate to: "If we are to have peace on earth, our loyalties must become ecumenical rather than sectional. Our loyalties must transcend our race, our tribe, our class, and our nation; and this means we must develop a world perspective."

Some may feel that we've been grasping at these ideals for decades, and yet, progress remains slow. Even so, the words and images of Reverend King's message can continue to guide our thinking, perceptions, and actions. Let's begin by exploring challenges from a global perspective.

In the World...

What do we see about climate change? AGPA has created a new Special Interest Group (SIG) focused on the climate crisis. This community provides support for those concerned about climate change, generating ideas and fostering collaborations with other climate-aware mental health professionals. Can we expand our vision to include issues we might not consider with frequency or conscious deliberation?

In the Country...

The recent presidential election left many people of our nation polarized and choosing sides—red or blue. Can we still see and relate to our friends, colleagues, and clients who don't share our political views, but also want to be seen?

In AGPA...

What happens globally is often reflected in challenges experienced in AGPA. Our professional community is also experiencing a degree of polarization. Many of us are uncertain about how to show up in AGPA. Some are concerned about being acknowledged and valued and seen for who we are—whether older, from a majority identity, living with hearing loss, identifying as LGBTQ+ or nonbinary or BIPOC? Is it okay to be seen as Jewish or Muslim without facing negativity from other members? Can we open our hearts and minds to one another?

We know that groups have the power to heal. Without exception, we've all had life-changing experiences in our groups—as members and as clinicians. Excellence in group training and research is the core mission of AGPA. Does social justice also belong in our mission? How do we reconcile our mission of excellence in training and research with the imperative of social justice? While the need for attending to diversity, equity, and inclusion seems obvious, this very issue has led to some of our community's most serious ruptures.

And the Safe Environment Response Team (SERT)...

We strive to provide a safe environment for our members, whether at presentations offered at AGPA Connect

or at other AGPA events during the rest of the year. Unfortunately, we cannot promise complete safety in any of the groups we run—whether in our work, or at AGPA Institutes, Workshops, Open Sessions, or demonstration groups. But what we can offer is respect, thoughtful humility, a trust in our resilience, and the opportunity to teach each other—whether peers or heroes—about the imperative issues at hand.

Further, we want a space where each individual feels they have a meaningful place within AGPA. Let's continue to raise awareness about issues many of us have unknowingly taken for granted. Consider Donald Winnicott's concept of "good enough" in the realm of safety so that we manage the emotional challenges at the growth edge of our professional and personal work.

AGPA Connect 2025 gives us the opportunity to put this into practice. Look at the variety of perspectives offered in the keynote presentations.

Monday:

- Armand Volkas, MFA, MA, MFT, RDT/BCT, presents a Special Institute: *Healing the Wounds of History through Drama Therapy*.
- Donna Harris, MA, LCSW, CGP, presents a Special Institute: *Reflections of Us: Processing the Many Faces of Intercultural Dynamics in Groups*.

Tuesday:

- Suzanne Phillips, PsyD, CGP, AGPA-DE, presents the Sally B. Henry Institute Opening Plenary: *Process and Possibility—The Power of People in Groups*.

Thursday:

- Melba Vasquez, PhD, ABPP, presents the Conference Opening Plenary: *Multicultural Psychotherapy: An Ethical Responsibility*.

Friday:

- Daniel Jose Gaztambide, PsyD, presents the virtual Anne & Ramon Alonso Plenary on *Decolonizing the Bifurcation Between the Interpersonal and the Sociocultural: Theory, Research, and Implications for Group Practice*.

Saturday:

- Tania Israel, PhD, presents the Hochberg Public Education Event: *Healing Tribal Division: The Problem and Promise of Group Dynamics in a Polarized Society*.

AGPA Connect advances exceptional training for group therapists and offers us multiple lenses through which can encourage us to imagine a better, more just world. Let's expand our vision and our commitment to see one another fully while we learn and connect with one another.

And ending with words of Martin Luther King, Jr., "We must come to see that the end we seek is a society at peace with itself, a society that can live with its conscience."—Montgomery, Alabama, March 25, 1965

See you at AGPA Connect 2025!

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Being Seen Through the Multicultural Lens of a Latina Psychologist

Introducing Melba Vasquez, PhD, ABPP, Conference Opening Plenary Presenter

Brenda Boatswain, PhD, CGP, SHRM-CP, AGPA Connect Co-Chair

The multicultural model of therapy has been an important and influential model that has advanced the field of psychotherapy. It is arguably the most important advancement in psychology in the last 100 years. The multicultural model is critical in counseling, group psychotherapy, teaching, research, professional development, and supervision. The model brings awareness to racial and ethnic diversity, history of the oppressed and marginalized populations, acculturation issues, the politics of power, cultural variations within groups, and connecting with empathy and humility to the client's cultural perspective. In this approach, the group therapist makes decisions about when and how a person's problems relate to or are influenced by socio-political-cultural factors and when they are not. At the forefront of the development of the multicultural model is Melba Vasquez, PhD, ABPP.

Life Experiences Shape Worldview and Practice

Dr. Vasquez fondly remembers her childhood as one of seven children from a traditional Mexican American family in San Marcos, Texas, where her parents were activists, working to get rid of a major barrier to voting known as the poll tax. At the time, Dr. Vasquez thought everyone was an activist. She became an activist in high school, advanced her education, and worked professionally as an educator of English and political science until a professor/mentor encouraged her to obtain her doctorate. During her doctoral program, Dr. Vasquez remembers feeling intimidated as there were few people of color in the program. In fact, "there were only two Latinas and one Black woman," she said. Intimidated yet curious, Dr. Vasquez wondered why there weren't more people of color in the doctoral program. She also wondered why the psychological theories had nothing to say about people of color. As a result, she formed a study group with her peers to wonder together.

Dr. Vasquez became actively involved in the American Psychological Association (APA) where she learned that "being at the table you can influence policy." She would go on to be the first Latina president of APA. She also was a prolific author and editor, writing articles about issues that were supported by her allies at the APA and Texas Psychological Association. In doing this work she also developed enemies who did not like what she had to say, particularly when she began to teach about multicultural issues and ethics.

After having a client who was sexually abused by a therapist, Dr. Vasquez became interested in what helps mental health clinicians make good decisions. She started writing with Ken Pope, PhD, ABPP, about the topic and is currently working on the 7th edition of *Ethics in Psychotherapy & Counseling: A Practical Guide* (2021). Dr. Vasquez found that she could write quite well when collaborating and writing with others. The preference and success of writing with others is something she has learned about herself and attributes this preference "partly to being a woman and Latina."

"Now more than ever, the multiculturally competent group therapist must be prepared to address their own behaviors, biases, and cultural assumptions, those of their clients, and the relationship between the two."

Having practiced as an individual and group therapist, Dr. Vasquez has been concerned about the literature that reports that many people of color drop out of therapy. She emphasizes that, especially since we may be viewed as experts, we must strive to practice with humility and help people to help us understand what helps and what hurts them. For example, understanding that "family is important to the Latinx community and assessing that for each person to know if family is a source of strength or source of disappointment or loss" is essential for a therapist. She purports that there are three elements to effective therapy: (1) knowing how to bond with different people and practicing with humility; (2) arriving at an agreement between therapist and client about what contributes to their problems; and (3) coming to an agreement with the client about the therapeutic plan/tasks that will help (Norcross, 2011).

Practicing from a multicultural lens is not a guarantee. "We have come a long way, but there is backlash. We are in a backlash right now and that affects the wellbeing of women and minorities" she said. Group therapists help members know that mistreatment is not their fault. For example, in

the workplace or living in society, there is an unjust system that creates problems that individuals need to address, such as issues of bias and discrimination. Now more than ever, the multiculturally competent group therapist must be prepared to address their own behaviors, biases, and cultural assumptions, those of their clients, and the relationship between the two. Currently, Dr. Vasquez is inspired by seeing many young psychologists who are teaching, researching, and counseling, who are interested in evidence-based practice, effective practices, awareness of LGBTQ+ populations, immigration issues, and more.

As the AGPA Connect Plenary speaker, Dr. Vasquez hopes the audience hears, understands, and already knows that "being aware and having the knowledge of people who are different from you are key to the therapeutic process." Dr. Vasquez's Plenary address will highlight group as a great place for group leaders and members to learn about and to address DEI issues and bias. Group therapy is an ideal place to bring up issues of diversity, help members when they are not seen as competent, and deal with conflict and difference. The Conference Opening Plenary is a call to action that being a multicultural therapist is a life-long process. "You have to be very humble and committed to social justice," said Dr. Vasquez. "You can't just sit in your office day in and day out. We have to get out and work for justice and equity." 🗣️

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Melba Vasquez

AGPA'S DIVERSITY, EQUITY, AND INCLUSION TASK FORCE

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talents, and gifts that I have. Following the call to be of service can be like an internal feeling of responsibility. So, I think I felt a pull to help and that I had certain skills that could be of service and it eventually led to me taking on a leadership role.

Initially, it led me to offering support in my local Affiliate. I had to sit with *What can I offer? Is this a fit? What can I lend?* I didn't seek a role in leadership; instead, I was asked to take one on by those already in leadership. That's the same process, I think, that I went through when considering AGPA leadership roles. Seeing some of the communal and world harms that were happening and how they were showing up in AGPA, I felt like I couldn't just stand by and not do something to assist.

TS: Some have said that the emphasis on DEI is at odds with AGPA's mission as a group therapy organization. What are your thoughts on this?

LG: There's no *at odds* when every single one of us has an identity. If you are working with human beings, then you are working with people who have diverse identities. Certain people with marginalized identities get asked to leave their identity at the door, while other people's identity is infused into how things operate. That's the piece that's not acceptable, and why the DEI Task Force is calling those kinds of things out. It's all a part of the work we do, whether that is about age, gender, gender identity, sexual orientation, area of the world or region of the country that people grew up in, disability, accessibility needs or religious, spiritual belief systems, and other identity characteristics. Asking us to leave those parts of ourselves at the door is akin to saying, *shut off part of your identity and be a part of this organization*. I don't think that's the mission of AGPA. One of the goals of AGPA is to form

helping communities; communities that include people's identities. In my opinion, you must be attentive to these types of things.

VD: I don't see diversity consciousness as being at odds with AGPA's mission; instead, I believe it is integral to achieving it. From my perspective, DEI is not a separate task or an extra consideration—it is embedded within the foundations of group therapy. This reflects a shift I've experienced, influenced by Buddhist-informed perspectives, from a self-focused lens to a systems-focused lens. Group therapy, in this context, isn't just about symptom reduction; it is about fostering awareness—both within ourselves and in the systems around us. This aligns with the essence of AGPA's goal to deepen group process and interpersonal understanding of ourselves, others, and the greater group-as-a-whole system.

Thich Nhat Hanh, a Vietnamese monk and peace activist, offers a beautiful perspective on empathy and intersubjectivity, or interbeing. *If I were born into someone else's body, family, and culture; I would think, feel, and act as they do*. This doesn't mean my role is to change them; rather, my role is to understand them in relation to myself. Group therapy is about building awareness, and the more we understand the emotional narratives—including systemic biases—that shape our thoughts and feelings, the better we can connect and build community. Understanding, as Thich Nhat Hanh suggests, is another name for love. To deny how our identities influence one another is to cut ourselves off from the curiosity and fullness of others' lived experiences.

LG: I'll add that my life experiences, my various intersectional identities, all play into the group facilitation

process, regardless of what theoretical model or framework I'm using. Sometimes people think it's aside from the process, but it's not. Often, it's viewed as: We'll talk about this over here and address identity separately. No, how I'm facilitating is rooted in aspects of my identity, and I think sometimes people don't reflect on that. This is particularly prevalent when people have identities that are less marginalized. They just think this is the way it's done, but it's very dependent upon our identities.

TS: If you could make one change in AGPA, what would it be?

VD: I think AGPA has a lot to offer. I would like AGPA to be more accessible, whether that be financially or through access to online conferences and Institutes, like the hybrid part of AGPA Connect they're trying to bring back this year. I do appreciate the generous scholarships that AGPA offers through the Group Foundation for Advancing Mental Health.

LG: I'd like for everyone to lean in to doing their identity work. I'd like to see less resistance to people doing the self-reflection on how their actions are impacting the organization, our communities, and each other. I'd like to see additional opportunities for that to be done organizationally. Things like affinity and collective spaces where people can work through some of those things in ways that are not so harmful to those from marginalized identities would be helpful. I have this visual of the old ways that experimentation was done, disproportionately impacting those with marginalized identities. I'd like for us to be able to do the personal work in a healthier way. 🗣️

Healing Tribal Division: The Problem and Promise of Group Dynamics in a Polarized Society

Ginger Sullivan, MA, LPC, CGP, AGPA-F, AGPA Connect Co-Chair

How do we maintain compassion for those whose views and values contrast with our own? Whether at our family holiday table or in the group chairs in our consulting room, how do we make room for the other, particularly, when that difference feels threatening to oneself?

It's not easy to reflect complexity and embrace diversity, especially during this moment in American history. Thus, the timing is impeccable in bringing Tania Israel, PhD, to AGPA Connect 2025 as our Group Foundation Mitchell Hochberg Memorial Public Education Event presenter. She will discuss *Healing Tribal Division: The Problem and Promise of Group Dynamics in a Polarized Society*.

Political polarization is exacerbated by in-group and out-group dynamics that lead us to feel protective of our people and threatened by others. As political identities interact with our cognitive biases, we fear, mistrust, and distance ourselves from people whose views, values, and votes do not align with our own. Her presentation will unpack the roots of polarization and reveal how understanding group dynamics can help to heal these tribal divisions.

Dr. Israel grew up in Charlottesville, Virginia, in a quiet, Southern college town, (home to the University of Virginia Cavaliers) in the 1970s and '80s. Charlottesville comprised a mix of Black and White, transplanted faculty families, and people who made up the fiber of the community for generations including, country club members, mechanics, and church folks. Dr. Israel's biracial family moved there in 1968; only a year earlier the marriage of her Chinese American mother and her White Jewish father would not have been legal in Virginia, but she didn't know that at the time. The racial composition of Charlottesville being entirely Black and White left her standing out. Her ambiguous Asian-ish looks periodically evoked a stare or verbal inquiry: "What are you?"

The Gordon Avenue Public Library was a few blocks from her elementary school. Some days, rather than taking the bus home, Dr. Israel would hang out at the library until

her parents could pick her up. She perused the shelves, discovering books and authors, and settling into a comfy chair to read. It was a space of safety and exploration. Everyone was welcome—Black, White and Asian-ish Tania.

Years later, in the 1990s, that same library was the birthplace of her work on bridging political divides. She returned to Charlottesville after college. Counseling women with unintended pregnancies and involved in the local pro-choice coalition, she became exhausted by embattlement with pro-life activists. Inspired by the work of a common-ground movement in St. Louis, Missouri (1992), Tania reached out to the director of the pro-life crisis pregnancy center, and they committed to bring the differing sides together to talk. They sought a location for this conversation that would feel equally comfortable for everyone, and they ended up at the Gordon Avenue Public Library.

"A single perspective is limiting. Multiple viewpoints are empowering."

– Dr. Tania Israel

Each month, they gathered in the reserved room and sat in a circle talking and listening to one another. There were pro-choice Catholics, pro-life feminists, Democrats and Republicans, young and old, with a range of personal and professional connections to the topic. As they shared, not simply their own opinions, but the values and experiences that led them to their views, they generated trust and mutual understanding. It wasn't about changing anyone's mind about abortion; it was about shifting the perceptions of people who disagreed with them on the subject. For Dr. Israel, that experience was both transformational and formative.

Dr. Israel is now a Professor of counseling psychology at the University of California, Santa Barbara. Her work on navigating political conflict has been received enthusiastically by professional conferences, corporations, campuses, political organizations, and faith communities. She has shared her expertise with media outlets, such as the *TODAY* show, the *New York Times*, the *Washington Post*, and NPR, as well as on her podcast, *Ready to Be Strong*. Her TEDx talks include *How to Win a Political Argument* (2021) and *What Halibut Fajitas Taught Me About Bridging the Political Divide* (2023). Dr. Israel has facilitated educational programs and difficult dialogues about a range of topics, including abortion, law enforcement, religion, and sexual orientation. She has received honors from Congress, the California State Legislature, and the American Psychological Association.

People often ask Dr. Israel how she can be so optimistic about bridging the political divide. She encourages people to shift away from competing facts and to focus instead on how the other person formed their views, the meaning that the information has for them, and how it guides their actions. This is not to say that facts don't matter; it is simply that exchanging information will not help people achieve their goals for relational dialogue.

When she asks people what they hope to achieve by talking with someone across the political divide, she reliably hears that people want to maintain or repair a relationship, persuade or convince, find common ground, or gain some insight into other people. It is better to understand what facts and stats mean to the other person and what shapes their views and actions. Rather than asking, "where did you get that information?" we should be saying, "it sounds like that study had a powerful impact on you; what made it so important for you?" What helps move people toward their

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Tania Israel

Do You See What I See? Do You Hear What I Hear? Understanding the Vertical and Horizontal in Group Therapy

Brenda Boatswain, PhD, CGP, SHRM-CP, AGPA Connect Co-Chair

EDITOR'S NOTE: Daniel José Gaztambide, PsyD, is Assistant Professor of psychology at Queens College, New York City, where he directs the Frantz Fanon Lab for Decolonial Psychology, and conducts research on Puerto Rican and Latinx populations, ethnic minority identity, psychotherapy, and public policy and the social determinants of health. He is the author of *A People's History of Psychoanalysis: From Freud to Liberation Psychology* (2019) and *Decolonizing Psychoanalytic Technique: Putting Freud on Fanon's Couch* (2023). Dr. Gaztambide will deliver the Anne & Ramon Alonso Plenary on Decolonizing the Bifurcation Between the "Interpersonal" and the "Sociocultural:" Theory, Research, and Implications for Group Practice at AGPA Connect 2025.

BB: *Can you explain what you mean by decolonial psychoanalysis?*

DG: Decolonial psychoanalysis integrates how broader social factors like race, power, and historical trauma impact not just individuals but entire groups. These themes provide a framework for group therapists to recognize and work through collective issues that shape mental health, particularly in communities affected by systemic oppression. The approach also recognizes the individual's need for closeness, connection, and intimacy, particularly in interpersonal relationships. When we listen to individuals, we can hear their language of horizontality, how they approach or create distance from other people in the interpersonal world. We can also hear their language of verticality; how individuals wonder about their value, status, and position in the hierarchy of people in the interpersonal world (Ingle, 2024).

Theories inform what we hear and what we attend to. We listen, finding themes in what our patients tell us. If you are Kleinian, you hear the patient as a baby full of rage who wants to rip you apart. If you're a Winnicottian therapist, you're going to hear all the ways the patient just wants to be held and loved. Clinicians need to be open to all the things that might be on people's minds, whether they're relational or social cultural in nature. If we're not able to live up to that ideal as clinicians, if we become selective about what we do or don't allow to be spoken about in group, then we might be sacrificing a very important aspect of what it is we do as clinicians, which is to allow permission to say things that are

sometimes unsayable and speak about things that sometimes feel unspeakable.

"We'll often make an ethical or moral argument for attending to social justice issues in individual and group therapy but we often don't do a good job of articulating the clinical need for bringing those things into our groups or addressing them when they're in the room."

BB: *How did you get started with this work?*

DG: I got started with this work through my book, *Decolonizing Psychoanalytic Technique*. A lot of my research is noticing that there is a bifurcation both in our training and our approach to practice, whether that's individual, family, or group therapy. Usually in the beginning of our training in a master's or doctoral program or even in medical school, we're exposed to the basics of psychodynamic therapy, cognitive behavioral therapy, family systems therapy, and humanistic psychotherapy. Later, we learn about something called diversity or something called cultural competence broadly

defined. We're taught these two components, but without any integration between the two.

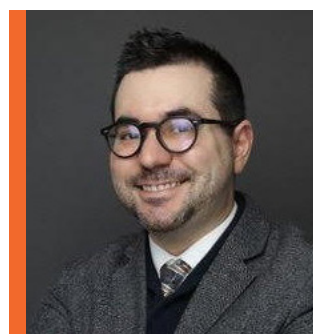
You might learn, for example, about the importance of empathy and empathic reflection, and how to stick with somebody's affect. But that doesn't get integrated with the importance of, for example, naming race in sessions with your patients or talking about class, or gender, or sexuality. One approach can often have a very exploratory flavor to it, while the other can sometimes be a little didactic and sometimes more of a moral injunction than a clinical orientation.

When I started noticing that, certainly in my own training and clinical practice, it became clear that we lacked a kind of common language for bridging the meat-and-potatoes-work we are taught in our psychotherapy training with how to attend to questions of identity, status, and positionality in a way that feels organic and not just morally or ethically called for, but clinically called for. We'll often make an ethical or moral argument for attending to social justice issues in individual and group therapy but we often don't do a good job of articulating the clinical need for bringing those things into our groups or addressing them when they're in the room.

BB: *What are the major themes of your Plenary Session?*

DG: My talk will be primarily oriented to shedding light on the dilemma that I just articulated, using the history of theory,

Continued on page 8



Daniel José Gaztambide

a view from the affiliates

Stephanie Vail, LMFT, CGP

This issue of the *Group Circle* now marks a transition in leadership, not only from Leo Leiderman, PsyD, ABPP, FAACP, CGP, AGPA-F, to Tony Sheppard, PsyD, ABPP, CGP, AGPA-F, as the Editor, but from Cheryl Kalter, PhD, LPC, CGP, to me as Editor of the Affiliate Societies Assembly (ASA) column. I am looking forward to telling stories about how the ASA column can best highlight all the creative and challenging nuts-and-bolts work going on across the country at the Affiliate level.

The timing of this column coincides with the end of my term as President of Rochester Area Group Psychotherapy Society (RAGPS). It's a natural time to reflect on all that has happened during my tenure, which was a lot! It's also an opportunity to look ahead. My hope is that sharing some of these reflections might serve as an invitation to others to learn more about what their own Affiliates are doing, or for those more actively involved, to share the stories you have to tell.

In Rochester, we have been in a period of metamorphosis. Our Affiliate has been around for decades, and we have many talented group therapists, creative thinkers, and leaders who live and work here. I had no idea how unusual it was to have such a vibrant Affiliate until I became more involved in AGPA and found out that RAGPS is a uniquely group-oriented community.

We've always been able to put on a fabulous conference at least once a year (in the past, it has been up to three times a year). We have the formula down to a science and can often turn a profit. The quality of our conferences has been fantastic, and we pride ourselves on offering outstanding training.

But as an Affiliate, we've also been dogged by a few things:

1. Our organization has been predominantly made up of White-identified private practitioners. This reflects the segregation inherent to our community-at-large and the impact of systemic racism.
2. Since keeping an up-to-date membership list became cumbersome years ago, we had lost track of who was in our organization beyond keeping an email list. In turn, the Affiliate Board itself had started to feel like it was the organization, rather than serving a broader community with a clear identity and purpose.
3. Prior to my assuming leadership as President in February 2022, RAGPS had lost connection with AGPA and other Affiliates. The last several presidents before me had worked hard to keep our Affiliate functioning but had not had the time or bandwidth to be active with the ASA.

Over the course of the last three years, the Rochester Affiliate began to look more carefully at all these challenges. We wanted to create a meaningfully inclusive organization that was appealing to therapists from more walks of life, both from the standpoints of personal identity and from specific workplaces. We also wanted to build a community that had more awareness of systems of oppression and how these get reenacted in groups, including at our events. We wanted to revitalize what it means to be part of RAGPS by bringing

back a more formal concept of membership, while making membership accessible to as many as possible.

RAGPS President-Elect Lily Wolf, LMFT, and I both decided we had an interest in getting our Affiliate back in touch with the ASA, and in February 2022, we attended our first ASA Zoom meeting. Meeting people over Zoom is never easy! We felt a bit lost, because neither of us understood the structure of AGPA or how the ASA and the Affiliates fit into that picture. We were also seeing a lot of new faces. We figured out pretty quickly that the ASA might be the ticket to solving some of the challenges facing our organization, and at the very least, we'd feel less alone in taking our Affiliate in some new directions.

Since then, Lily and I have been to Atlanta, Nashville, and Houston for in-person midyear meetings with leaders from other Affiliates. We've seen these same colleagues at AGPA Connect in New York in 2023 and in Maryland in 2024. In between those experiences, we've nurtured our professional relationships and friendships via Slack, Zoom meetings, and text messages.

The ASA made my presidency feel more doable. In addition to wanting to invigorate our mission in Rochester, the Board and I had to navigate various Board member retirements and departures and find a way to attract new members to leadership.

Over time, we've also come to realize that a Board that does everything together at its monthly meetings burns out fast. Several Board members recalled days when the organization had a subcommittee structure, and the work of the organization took place in between full Board meetings. I wanted us to return to that, and the Board agreed. As participation on our Board and in our organization had dwindled, our Board had become too small, and we all knew that we wouldn't be able to do much of what we wanted to do unless we got more hands on deck. I wanted RAGPS to feel like it belonged to a collective, with work and power shared more broadly.

Our new ASA colleagues shared so many valuable insights about how they built and maintained their memberships, helped people truly want to be engaged, reached more therapists of color and others from traditionally marginalized identities, and discovered new ways to create income. Every time Lily and I met with those from the ASA, we came home with new ideas and new energy.

In early December 2024, I led my last meeting as President of RAGPS and turned the reins over to Lily. I looked around at our existing and new Board members and invited everyone to start thinking about what they wanted their subcommittees to look like. We established five subcommittees: Membership & Social; Programming; Diversity Equity, and Inclusion; Marketing and Communication; and Nomination. We will likely add more in the future and perhaps edit and change the ones we have.

As I listened to everyone talk about how and when they'd meet on their committees and what they wanted to focus on in the new year, I felt so excited for where we are headed. With a committee structure developing and new creative

ideas for how to have a more collaborative organization, I no longer worry that RAGPS could fold at any moment. Despite our rich history, our vibrant events, and all the passion for group therapy that exists in Rochester, over the years we often felt like we could fall apart if one or two Board members left. The organization would reach the point of considering dormancy every so often.

From my time on the ASA, I know we aren't alone in those feelings of insecurity, and the feelings of frustration that can come from trying to do too much with too few people.

We have lots more work to do. We are still attracting mostly White-identified practitioners, though we are committed to further experimentation and conversation to help shift this dynamic. Efforts to reach younger, less experienced clinicians in hospital and clinic settings have been successful. We are trying out new ways to welcome more people into our traditional conference events, by adding a lower agency rate to appeal to professionals working in clinic settings, and by experimenting with holding our big events on the weekend rather than on Fridays.

We also want to move beyond what we've always done. Last year, we tried a weekday evening event where we screened a few episodes of Elliot Zeisel's YouTube series, *GROUP*, at a local cinema, and then had a large group discussion and Q&A about it. We've also tried running a drop-in community case consultation group, an idea that had some success. We'd like to revive that in the new year, perhaps as a member benefit. We know that so many people leading groups in our community work in high-stress settings where there is inadequate supervision and training, and we see a role for our organization in more effectively reaching those therapists.

In 2025, RAGPS will restart a formal, low-cost membership structure so we know who we're serving and can serve them more effectively. We've learned about a membership software program that will help us manage the details of this with more ease. We are hoping to plan at least two to three conferences ahead so that we aren't scrambling. We want to do more to spotlight local talent and offer more bite-sized training opportunities and social events, especially for people who can't get to our daylong conferences, all while integrating DEI efforts into everything we do, so we can have a more meaningfully diverse community.

As far as *A View From the Affiliates* column goes, I hope to provide space for fellow Affiliates to tell stories about how they are building more diverse and inclusive organizations, how they are bridging therapists from different backgrounds, workplaces and years of experience, and how they are finding ways to stay alive and be financially viable even as costs rise. There is so much happening across all our Affiliates in terms of training, developing group leadership skills, and finding new ways to help people thrive in groups of all kinds.

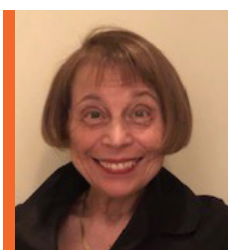
I have met many talented, creative, and inspiring leaders since joining the ASA. We have no shortage of things to learn from each other, and I can't wait to keep the spirit of this column going as its newest Editor.

You can reach me at stephanie.v.dobbin@gmail.com. 📧

AGPA Awards Distinguished Fellowship to Ronnie Levine, PhD, ABPP, CGP, AGPA-F, and D. Thomas Stone, Jr., PhD, CGP, AGPA-F

The American Group Psychotherapy Association (AGPA) is proud to bestow its highest honor, Distinguished Fellowship, upon Ronnie Levine, PhD, ABPP, CGP, AGPA-F, and D. Thomas (Tom) Stone Jr., PhD, CGP, AGPA-F. This prestigious award recognizes individuals whose exceptional careers have distinguished them as leading theoreticians, practitioners, trainers in group psychotherapy, or exemplary leaders within AGPA. The awards will be presented during AGPA Connect 2025 in San Francisco, California, at the Annual Awards Ceremony on Wednesday, March 5.

Dr. Levine is celebrated for her outstanding contributions to group psychotherapy, her commitment to advancing the field, and her exemplary professionalism, compassion, and humor in group settings. A highly respected educator, she has taught for more than 30 years at the Center for Group Studies and served on the faculty of the Eastern Group Psychotherapy Society and New York University School of Medicine. As a dedicated member of AGPA,



Ronnie Levine

Dr. Levine has contributed significantly through her work with Affiliate Societies and her role on the editorial board of the *International Journal of Group Psychotherapy*. Known for amplifying diverse voices and her exceptional communication style, her AGPA Institutes remain among the most sought-after.

Dr. Stone is recognized for his more than 30 years of dedicated leadership and service to AGPA and the broader field of group psychotherapy. His contributions include significant work with disadvantaged populations, immigrant and refugee groups, and his commitment to antiracism. During challenging times, Dr. Stone's composed, firm, and compassionate presence has been invaluable. Colleagues praise his energy, intelligence, humility, and friendly demeanor, as well as his enduring dedication to group psychotherapy.



D. Thomas Stone, Jr.

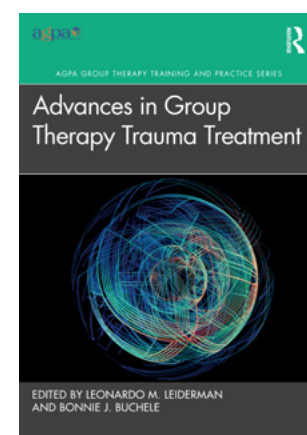
AGPA congratulates Dr. Levine and Dr. Stone on this well-deserved recognition and thanks them for their remarkable contributions to the field and the AGPA community. 📧

AGPA Releases Two New Books in the Group Therapy Training and Practice Series

Addressing Diversity Dynamics in Group Therapy: Clinical and Training Applications (2024), edited by Alexis Abernethy, PhD, CGP, AGPA-F, is part of the AGPA Group Therapy Training and Practice Series. This book illustrates group dynamics and group interventions in response to diversity-related content and processes in group therapy. Perspectives informed by conceptual frameworks guide the discussion of specific clinical interventions and the implications for training. Cultural dimensions of race, international heritage, classism, religion, and aspects of intersectionality associated with these dimensions are a particular emphasis. Key sections for each chapter include Conceptual Framework, Group Interventions, Teaching or Case Examples, Intersectionality, Ethical Considerations, and Implications for Training and/or Practice. Professional development opportunities for mental health professionals as well as training implications for psychiatry residents and psychology interns are addressed, and case studies offer practical examples for guiding therapists and trainees to intervene more effectively in addressing diversity dynamics in group therapy. An important and timely resource that belongs in every group practitioner's repertoire, this book is broad enough to be integrated into a course for a training or graduate program and specific enough to serve as a shelf reference for those in practice.



Advances in Group Therapy Trauma Treatment (2025) edited by Leonardo (Leo) Leiderman, PsyD, ABPP, FAACP, CGP, AGPA-F, and Bonnie Buchele, PhD, ABPP, CGP, AGPA-DF, is the latest book in the AGPA Group Therapy Training and Practice Series. *Advances in Group Therapy Trauma Treatment* contains compelling theoretical, clinical, and research advances in group trauma therapy by leading experts in the field. This timely book includes short-term integrated and long-term psychodynamic group therapy models from several theoretical perspectives, with informative clinical illustrations in each chapter describing how to foster co-regulation of affect, treat disturbances in attachment, and address dissociation, shame, primitive defenses, and enactments associated with PTSD, complex PTSD, and sexual abuse. Interventions to address the harm and loss of safety following mass trauma that are often mirrored in large and small psychotherapy groups are described. Unique to this volume is the role of diversity, the necessary adaptations of group therapy models to different cultures, and the relationship of trauma to structural and systemic racism, hate, and bigotry. Finally, leadership considerations such as training, ethical guidelines, supervision, pre-group preparation, and self-care for group therapists will be enumerated. Integrating well-established group theory and techniques with new practice and research findings, this book is indispensable to mental health professionals who treat traumatized individuals.



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In Memoriam: Bea Liebenberg, MSW, AGPA-DF

We have lost one of our AGPA treasures. Bea Liebenberg, MSW, AGPA-DF, died on January 4, 2025, at 105 1/2 years old in her home in Washington, DC. Bea was born in Eau Claire, Wisconsin. Her father taught Hebrew to Golda Meir, Israel's fourth Prime Minister, and he also knew David Ben-Gurion, Israel's first Prime Minister. Bea graduated from the University of Chicago in 1940, where she studied philosophy with Bertrand Russell, a Nobel Laureate, and became close friends with writers Saul Bellow and Issac Rosenfeld. Bea married the love of her life, Maurice Liebenberg, and they had two children. She returned to graduate school at American University to study sociology and political science. She then studied advanced psychotherapy at the Washington School of Psychiatry from 1945-1949, at one point taking a class from renowned psychiatrist Harry Stack Sullivan. Bea earned her MSW at Howard University's School of Social Work in 1958, as one of two White students. Her choice to attend Howard was typical of Bea as she greatly valued having a broader lens through

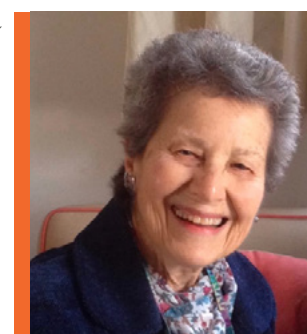
which to look at life, and a focus on social justice was an intricate part of her life.

Bea was on the Group Therapy Faculty at the Washington School for more than five decades. She was a Distinguished Fellow of AGPA, having attended our Annual Conference for more than 50 years. She served in many AGPA leadership capacities over the years and mentored, supervised, and taught many of us. Bea served as President of the MidAtlantic Group Psychotherapy Society in 1976, having revived the organization when it went dormant for a brief time.

Over the course of her career, Bea also taught social work at Smith College and was a consultant in the Child and Adolescent Unit at Georgetown University's Department of Psychiatry; the US Naval Hospital; the Georgetown Day School; the Sidwell Friends School; and was a member of the Peace Corps' Staff Training Division. In addition to her busy teaching schedule and private practice, Bea was a prolific and highly respected author of numerous scholarly publications

in the *Smith College Studies in Social Work Journal* and in the *International Journal of Group Psychotherapy*. She was an early pioneer in feminist research, including conducting a groundbreaking study on the effects of pregnancy on fathers.

Bea was an incredibly wise, honest, and kind person who genuinely supported others, especially younger colleagues, to rise and shine. She also had a delightful sense of humor and a ton of humility. When being considered for an honor at the Washington School of Psychiatry, she reneged, saying those were for people who are dead! Oh, how we will miss her! 🙏



Bea Liebenberg

Maryetta Andrews-Sachs, MA, LICSW, CGP, AGPA-F

lettertotheeditor

Dear Editor:

As a trained group analyst, working with groups for decades, going repeatedly to seminars of AGPA, the International Association of Group Psychotherapy (IAGP), the Group Analytic Society International (GASi), and the Nordic Group Symposium, and as a member of the IAGP Board of Directors for several years, I have a fairly good overview of the different ideologies in group therapy and group work. It always struck me that all the different schools of thought each had important knowledge which for some reason was not adopted by other types of group therapies and group work. When I originally started working on the term *groupology*, I googled it, and there was only one response. It was some kind of an app. Now there are several Google responses suggesting growing use of the term. The purpose here is to define and introduce the practical use of this term in an attempt to unite different schools in group therapy and group work in general, and to increase knowledge of human groups, hopefully for the benefit of all.

Groupology is the science and study of group behaviour, and individuals within groups, embracing all aspects of conscious and unconscious experience, as well as thought and behaviour, both individual and collective. It is an academic discipline and a social science that seeks to understand groups, and individuals in groups, small and large, by establishing general principles, and researching specific cases.

The above definition of the term *groupology*, is inspired by the Wikipedia definition of psychology. *Groupology* is proposed here because there is an increasing need for a term that can cover universal truths about human groups, independent of different theoretical schools such as group

analysis, psychodrama, family therapy, group processes, psychodynamic group therapy, self-help groups, etc. There is a growing body of knowledge about human groups that all of the theoretical schools have discovered and share. *Groupology* as a discipline can hopefully increase this universal group knowledge and thus benefit all the different theoretical schools equally. Also, there are those of us who may choose to approach groups in a more scholarly manner, focusing mainly on theory, teaching and research, and they might then be called *groupologists*, possibly creating a community of researchers, or a community of *groupologists* in different areas and hopefully, originating from different group disciplines. The concept of *groupology* could, therefore, benefit all schools of thinking equally, and thus create a common ground, where the different theoretical models will all contribute to the growing body of knowledge, under the term *groupology*.

In the current situation, different group therapy schools of thought risk becoming more like religious sects than academic disciplines. Often the focus and loyalty to the founder of the different schools may hinder a broader view. This may then lead to group therapy losing ground in competition with other therapy types.

I have a dream that universities in the future will have their own Departments of *Groupology* and that we will all benefit from a growing number of academic *groupologists* increasing our knowledge of human groups and even societies.

Einar Gudmundsson, MD
Gardabaer, Iceland

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Being Seen:
The Many Faces of Group





consultation, please!

Members are invited to contact Mendel Horowitz, MS, CGP, 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 Mendel at mendelhorowitz@gmail.com.

Dear Consultants:

I run a process-oriented interpersonal group for adolescents with varying presenting issues including depression, anxiety, Level 1 autism, and suicidality and self-harm. This is an ongoing group that has had relatively stable membership for several months. The group has guidelines for outside contact that state that this is not prohibited, but that members should make the group and the co-leaders aware when they see each other outside of the group. Dating group members is discouraged. Recently, two members of the group have begun dating each other. They hold hands during the group sessions and have told the group they are dating. One of the members is a bisexual cisgender male and the other is a transgender gay male. The group has generally been accepting of this relationship. Thus far, my co-leader and I have acknowledged the relationship, but we have not taken any further action about it. How should we proceed? Should one of the members be forced to leave the group?

Signed,
Should They Go?

Dear Should They:

Your dilemma makes me think about three aspects of adolescent group work: confidentiality; subgrouping; and language versus action.

Confidentiality is first a protection of everyone's privacy—what members say in group is only meant for the other group members. But confidentiality is also a way of creating a container for all the feelings of the group members. If a lot of feelings come up in group, its members will have to hold those feelings until they come back to group again and talk about them. If members can discharge their feelings outside the group, then it will drain off some, if not all, of the intensity of the emotional exchanges, and it will rob the other group members of the ability to witness and participate in the interactions around those feelings.

Your contract does not explicitly prohibit interacting with group members outside of group; it only discourages contact. This kind of back door feels like a puncture in the group container. You do not mention the location of this group, but if it happens in a school or a program where group members have regular outside contact, then confidentiality becomes much more complicated to enforce. Even in my adult private practice groups, the members often walk to the subway together after group, and they are talking the whole time. So, the rule is that you can talk about anything other than what happened in group. If you talk about group, or if you engage in any meaningful form of contact outside of group, then you need to bring it back into group.

When two people in a group form a relationship, they are likely to have their most important and meaningful conversations in private, outside of group. What happens in group will be curated so that neither half of the couple feels in any way uncomfortable or even challenged. This leaves a gaping hole in the group container.

Additionally, there is the issue of subgroups. Every group has some subgroups, based on history, temperament, race, gender, culture, or any other similarity. Subgroups are very comforting. They provide support, safety, and sameness. The important distinction is whether the subgroup has an open or closed boundary. Are there ways in which the subgroup limits what any member can say or to whom they can say it? What has helped me is to talk explicitly with group members about their alliances in the room. However, when two people in a group develop a relationship that continues outside of the larger group, then they are a closed subgroup. There are lots of things they talk about that are not brought back into the group.

Finally, holding hands is also an example of communicating in action rather than in words: touching is an action. When one member touches another, I often say "Can you put that (action) into words?" As group leaders, we help our group members translate all their actions—falling asleep, taking out the phone, getting out of their seat, etc.—into words. Of course, you don't know exactly what these two are saying by holding hands. It could be "I love you," or "I am frightened of being alone here," or "We have each other so the rest of them don't matter." It might be productive to have the group speculate about what those two group members are saying by holding hands.

I would suggest the following: Define confidentiality more thoroughly in the contract; talk about the subgroups within the larger group; and tell the couple that it is not helpful to the group or to the two of them to be in the same group.

David Dumais, LCSW, CGP
Brooklyn, New York



Dear Should They:

This is a great example of the complications of running adolescent groups and the simultaneous unfolding of individual, sub-group, and whole-group phenomena. It is almost impossible to prevent adolescents from connecting with each other outside of group. It is simpler, of course, if group members do not date each other. Even if explicitly discouraged in the group contract, romances do sometimes occur through connections made in group therapy, and then the group leaders must figure out how to proceed.

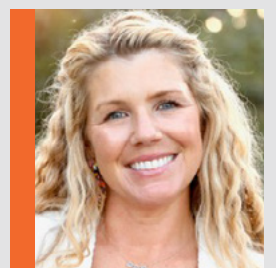
It helps that the group has been accepting of the couple and their affection in group; however, I do wonder if anyone has bigger feelings under the surface than they might be sharing in group. Does anyone feel left out or sad that they don't have a special person in group? Does anyone have a secret crush on one of the members of the couple? Does anyone feel uncomfortable or have bias related to the fact that this relationship is between a bisexual cisgender male and transgender male? Is the physical affection distracting to other group members? Are any group members concerned what would happen if the couple had conflict or broke up and how that might impact the group? Are any group members unstable enough that a rupture in group would trigger self-harm or suicidality? If someone new were to join this group, how might this dynamic impact their integration into the group? How does the couple feel about having less privacy about their relationship, since their romance is an active ingredient in the group dynamic? Developmentally, adolescents can be immature, insensitive, scapegoat one another, and form natural alignments within group; so many potential outcomes could occur.

As group co-leaders, tap into your intuition about what the group might need to explore and process as it relates to this new couple within the larger group. It sounds like you haven't truly addressed this issue yet, and the group may now be ready to have a conversation about it. It is important to deal with this directly and openly, so that this challenge is addressed before it potentially becomes unmanageable in the group. Consult with each other, be thoughtful, and consider the couple's, as well as the needs of the entire group. It is your job to prioritize all members (and even future members of the group if it is an open group) and maintain the safety and integrity of the overall group. By addressing this relationship, you are communicating to the group that it is safe and encouraged to discuss feelings related to this new dynamic, or even future dynamics that might occur in group.

It may be useful to re-establish the group contract and some agreed-upon boundaries to ensure continued safety in group. It seems drastic to force a member out of the group, particularly if the group is coping adequately with this recent coupling. As the group members consider what they need from the group and voice them, it might become clear that the group overall would feel safer if one or both members of the couple left the group. As co-leaders, you would have to take that into account and assist making the best decision for the collective. This could be a moment for a rich discussion in the group to explore the general factors that necessitate someone being asked to leave the group (this may encompass circumstances beyond the dating situation at hand).

This scenario offers an opportunity to strengthen the bonds of group members, reinforce the sacred space of their group, foster open communication, and get group buy-in around how to navigate the group contract and work now that two group members are dating. The group may need you to be vocal in directing this conversation or to give them permission to speak freely but kindly, or the group process may unfold naturally. Lastly, it is possible that your group can weather this challenge, and the couple may continue dating for some time and continue participating in the group. Even the trickiest of situations in adolescent group therapy can be worked through and become grist for the mill.

Leah Niehaus, LCSW CGP
Hermosa Beach, California





groupcircle

529 14th Street, NW, Suite 1280
 Washington, DC 20045

See *Group Assets* insert

HEALING TRIBAL DIVISION: THE PROBLEM AND PROMISE OF GROUP DYNAMICS IN A POLARIZED SOCIETY

Continued from page 4

goals for dialogue is a conversation that promotes connection and understanding.

According to Dr. Israel:

- We cultivate non-defensive listening by inquiring about what the information means to someone rather than challenging the information itself.
- We talk about how our views changed over time instead of focusing on the data that supports what we currently believe.
- We discuss how our choices relate to analyses of the news, rather than making assumptions about what actions people will take based on their stance.

All these steps require us to reveal our humanity, which can feel more vulnerable than debating facts. It may be uncomfortable to lay down our data and share more of

“Curiosity is a great antidote to a closed mind.”

ourselves, but it is so much more rewarding and productive toward genuine community.

She shares her thoughts with us: “My dear AGPA community, keeping our hearts open and available during these fractured times is a true feat, yet compassion is a quality we as clinicians cannot afford to abandon.”

In the words of Dr. Israel, “Curiosity is a great antidote to a closed mind.” Now couldn’t we all use a dose of that? 🧐

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particularly the history of psychoanalytic theory. I will discuss Freud, of course, relational and interpersonal psychoanalytic theory, as well as the work of Jacques Lacan, who although not as well known in the world of group, has had an indelible imprint on psychoanalysis worldwide. We will examine those theorists through the lens of Frantz Fanon’s work as somebody who conducted psychoanalytic individual and group therapy and rework these ideas in ways that shed light on how to attend to both the relational and the social cultural simultaneously.

Group members are always trying to figure out how to relate and connect with each other and with the group leaders. They’re also trying to figure out where they stand in the hierarchy of the group, which opens up space for questions about class, gender, sexuality, race, and culture. We’re going to talk very clinically about this and try to find common ground across our theoretical orientations so that we’re able to talk about our clinical work more lucidly while at the same time opening even more space in group to talk about these things as they emerge in the group members’ minds. We will use theory to shed light on how we’ve thought about these things for the better part of a century and then will integrate that with contemporary research that essentially validates and provides an evidence base for these ideas and why they’re so important as an integrated model of clinical practice today.

The major themes are going to be how to bridge the gap between our thinking and our practice. We will unpack some of the specific clinical theories and techniques that could be adapted in the context of group therapy to have better, more inclusive, and more theoretically coherent group therapy sessions.

BB: *Would you share one or two nuggets from the research?*

DG: It may be obvious to many of us that attachment

related difficulties are very strongly related to mental health, psychopathology, and underlying difficulties. What may be less known, but is in the empirical literature, is that questions of status and identity are also intimately tied to everything from symptoms of anxiety and depression to substance abuse to difficulties managing anger. It forms an interconnected social cognitive system that includes the horizontality of relationships and the verticality of status and power. Conceptually, all human beings must navigate these two aspects of experience, and both are intimately tied to mental health.

“If we’re able to attune to the nuances in patients’ language and evoke them with our empathic reflection and the resonance of our words, we can create very organic opportunities for those different questions of identity to emerge in the context of the work.”

The second thing the empirical literature shows us is that we must titrate our attention to these issues to the patients, to the salience of the patient’s identities and not what we think are the salient identities of the patient. One example comes from a study on cultural humility and psychodynamic psychotherapy. If the therapist practices cultural humility but culture wasn’t terribly salient for the patient, it could either not help or get in the way of good outcomes. But, if culture was salient to the patient and you engage in a culturally humble way, then that

does lead to good outcomes. In other words, we should not assume for which patients talking about gender, race, sexuality, or class is going to be important and for whom it’s not. One evidence-informed way of navigating that is to listen very closely to the ways in which the horizontal and the vertical are expressed in the way people talk, for example when they talk about getting close to or feeling distant from others. There are ways in natural language that the relational comes through. We should deal the same way with questions of status. For example, somebody had a rough day at work and got reamed out by their boss. They said, “I felt really put down” or “I feel like I aspire to so much more and I’m just not getting there.” All of that suggests a certain verticality of experience that naturally touches on different questions of status. If we’re able to attune to that language and reflect back to the patient, we provide tacit opportunities for them to expand as much on their experience of verticality, status, and identity as we would naturally want them to expand on their experience negotiating relationships. So, if we’re able to attune to the nuances in patients’ language and evoke them with our empathic reflection and the resonance of our words, we can create very organic opportunities for those different questions of identity to emerge in the context of the work. 🧐

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