



SUMMER 2021

groupcircle

Finding Strength and Power through Spirituality and Struggle as an African American Woman: Implications for Group Leadership

Alexis Abernethy, PhD, CGP, FAGPA

EDITOR'S NOTE: Alexis Abernethy, PhD, CGP, FAGPA, is a Clinical Psychologist and Professor in the Graduate School of Psychology at Fuller Theological Seminary. She is also the Associate Provost for Faculty Inclusion and Equity. She graduated from Howard University with a BS in psychology. She received her MA and PhD from the University of California, Berkeley. She has conducted institutes and workshops nationally on cultural competence and spirituality in group therapy. Dr. Abernethy was Co-Chair of the Institute Committee and AGPA Connect Co-Chair. She is an AGPA Board Member and most recently served as the Chief of Diversity, Equity, and Inclusion and is now the Chief Academic Officer at Fuller Theological Seminary.



Cultural values, spirituality, racial trauma, and resilience are helpful lenses for understanding African American women's perspective on power (Abernethy, in press). Afrocentric theorists have highlighted the African origins of civilization and have noted that cultural values, such as communalism, interdependence, and spirituality, are characteristic of people of African descent (Mbiti, 1990; Nobles, 1980; White, 1984; Williams, 1987; Williams & Wiggins, 2010). Although African American cultural values support role flexibility as noted by Nancy Boyd-Franklin (2003), traditional gendered lenses influence African American women's leadership as well (Abernethy, in press). An increased focus on emotional intelligence (Goleman, 2006) and more collaborative leadership styles are important developments in the leadership literature, yet women's assertiveness and use of power is often viewed unfavorably by some men and women (Ben-Noam, 2018).

Womanism emerged as an alternative to masculine Afrocentric and Eurocentric feminist perspectives (Walker, 1984; Williams & Wiggins, 2010). Womanism illumines the process by which African Americans find strength and power by drawing on the spiritual strength of their womanhood, as well as their African ancestral heritage.

Racial Trauma

Sanchez-Hucles and Davis (2010) noted the powerful gender, ethnic, and racial stereotypes that may arise in others in response to women of color. Maya Angelou commented, "The Black female is assaulted in her tender years by all those common forces of nature at the same time that she is caught in the tripartite crossfire of masculine prejudice, white illogical hate and Black lack of power (Angelou, 1993, p. 265).

Chattel slavery (i.e., the dehumanization of people of African descent and the mistreatment of them as property) and ongoing individual and systemic racism fuel the experience of racial trauma (Abernethy, in press). Thema Bryant Davis who spoke at AGPA Connect 2021 noted that the experience of African Americans includes intergenerational trauma that has been experienced directly and vicariously, as well as current experiences of racism that inflict harm (Bryant-Davis, 2007; Daniel, 2000).

Spirituality

Artistic expressions, music, and spirituals have depicted the pain, suffering, and lament of African Americans (Jangha et al., 2018; Marignay, 2016). These expressions have also been powerful reminders of God's presence, power, and providence and have helped African Americans to persevere (Cooper-Lewter & Mitchell, 1991). Using a qualitative arts-based design, Jangha and her colleagues (2018) found that the spirituality of African American pastoral counselors helped them recover from the powerlessness often evoked in response to microaggressions and racial trauma. Their power emerged from powerlessness. Their definitions for power included having control, fulfilling their purpose, and surrendering to God (Jangha et al., 2018).

Resilience

In addition to the spiritual resources noted above, Masten (2011) describes resilience as the ability to recover and adapt in the face of adversity. Abernethy (in press) noted several dimensions that were identified in Ungar's and colleagues' (2007) international study of resilience in adolescence as keys to resilience for African American women: not being defined by the atrocities and mistreatment that she has experienced; finding and connecting to her sense of power despite circumstances that might foster helplessness and hopelessness; and pursuing social justice, remaining connected to others, and living in a manner that is consistent with her cultural values.

Finding My Voice

As I have shared in more detail elsewhere (Abernethy, in press), I am the youngest and only daughter in my family. I have a twin brother (10 minutes "older"), an older brother, parents, and grandmother. In comparison to my more talkative oldest brother, my voice emerged more slowly. My father was interested in my feelings, as well as my ideas, so I was comfortable sharing my ideas, particularly with men. Despite this early affirmation by my father and encouragement of my mother and grandmother, in groups I would tend to revert to the position of the quieter, youngest child and only daughter. Being a group therapist was intimidating, and based on my early experience in my family, I felt that I would not have power as a leader.

I will share the development of my singing voice as a metaphor for the emergence of my comfort with power as a leader. Over 15 years ago, my church choir director, Dr. Diane White Clayton, invited me to take vocal coaching lessons. Her first feedback to me was that I had a "big" voice. This was news to me as I always viewed my mother as having the loud voice that you would hear above others when we were singing in church. My vocal coaching lessons increased my comfort with my higher range and prepared me to sing first soprano more freely than I ever had in my life. Although I had been singing for so many years, my voice was not free to soar. I was aware of how loud my voice could be, so a part of me was trying to suppress my voice, suppress my power for fear that I would stand out, dominate, or overpower others. I learned that a big voice does not have to overpower or drown out others, but it can enhance and empower others.

Walking in My Power

In the past 10 years, I am more comfortable with my power in terms of my voice and leading groups. Unfortunately, I have experienced more racial trauma in the past few years, partly related to our racial climate, as well as my more visible leadership roles. As a woman, I have found my sweet spot in terms of finding a blend of firmness, grace, warmth, power, aggression, and authority (Abernethy, in press). I strive to achieve the right balance among these elements. Even as I increasingly attain positions of power, I continue to speak truth to power as I advocate for diversity, equity, and inclusion. In groups, I seek to attend to those who might tend to be silenced or ignored.

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from the
president

Moly Leszcz, MD, FRCPC, CGP, DFAGPA

In writing this summer message, I am ever more attuned both to the familiar rhythms of professional life in AGPA and to the extraordinary challenges and opportunities we have faced and will continue to address. The long tail of COVID-19 is beginning to recede as vaccinations spread and the promise of our return to more familiar, in person, face-to-face activities take shape. In the same way we were challenged to move to virtual work last year, we will no doubt be challenged moving back to in person work. We will again need to support and learn from one another.

Our anti-racism work continues, and the past few weeks have provided important reminders of the history of what must be reckoned with and repaired. Like many, we welcomed the proclamation of a new US federal holiday on June 19—Juneteenth National Independence Day. While Juneteenth reminds us of the enduring impacts of slavery on Black Americans and the promise of emancipation and inclusion that lies ahead, it depends on our actions and commitment to realize.

We recently completed our diversity, equity, and inclusion focus groups and consultation groups. We are now synthesizing the robust and frank feedback emerging from these meetings, which will inform our strategic plan going forward. We have retained an outstanding DEI consultant, Kumea Shorter-Gooden, PhD, FAPA, to help in this important work. Dr. Shorter-Gooden is a clinical psychologist with a wealth of experience in helping organizations and associations evolve into inclusive, welcoming organizations that advance anti-racism work. She has been meeting with AGPA leadership and with the DEI Task Force. Allied with this is our plan to have Kenneth Hardy, PhD, an acclaimed leader in anti-racism work, present a full-day Special Institute at AGPA Connect 2022. This will be an impactful training event, and all are encouraged to attend. For further information on our DEI work throughout the Tri-Organizational Boards, please see the link to the May 2021 DEI update. I welcome with great interest as well that

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Leo Leiderman, PsyD, ABPP, CGP, FAGPA

In this special edition, we will address the challenges and sexism encountered by women group therapists. Although sexism has been prevalent for centuries, the #MeToo movement, established in 2006, has illuminated the harm related to sexual misconduct and violence against women, as well as the exploitation of gender and power. The lack of gender equality in our societal systems can also be found in professional organizations, theoretical perspectives, publications, and leadership. We can, therefore, strive to make systems, therapies, and organizations nonsexist by focusing, understanding, bearing witness, and validating how women group therapists have encountered sexism in various ways.

I hope this special edition of the *Group Circle* provides you with meaningful connection to AGPA. In her feature article, *Finding Strength and Power through Spirituality and Struggle as an African American Woman: Implications for Group Leadership*, Alexis Abernethy, PhD, CGP, FAGPA, addresses how to overcome stereotypes women of color face in leadership through spirituality. Jeanne Bunker, LCSW, CGP, FAGPA's article, *Challenging Our Misogynist Bias: Influencing Psychodynamic Theory with Women's Lived Experience*, underscores the misogynistic biases in psychodynamic group theory and suggests ways to transform the field. Jill Paquin, PhD's, article in our Research Matters column, *A Woman's Place Is in The Research: Women's Representation in Group Psychotherapy Scholarship*, recognizes the disparity of women's representation in theory and scholarly leadership, and systemic sexism and racism in our field. Janice Morris, PhD, ABPP, CGP, FAGPA's article on *Women Group Leaders and Aggression: Breaking New Ground* captures her insights on creating gender role modeling for women group leaders with more collaborating of shared experiences, theoretical perspectives, and strategies to reduce gender-based biases and restrictions.

Women & Group Psychotherapy, written by Amanda Tran, AMFT, and Helen Kim, PhD, in the Widening the Circle: Racial & Social Justice column, addresses the hate crimes and discrimination against Indigenous and Asian Pacific Islander Desi American (APIDA) women. The Consultation, Please column features a clinical dilemma and responses from AGPA's Women in Group Psychotherapy Special Interest Group members Rena Pollak, LMFT, CGP, and Stacy Nakell, LCSW, CCTP, CGP. A View from the Affiliates features articles by Ramona Aarsvold, PhD—*Women Therapists' Use of Aggression in Transference and Countertransference*—and Peter Millis, LCSW—*New Questions, New Conversations*.

In his From the President column, Melyn Leszcz, MD, FRCPC, CGP, DFAGPA, provides significant updates including the retirement of long-term CEO Marsha Block, CAE, CFRE, the announcement of our incoming CEO Angela Stephens, CAE, and AGPA's new partnership with Kellen Association Management. Our fall edition will feature an exclusive interview with Ms. Stephens.

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. 🍷

this *Group Circle* issue addresses another barrier to full inclusion—power imbalances tied to gender.

There are many other important, ongoing elements of our work as an organization that I will update but I must share with you this very important news announced in the early summer. Marsha Block, CAE, CFRE, our outstanding CEO plans to retire on September 1, 2021. Marsha has been the driving force of AGPA for nearly five decades. It is hard to put into words the deep feeling of appreciation that the organization has for Marsha. Under her leadership, AGPA has developed into an excellent education and learning association; provided support for the training of generations of young professionals; delivered important community outreach; supported our members personally and professionally; and advocated for group therapy, mental health care and quality standards. Throughout her tenure, Marsha has ensured that AGPA is on a solid financial platform, a credit both to our fundraising and her wise stewardship financially. Marsha's leadership has helped us through COVID-19, our first virtual Connect meeting, and fostered our deep, ongoing commitment to Diversity, Equity and Inclusion.

As importantly, Marsha has planned well for succession, and I am so pleased to share with you that Angela Stephens, CAE, will become the CEO of AGPA, effective September 1, 2021. Angela has been an integral part of AGPA for nearly 40 years. Angela brings a remarkable blend of energy, wisdom, calm, and passion. Although known recently as our Professional Development Senior Director, Angela has been involved over time in every component of AGPA from governance, to public affairs, to fundraising. There is no one better qualified and better positioned than Angela to take responsibility as our CEO.

As part of the transition, AGPA is entering into a contractual partnership with Kellen Association Management. Kellen will support AGPA by providing infrastructure for technology, events management, accounting, and the guidance we require. All of our administrative staff will continue to work for AGPA within this arrangement but will become employees of Kellen.

Although this may be all new information for many readers of the *Group Circle*, the Executive Committee has been working for the past many months with Marsha and Angela to implement this important transition. Our robust due diligence confirms that this is a very good plan for us going forward; it ensures an affordable transition that will maintain AGPA's autonomy and continuity while opening the door for innovation and new developments, and at the same time provide security for all of our staff.

We are developing a plan to honor Marsha and welcome Angela into her new role. Stay tuned for further updates.

All of the regular ongoing activities of the organization continue apace, and I continue to marvel at the creativity and energy of our AGPA members and staff. Space does not permit a full update of other important committee work, but I would refer you all to the annual report, <https://www.flipsnack.com/>

AGPA01/2020-tri-organizational-annual-report.html, which captures the full scope of AGPA's activities.

Some highlights of our recent activities that I want to note now are as follows:

The ongoing work of the Group Specialty Council is aimed at ensuring the group specialty status we secured from the American Psychological Association is supported and enhanced. We are very grateful to Nina Brown, EdD, LPC, NCC, DFAGPA, for her very outstanding leadership of the Council and setting the stage for a smooth transition to her successor, Noelle Lefforge, PhD, MHA, ABPP, CGP. Substantiating the platform of group therapy as a specialty is critical work; the Council is working on setting academic training standards, creating accessible postgraduate and graduate training resources, as well as publicizing through publication and presentations the scope of group psychotherapy, highlighting both its effectiveness and the training and skills required to lead psychotherapy groups. Thanks to the editorial leadership of Fran Weiss, LCSW-R, BCD, DCSW, CGP, the American Journal of Psychotherapy published its first issue dedicated entirely to group therapy, allowing us to reach newer audiences of mental health professionals.

Under the leadership of Rebecca MacNair-Semands, PhD, CGP, FAGPA, and Les Greene, PhD, CGP, DLFAGPA, the Science to Service Task Force is revising a series of publications, in partnership with Taylor and Francis, on group therapy and ethics; psychoeducational groups; child and adolescent group therapy, and a revised Core Battery. These new editions will build upon the substantial contributions of the first editions.

Our Public Affairs Committee, chaired by Gary Burlingame, PhD, CGP, DFAGPA, and Farooq Mohyuddin, MD, CGP, FAGPA, with enormous support from Diane Feirman, CAE, Public Affairs Senior Director, has been joined by Martyn Whittingham, PhD, CGP, FAGPA. They are working effectively on engaging third-party payers and making the financial case for group psychotherapy. Evidence of the value of advocacy is found in the determination that group psychotherapy will continue to be funded and supported when delivered virtually.

Finally, our Nominating Committee, chaired by Past President Eleanor Counselman, EdD, ABPP, CGP, DLFAGPA, has compiled a slate of nominees for President Elect, Treasurer, Secretary and new Board members for election in the fall of 2021. We are committed as an organization to promoting diversity, equity, and inclusion in our leadership and governance. We are deeply appreciative of everyone who volunteers within the organization and who stands for election.

No doubt, important transitions and challenges lie ahead. I feel heartened by the deep commitment of our members to AGPA and to ensuring that we continue to evolve into the kind of organization that we want and need to be. As always, I welcome comments and feedback. I can be reached at m.leszcz@utoronto.ca.

I wish all a healthy and safe summer and an opportunity for much needed rest and relaxation. 🍷

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Challenging Our Misogynist Bias: Influencing Psychodynamic Theory with Women's Lived Experience

By Jeanne Bunker, LCSW, CGP, FAGPA

EDITOR'S NOTE: Jeanne Bunker, LCSW, CGP, FAGPA, has had a thriving psychotherapy practice in Austin, Texas, since 1993. She is a faculty member at the Center for Group Studies in New York City, a frequent presenter at AGPA, has taught internationally, and conducts various ongoing training and supervision groups for clinicians. To support her own growth and balance, she studies and teaches Tai Chi and Kung Fu, holding second degree black belts in both.



Girls are taught to lose their minds, power, and aggression at an early age, reinforced during adolescence through gender training within the context of patriarchy (Gilligan & Snider, 2018, p. 36). “To lose their minds,” girls are taught to mistrust their own feelings, thoughts, and desires. They are encouraged to fulfill social expectations of caretaking and belonging, often sacrificing themselves. Boys are also indoctrinated in the white supremacist patriarchy in pernicious ways. However, their power and aggression are not stolen from them, and while there is a shift in non-binary gender identity acceptance, the messages and behaviors continue to be dehumanizing and hostile. With the acknowledgment that gender training has destructive consequences across gender identities, I am focusing on the specific concerns of female-identified people. When working with women and girls who have lived within this context, as group psychotherapists we have to integrate their lived experience with what we know about psychodynamic development. We do this by relying upon theoretical and practical training we received within the contexts of academia, professional training, and social training. Yet, all our training manifests within the context of patriarchy. The patriarchal frame is problematic because it comes with both explicit and implicit bias designating specific roles and characteristics based on gender, skin color, and class. The very tools we have to heal are bent with bias. This does not mean the tools are not useful, rather we must scrutinize their limitations. Moreover, our task is to weave our understanding of our clients' social and cultural contexts into the way we work.

The Subversion of Aggression and Anger

Part of the context for women and girls is the subversion of aggression and anger, which requires we define and distinguish between aggression and anger. One is an energy, while the other is an emotion. Aggression is a life force, an energy source that can be felt and expressed in life-promoting and healthy ways (Kirman, 1983), like playing sports, writing a book, and resolving a conflict constructively, or destructively, such as attacking the self or harming others. Anger is an emotion. While anger can be energizing and interact with aggression through that energy, ultimately anger does not necessitate action beyond the experiencing of the emotion. The movement from emotion towards action is fueled by the energy of aggression.

Suppression of aggression foments the perfect climate for girls to lose their minds, losing connection with their emotional truth and personal power. In our patriarchal culture, girls and women are supposed to focus on being liked. In her collection of essays, *We Should All Be Feminists*, Chimamanda Ngozi Adichie (2015) writes about a female friend, “What struck me—with her and with many other female American friends I have—is how invested they are in being ‘liked.’ How they have been raised to believe that their being likeable is very important and that this ‘likeable’ trait is a specific thing. And that specific thing does not include showing anger or being aggressive or disagreeing too loudly” (pp. 23-24). Likeability takes precedence over personal authenticity and competence.

Obstacles to Success

If a woman or girl dares to prioritize competence and success over likeability, she suffers consequences, both externally and internally. Truthfully, there will be consequences whether she rebels against or is complicit in her submission which impacts treatment. If resisting, socially she becomes an outsider, identified as being a bitch or inauthentic, as was Hillary Clinton during her bid for President (Traister, 2018). When Kamala Harris began

her bid for Vice President, she was criticized as being too ambitious. Women of color have been told to wait their turn for decades (Strachan et al., 2019). If a woman is not ambitious, how is she going to achieve anything, especially a vice presidency? The internal consequences can result in self-attack and greater constriction (Strachan et al., 2019). I see this consequence often with my female clients.

Reclaiming Self, Finding Agency

Yashica has been my individual client for several years, with some breaks along the way. As a child in India, she was academically successful, but upon moving to the United States at age six, was put in first grade, despite having the skills of a third or fourth grader. She said that she was not seen. She was both infuriated and despaired. Her parents were of little use in helping her be seen and have a voice in her new country. Her mother used Yashica for her own psychological needs and validation, and her father tended to be codependent and passive in the face of white cultural dominance. The theme of Yashica's invisibility has continued throughout her life. In college, she was ignored and became extremely depressed, initially failing at school before eventually completing her education. In her first significant job, she took on a leadership role and was criticized, even while being used for her high skill level. In her current job, she is recognized for her expertise in supporting others but told she is inadequate herself. Yashica has been functionally demoted and told she is not skilled enough to move up in the company. This career barrier has led her to a recurrence of depression and self-righteous rage.

Yashica was in a mixed-gender psychotherapy group for several years. She did not thrive there. She kept to the edges of connection and rejected other members when they saw something they liked in her. She left that group and took a five-year break from groups. Feeling depressed and angry but also wanting to find a way to engage with herself and others differently, she joined my women's psychotherapy group in April 2020. When she first joined, she was shy and uncertain about sharing. She did not know if she could feel any better. She did not know if she liked anyone in the group or how she would fit in.

Since joining the women's group, for the first time in my work with her, Yashica has engaged in direct conflict and made some real connections with members of the group. The other group members are all at least a few years older than her. They treat her fondly, like a sister. They also challenge her when she withdraws, especially when she is in a self-attack mode. There is one member with whom Yashica seems to enjoy fighting and vice versa. Every few weeks, one or the other says something that is in complete disagreement with the other. They do not hesitate to engage. Yashica becomes more alive and animated during these conversations.

I believe that Yashica's newly developed capacity for conflict and healthy aggression, coupled with authentic care from other women in the group—an antidote to her relationship with her mother—has had an overall positive impact on her ability to engage with the larger world. While she previously had shunned contact with friends, feeling inferior, she now spends time with one of her oldest friends from whom she had been estranged due to her felt inferiority. She has enjoyed the connection and can imagine that the friend cares for her. She is considered her friend's new child's beloved Auntie. Yashica tells me she feels honored and touched. Yashica is working on her relationships with her parents. She confronts her mother when her mother is intrusive or

makes assumptions. She has more gently confronted her father on enabling her mother to engulf them both. She is still entangled with her parents, but she has more breathing room and more courage in verbalizing her experience.

Like the girls in Gilligan and Snider's research (2018), Yashica's early years were spent under pressure to lose her mind and succumb to cultural and gender expectations. She is reclaiming her mind and finding her aggression, voice, and vitality. Rather than turning away from knowing what she knows about herself, her family, and her work, Yashica can remain connected to herself, knowing her own feelings and her own mind. She still tends towards isolation and self-attack, but these incremental improvements towards expressing herself and having more meaningful relationships are worth celebrating.

Transforming Group Therapy and Group Therapists

For my part, I keep in the forefront of my mind the context we are living in, as well as the systemic pressures exerted on my clients. I do not assume everything is psychodynamic. Yashica is a female, Indian American. Her gender, skin color, and body size all contribute to extra pressure and bias against her in this white supremacist, patriarchal, misogynist society. Her Indian family and community bring other influences, including what her family role should be and encouraging involvement with her family at the expense of her own sanity and well-being. She contends with tremendous pressure to lose her mind to conform to the myriad expectations from white US society, as well as from her Indian culture. The focus of psychodynamic intervention must be integrated with the reality of her context. Moreover, psychodynamic theory must be analyzed to expose where it is bent and distorted by bias. We must discern the truly useful from that which is contaminated by bias.

I am not saying that we need to insert feminism into our group practices. I am attempting to challenge the automatic acceptance of psychological theory and practice so that we understand that all the theory is created within a socio-political cultural context—which is sexist and racist. While I do focus more on gender issues and I certainly identify as feminist, I am attempting to encourage a much larger conversation. The structure of our field and our society is flawed, and it is our charge as professionals to recognize and work with the flaws, explore and identify the implications, and then change our field. We must discern the truly useful from that which is contaminated by bias. Our clients need us to use this same discernment to examine our own process, revealing our own blind spots to facilitate healing within ourselves, our groups, our communities, and our world. 🍷

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Women Group Leaders and Aggression: Breaking New Ground

Jan Morris, PhD, ABPP, CGP, FAGPA

EDITOR'S NOTE: Jan Morris, PhD, ABPP, CGP, FAGPA, is a psychologist in private practice in Austin, Texas. She is a Diplomate in group psychology with the American Board of Professional Psychology. She holds a certificate in Modern Group Leadership from the Center for Group Studies in New York City, where she serves as faculty. A member of the Austin Group Psychotherapy Society, she trains and supervises therapists nationally and internationally.



A group member angrily complained I failed to protect him when he was being attacked by another member, therefore, he could not trust me and was not coming back to group. Wrestling with feelings of failure (after all, a good female group leader always protects, I told myself), I mustered a reply, stating I could never guarantee protection at all times but if he was willing to stay, I was open to hearing from him any time he felt attacked, and I would be available to help. He stayed in the group and helped me know more about how and when he needed me, and I grew in my capacity to value what can come from failing my group members from time to time.

Another group member said she felt contempt for me as she noticed me clasp my hands in what she deemed “hand-wringing.” I could hear my mother’s voice saying, “Shame on you!” and feel the temptation to attack myself. I could also hear my supervisor’s voice guiding me to ask her what feelings were driving this state of mind. She identified her own fear, anger, and shame connected to the memory of her mother collapsing from anxiety, and her work with me began to deepen.

I spoke at full volume to a group member, who was yelling at me and starting to stand up in agitation. I said, “Sit your ass down in your chair! This is a talking group, not an acting group!” He sat down and continued to let me have it verbally, better able to contain the impulse to act. I had shaken off old gender-related restrictions and channeled both male and female mentors in that moment to access an authoritative voice that restored control.

Each of these incidents called for a response to anger-laced communications, and each evoked deep feelings in me, including hurt, fear, and anger. None of my formal group training prepared me for these challenges. Although it served me well in many instances, something was missing that had to do with acknowledging and exploring the unique experiences and challenges of female group leaders. My leadership style was based primarily on white-male-created models grafted onto my own personality. My training was woefully deficient in providing female models for understanding and working with aggressive energy in myself and in my group members. One size does not fit all in what group leaders need to know about managing and working with aggressive energy.

My family-of-origin training as a 1950s middle-class white, cisgender female from the Midwest also did not prepare me well for group leadership. Girls were rewarded for passive ladylike behavior that constricted our access to aggressive energy. My mother was not a role model for self-assertion because she had no training herself. She was raised by her mother to be secondary to her husband, raising the children and running the household. She was raised to respond to anger by internalizing it and channeling it into somatic symptoms like headaches and ulcers. Shaming was a common method of behavioral and attitudinal control. Aggressive energy, especially anger, was squeezed and shaped into indirect communications or self-criticism. All this experience had a profound effect on my eventual group leadership style and the kinds of countertransference resistances I would encounter.

We train as therapists to help our clients get acquainted with, even friendly with, the broad range of human experience, so that feelings can be processed and expressed in ways that do not damage the self, the relationship, or the other. This is a noble goal, made all the more difficult because group leaders also struggle to learn about, and get comfortable with, feeling everything and knowing what to do with these feelings. Every woman group leader brings family history, racial, cultural and religious identities, experiences with trauma, and incomplete psychological training to group leadership. We may be no different from any other group leader along the gender continuum in this regard. We are vulnerable to being hurt; we fear hurting others; we want to feel successful in leading groups; and we suffer feelings of failure when members leave prematurely. I was afraid of anger directed toward me and delayed my start as a group leader for a long time. Women need access to other women group leaders and writers from all races, ages, and stages of life who reveal their histories, challenges, and pathways to competence. Writers like Ernsberger (1990), Semel (1985), and Holmes (2013) have given us glimpses into what women group leaders uniquely bring to the work, but we need many more. Even as I write about expanding the range of competence, I am aware that my perspective and values are informed and limited by my experience as a white woman. An Open Session at AGPA Connect 2018 provided a platform for women of diverse racial and cultural perspectives to bring stories of their challenges, personal and professional growth, and the impact of being female on their group work. Presentations like these serve to broaden our traditional ideas of what group leadership is and can be.

Even the most experienced female group leader can find herself in the throes of countertransference resistance from time to time, hindered in her freedom to think and feel everything in the service of effective group leadership. Social training is embedded in our psychological systems and exerts considerable power and influence. Only a small portion of existing research and scholarship has been focused specifically on understanding the experiences of women in group therapy (Barlow et al., 2015; Paquin & Coleman, 2021) with even less focus on the inner world of the female group leader. Modern analytic theory has provided a solid theoretical foundation for working with aggression in groups (Kirman, 1995; Ormont, 1984; 1992a; Spotnitz, 1995a), though predominantly formulated and delivered by white males from the northeastern part of the United States. Outside modern analytic training programs, courses in group therapy and textbooks on which they are based are rarely written by women, and women are rarely noted for their historical contributions to the field (Paquin & Coleman, 2021).

Modern analytic thinkers defined aggression as an energy source, a life force that can be expressed in constructive or destructive ways (Spotnitz & Nagelberg, 1995). Rather than aggression being only dangerous and destructive, the expression of aggressive energy can also be powerful, assertive, and creative. Women have often been raised with little access to the full and healthy expression of aggressive energy, constricted by cultural attitudes and ideas (Holmes, 2004, 2013). Modern analytic group leaders work to understand aggressive energy in all of its forms, supporting self-knowledge and channeling of this energy

into constructive problem-solving and creative expression (Levine, 2017). Despite its predominantly male-authored origins, modern analytic training holds great potential for freeing women group leaders to be capable and competent in their use of this energy.

We all come to this work with family histories that guide our ideas of how we should be as group leaders, and we find that therapists at all points along the gender continuum have certain countertransference resistances. Common leader resistances are the need for a happy family, the need to be liked, negative reactions to opposition and competition, over-identification with group members, and therapeutic zeal (Rosenthal, 1987). Countertransference resistances specifically common to women are the belief that the good group leader is infinitely nurturing and compassionate, that we shouldn’t feel jealous and competitive, internalized misogyny (undervaluing ourselves purely on the basis of our gender), and the idea that women are inherently manipulative or sexually dangerous. Individual and group therapy, training groups, and supervision can provide the kinds of experiences that help liberate women from these resistances. Sharing our personal experiences with each other further enriches our work as group leaders in ways we are just now beginning to realize, diminishing the grip of countertransference resistance.

Whether facing prospective termination from an angry patient, metabolizing projections of anxiety, or managing the threat of an angry patient leaving his seat, we are called to shed old models of restrictive gender roles and use all our aggressive energy therapeutically in response. Women group leaders have much to offer one another as we share our histories, our transformative experiences, and our strength. We need ongoing and courageous teaching, writing, and sharing by women of diverse backgrounds to help us realize this potential. 🌈

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FINDING STRENGTH AND POWER THROUGH SPIRITUALITY

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An important process for woman group therapists walking in their power may be a willingness to face powerlessness and find their voice on the other side. To recognize my vocal power, I had to face my powerlessness in comparison to my mother’s strong voice. Support helped me see that I had a “big” voice too, and that voice, instead of standing out, could step forward to lead and help others find their voice and discover their power. For me, there is a spiritual source to this power, for others it may not be spiritual, but it is beyond yourself. It may come from your community, from your family, or from your group. 🌈

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EDITOR'S NOTE: Jill Paquin, PhD, (she/her) is Associate Professor of counseling psychology at Chatham University in Pittsburgh, Pennsylvania. She is a Fellow of the American Psychological Association (Society of Group Psychology and Group Psychotherapy-Division 49 and Counseling Psychology-Division 17) and is the Editor-in-Chief of the *International Journal of Group Psychotherapy (IJGP)*.



A Woman's Place Is in the Research: Women's Representation in Group Psychotherapy Scholarship

Jill Paquin, PhD

Women and group work are my passions. In the past, my research has focused on how group members influence one another during sessions and how this connects to outcomes, and I have studied such group dynamics in a broad array of contexts, including among incarcerated women participating in trauma recovery groups. More recently, my longstanding commitment to diverse groups of women led me, along with my Co-Editor Nicole (Nikki) Coleman, PhD, to publish a special issue of the *International Journal of Group Psychotherapy* on women and group therapy (Paquin & Coleman, 2021). In that issue, our talented group of authors explore the unique experiences of Mexican American women group therapists in training, provide evidence of the helpfulness of a long-running intervention to support STEM-trained women at an elite university, find the first empirical support for the use of group-based Interpersonal Group Therapy (IPT-G) with depressed women in Turkey, and examine the connections between process variables and PTSD in group therapy with survivors of relational trauma. In addition, my research team contributed a paper, *A Brief History of Group Therapy as a Field and the Representation of Women in Its Development* (Paquin et al., 2021), which uses archival analysis and systematic review to document women's patterns of participation and representation in the area of group therapy scholarship.

The Context for the Current Study

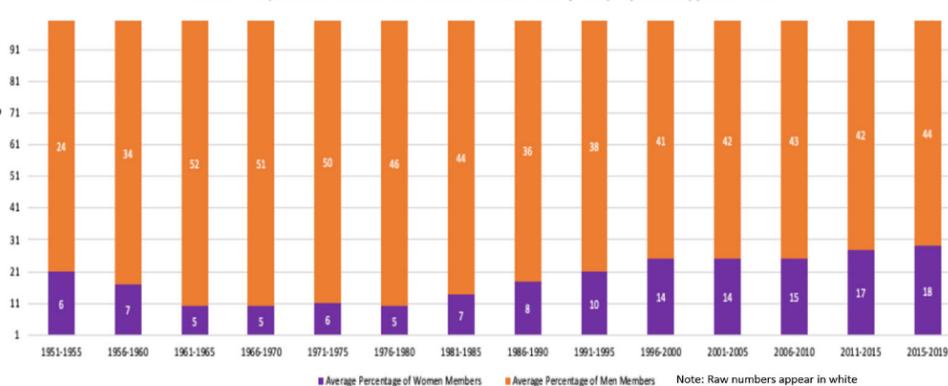
An important dialogue is happening right now in the mental health community about the development and efficacy of bedrock theories and practices. Researchers and clinicians, including group therapists, are grappling with the fact that many such theories and practices were developed overwhelmingly by a set of white, male scholars without diverse populations of clients in mind, and seeking to confirm whether they can nonetheless be helpful to a broader array of clients, including those marginalized by systems of oppression. In the group therapy context, for example, women make up a majority of group therapy consumers and providers. Yet the prevalence of group therapy scholarship focused specifically on women, as well as the representation of women in other key areas of group therapy scholarship, was not well known. I, therefore, chose to examine the patterns of representation of women specifically in the areas of group therapy scholarship.

Procedure

We identified nine journals in which we expected to find articles about group therapy focused on the experiences of women (Figure 1), and then searched titles and abstracts using key search terms. Articles were eliminated from our final sample if girls or women or if group therapy or group

FIGURE 1

Gender Composition of Editorial Board of *International Journal of Group Psychotherapy* 1951 - 2019



intervention were not a primary focus of the article. For articles in which the targets of treatment were gender diverse, we included the article if a substantial number of women were included in the sample (>50%) or, absent a majority of women, if the authors noted findings about gender specifically as indicated by the abstract. Finally, to tabulate frequency of articles that were focused on groups of minoritized women, we tracked whether the article's focus was on groups of racial/ethnic minority women, sexual minority women, women with disabilities, or poor/low-income women.

Findings

Gender composition of editorial boards. Very few women have served on the editorial boards of the two major group journals we reviewed, and progression towards inclusion has been inconsistent over time. In its 24-year history, GDN (Group Dynamics: Theory Research and Practice, published by APA Division 49) has never had a woman or person of color as editor in chief; *IJGP* (Figure 1) has had only one woman editor in chief in its 70-year history (me—appointed in 2018) and no person of color. Because social identity information has not typically been tracked, it made documenting the scarcity of women on these boards difficult and the scarcity of people of color and other minorities (e.g., LGBTQ individuals) impossible.

Women as subject matter in the group therapy literature. Only 1.3% of all articles published in the journals we reviewed focused specifically on women and group therapy. Of these, only 19.7% focused on the experiences of minoritized groups of women. In *IJGP* for example, out of the *Journal's* 2,101 total published articles, only 113 were specifically about women and group therapy (5.4%) (Paquin et al., 2021). Of those articles, only 17 (.8%) were about minoritized groups of women. What's more, when an article did

expressly focus on women in group therapy, it was most commonly either about relational trauma or eating disorders—both of which implicate sexism as a public health issue playing a role in individual women's mental and physical health.

In sum, our article in particular and the special issue more broadly tells part of the story about the ways in which groups of women have been and continue to be left out of the story—either robbed of their recognition or shut out from participating in their field of expertise—by systemic sexism and racism. In my view, documenting and quantifying such data is an integral component of removing these barriers, so that history does not continue to repeat itself.

Looking forward, I am currently working on research to better understand the efficacy and effectiveness of some of these interventions used with women; career issues for women working in the group therapy field, including leadership at all levels in and in all domains of the profession; and a more refined analysis of whether periods of increased representation of women in editorial positions lead to increased publication of works about and by women and group therapy.

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Women & Group Psychotherapy

Amanda Tran, AMFT, and Helen Kim, PhD

EDITOR'S NOTE: In this special issue about women, it feels imperative to hold space for Indigenous and Asian Pacific Islander Desi American (APIDA) women. Since 2017, May 5 has been recognized as National Day of Awareness for Missing and Murdered Native Women and Girls because the abduction and murder of Native women and girls is more than 10 times the national average. People of Asian descent have been targeted by verbal and physical attacks since the beginning of the coronavirus pandemic, and on March 16, 2021, eight people, many of them women of Asian descent, were killed in shootings at spas in Georgia.



AMANDA TRAN



HELEN KIM

Thoughts on Space: Creating It, Holding It, and Taking It Up

Amanda Tran, AMFT (she/they)

I didn't always enjoy group therapy. In fact, for most of my life I was quite reticent when it came to being a participant, and as a budding clinical professional, I frequently shied away from opportunities to facilitate.

I'm the eldest daughter of two refugees who fled post-war Vietnam for America in the hopes of securing a better future. Most of my childhood was spent striving for academic success and my parents' love and approval. They told stories about this faraway homeland and frequently reminded my sister and me of the numerous sacrifices they had made for us to have this life. I will always be incredibly grateful for the ways my parents provided for me. Yet, there was always a part of me that felt as though I had been handed something heavy that wasn't really mine. As they prepared me for a world they agreed was draining and dangerous, I didn't understand how this fit with their vision of a better life for me. As a teenager, I only learned to internalize these survival strategies that helped my parents to keep moving forward in the face of constant adversity: self-reliance; mistrust of others; and taking up as little space as possible to avoid unwanted attention. It wasn't until much later that I learned this to be the legacy of intergenerational trauma.

In addition to being introverted by nature, I was taught to be deferent to and respectful of authority and elders, a significant tenet of Asian culture. However, it was an unspoken understanding that in this country, whiteness held power and authority. Like my parents, I unconsciously internalized the values of the system to survive. I rarely shared my ideas, supplanted any needs of my own with those of others, laughed along with racist jokes, and didn't want to ask for help with anything. By the time I was in high school, I was depressed and hospitalized twice for suicidal thoughts. I didn't feel like any of my white therapists truly understood my complicated relationship with my parents nor was their advice on how to handle disagreements particularly helpful. Entering the white-dominated field of psychology as a young person, I often believed myself to be insufficiently informed and experienced despite my lived experiences and master's degree. I repeatedly burned-out prioritizing helping those who also suffer from systemic oppression, without any realization of how it affected me.

I share these stories about my family and our history to illuminate the unique complexity of what impacted how I show up in social and group spaces. I can only speak for myself, a second-generation Vietnamese and Chinese American, light-skinned, educated, cisgender-presenting person who speaks in fluent, unaccented English. I cannot speak for all Asian American experiences, or even Southeast Asians, much less East or South Asians, and certainly not peoples of the Pacific Islands. There isn't even enough space here to properly address intersectional identities. We all have uniquely complex experiences in the ways our identities and cultures collide with Western culture, and yet I've heard and observed similarities in friends,

family members, and clients. It is imperative to hold these differences and similarities simultaneously, and to meet each person with curiosity and care for their specific stories and needs.

As therapists, we have a responsibility to examine and unpack our own internalized biases so that we do not blindly perpetuate oppression and harm in the sacred spaces we hold. Backed by this country's institutions, we have inherent power in therapeutic relationships, and we need to address and dismantle that as much as possible. I offer options instead of prescriptions, invitations instead of demands, and remind the client of their own inner wisdom for which I am only a support and guide. I became much more passionate about facilitating groups when I realized I could hold meaningful, empowering space for my own people; I felt much safer in my body and open to participating in groups when I was surrounded by others who understood why I had been quiet for so long.

Many of us* hold trauma, if not in our personal history, then in our people's history. As communities, together and separately, we suffered from the effects of imperialism, colonization, war, genocide, oppression, and slavery. These traumas are often unresolved, can lead to or leave us vulnerable to other traumatic experiences, and get passed down through generations where they show up as symptoms of physical, psychological, spiritual, and relational disease. Now, with racial violence on display across the country, we are feeling waves of collective re-traumatization, loss, grief, rage, and powerlessness, and yet, we are coming together, speaking up, and supporting each other. We are breaking the complicity of silence and challenging the supremacism and toxic individualism that kept us apart. This is the power of solidarity and community. Healing in community can be so powerful because by offering the experience of shared empathy, acceptance, and connection, it can disrupt the trauma legacies of shame, isolation, and disconnection. It's not enough to recognize the weight and manifestations of intergenerational trauma; we must also work to dismantle the systems that continue to perpetuate trauma and to call forth ancestral and community strengths, resources, and resilience.

Psychologist Helen Kim (2021) explained, "Solidarity and critical consciousness is the analysis that works for me because our stories contain each other's. You can't touch one without seeing the other. My parents were able to choose to legally migrate because of the liberalization of the 1965 Civil Rights Act, fought for by African Americans and many [other] marginalized [people] and supporters; and the families in the borderland being kept in cages were running from the same thing that my dad was running from/to—hunger, safety, a chance. You can't see the 1992 uprising, without seeing the beating of Rodney King by LAPD, without seeing Latasha Harlins, a child killed by Soon Ja Du (Hangul: 두순자), without seeing redlining in South LA and small business loans given to Asians and not Black Americans. The structure is apparent." Kim noted that Genesis Healing Institutes' (2020, 2021) graphics on racial healing explain how the structure of racial caste is a macro-wound that reduces creative complex and inherently sacred beings

into categories for control and use and clouds our capacity to see ourselves and others in full, growth producing ways. She ends, "Give up the lies, distortions, delusions that devalue the complexity of humans. Rediscover who you are in your joy, aliveness, strengths, vulnerabilities, and sacredness. Liberation lies in disowning racial assignments and assumptions within ourselves and others, and owning and regenerating our ethnic strengths. Allow ourselves and others to genuinely reveal ourselves to us." 🙏

*My use of "us" is in solidarity with all Asian-identifying Americans without intent to generalize or erase. I welcome any and all corrections felt as necessary to reflect and uphold the truth of each individual who shares this identity.

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RECOMMENDED RESOURCES

- Asian therapist directory: <https://asiansformentalhealth.com>
- South Asian therapist directory: <https://southasiantherapists.org>
- Asian community support and resources: <https://www.asianmhc.org>
- South Asian caregiver support: News aggregator empowering civic engagement in Vietnamese communities: <https://www.theinterpreter.org>

WOMEN GROUP LEADERS AND AGGRESSION

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



This month's dilemma and responses are supplied by the Women in Group Psychotherapy Special Interest Group (SIG). The mission of the Women's SIG is to increase knowledge of the influence of gender on group life and to develop structures within the AGPA to support women who are interested in group therapy and research. A renewed endeavor of this SIG is to specifically target issues that lead to the tendency of women to under-market themselves within and beyond AGPA. Its aim is to provide a pathway between women who are at various parts of their career development to grow collectively and individually. You can reach current co-chairs Rachelle Rene, PhD, (rene.rachelle@yahoo.com) and Carmen Burlingame, MA, MPA, MSW, LSW, (cburlingameog@gmail.com) for additional information. Members interested in joining the Women's SIG can contact the AGPA office at agpamemberservices@agpa.org.

consultation, please!

Dear Consultants:

I have a weekly co-ed therapy group that's been meeting for six years. I've had a long-term problem retaining women in this group. They often complain about "not being emotionally seen, validated, or heard" by the male members and by me. I try to explore this with them before they leave the group, but they often share they don't feel safe doing so. The men tend to dominate the group discussions. I don't want to encourage them in that behavior, but it might help the women to learn how to take their time and space and to not defer to the men. Some women have also complained about ongoing sexism in group. I am a single, younger man. I think I need a better understanding of feminism, sexism, and women's issues in groups. Please advise.

Signed, Aspiring Feminist

Dear Aspiring Feminist:

How disheartening it must be to discover that women are repeatedly feeling dissatisfied with the group. What more can we ask of ourselves than to be open to learning so we can better understand women's issues and to create an environment for both men and women to express themselves and feel heard?

The female members of your group are offering you the perfect opportunity to learn. They've told you that they experience sexism, invalidation, and not being emotionally seen or heard. That's a great time to say, "I might not know when I'm being sexist or invalidating. Can you help me understand how I did that?" Don't try to defend yourself or invalidate them. It's too late to explore this before they leave. There were probably hints all along that, if explored, could have alleviated the hopelessness that caused your female members to exit the group.

Because this is a recurring issue, it would be valuable to address it with everyone, not just the women. Ask the men how they feel about the fact that so many women have left them. Allowing them to assign responsibility to you can also make it safer for them to explore themselves. Asking, "What am I doing wrong to make the women leave?" will give you important information about them, including what they might need from you. I wonder what you would discover if you suggested, "Maybe the group actually wants to be an all-male group." When you add women to the group, you don't need to wait for them to bring up the gender differences; you can create a safe space for talking about those feelings by asking the new women members, "What's it like to be in a group with all these men?" or "How do you think it affects you that I'm male?" You could even say, "We have a history of making women leave us. Will you help us understand when we're pushing you away?"

Regarding sharing group time, when you allow the men to dominate the time to force the women to learn how to take their time, it feels like a gender-biased preference for taking. In essence, you're sacrificing the men's learning to share for the women's learning to take. That could easily cause resentment. Eventually, if the girls are always expected to play the boy's game with no reciprocity, the girls will take their toys and leave. For men and women to play together, there must be give and take. Check out John Gottman's discussion of "accepting influence."

Rena Pollak, LMFT, CGP
Encino, California



Dear Aspiring Feminist:

It is so good when a clinician knows what they don't know! Asking for help is humbling, and our patriarchal culture discourages men from vulnerability.

Feminism, to me, is the continual process of making more room for those who have been marginalized by white patriarchal systems. Women and gender are multi-dimensional, and we must attend to the intersections of these identities with racial, cultural, and other identities. From this perspective, and as a social worker ethically bound to pursue social justice, I believe that part of our role as group leader is to help shape the culture of the room. The first steps are to let people be themselves, to pick up on patterns, and to notice how women and men interact with one another in the group. We can expect sexism to show up in any group, just like it does in all realms of our lives.

You noticed one obvious dynamic: The men talk more than the women. The next step is to bring the topic to the group. Sexism, like racism, thrives in unconscious communications. You could say, "You know, I've noticed that the men talk a lot more than the women in here. Has anyone else noticed that?" Before you head into that task, try to identify what other, often more subtle ways this dominance is expressed. Do the men tend to comment openly about their attractions to the women? How do the women respond? What happens in your own body during these interactions? How do you intervene, if at all? The more you understand about the gender dynamics in the room, the more you can help your group members put words to them.

At times, you may need to stop toxic dynamics from taking root in the group. For example, you may notice that a female group member gets flustered when complimented by a male group member, even as she thanks him for the compliment. Women, especially those with an abuse history, often have a hard time saying "no" when they feel uncomfortable. You can help by slowing down the conversation to find out more about the emotional experience of each of them, what they feel in their bodies, and how others felt as they observed the interchange. As you are helping them feel safe enough talking about this topic, you will learn more by listening to the women's experiences and about what they mean when they say they experience sexism in your group.

Just as in anti-racist work, the work we do to create a feminist culture is ongoing. The only way to be truly effective at working with issues of sexism in your group is to educate yourself about your own blind spots and commit to feminism as an integral component of your group leadership.

Stacy Nakell, LCSW, CCTP, CGP
Austin, Texas



Reference

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groupcircle

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See *Group Assets* insert

a view from the affiliates

Women Therapists' Use of Aggression in Transference and Countertransference

Ramona Aarsvold, PhD
Austin Group Psychotherapy Society

On February 7, 2020, the Austin Group Psychotherapy Society offered a three-hour, in-person panel on Women Group Leaders and Aggression: Our Stories, Our Challenges, and Our Growth. It was a culmination of efforts that began in 2016, when Jan Morris, PhD, ABPP, CGP, FAGPA, a psychologist in private practice in Austin, invited women group psychotherapists in Austin to come together to think, talk, and write.

The loss of the election by Hillary Clinton and the #MeToo movement shone a light on the misogyny all around us. These events piqued our interest in how we as women work with aggression in transference and countertransference. We explored cultural expectations that we be compassionate and more interested in the needs of others than in our own and the limitations these expectations impose on our work. We looked at our own backgrounds and the forces that have shaped us and impacted our work, including our mothers and families. We wanted greater access to our full experience of feelings and thoughts in our work. How can we work with patients' aggression if we are not aware of and comfortable with our own? How can we be therapeutic if we don't explore this universal force in human life?

We defined aggression from a Modern Analytic perspective, as a vital life force with constructive and destructive expressions and outcomes. Constructive use of

aggression might be seen as going for what you want, setting limits, or being creative, contrasted with aggression that causes harm to yourself or others.

We shared relatable personal stories of lessons learned, case material demonstrating constructive use of aggressive transference and countertransference, and some ill effects of stifled aggression, such as depression, perfectionism, passivity, and limiting oneself in favor of others' expectations. As we shared our work beyond our group, we experienced a wide range of reactions. Some people were enlivened by the possibility of greater access to aggression and saw it as a way to foster our development and that of our patients. Others identified more strongly with the role of nurturing helper.

Analysis of aggression is by no means a trivial endeavor. Though it can be difficult, it is an important part, if not the foundation of psychotherapeutic work.

New Questions, New Conversations

Peter Millis, LCSW, President
Carolinas Group Psychotherapy Society

There's been a lot of talk lately in the Carolinas Group Psychotherapy Society (CGPS), as well as others in the Affiliate Societies Assembly, about how to attract more diverse members to our organizations, events, and therapy groups.

Our conversations often seem to start from a place of defining and addressing perceived obstacles to greater inclusion. Financial barriers might be inhibiting to some potential members, including: the cost of membership in an Affiliate Society or AGPA; the cost (including travel

and missed work) of attending conferences and events; the cost of CGP applications, renewals, and especially supervision. The inherent racism and elitism that are almost always lurking in the fabric of professional organizations are powerful disincentives to participating. CGPS is not alone in the commission of microaggressions and ineffective responses to them. A recent AGPA Diversity, Equity and Inclusion (DEI) focus group reminded me what it might be like for a person of color to see on CGPS's website—photos of our Board, nine white faces.

Thanks in part to CGPS's late-February DEI workshop, CGPS has begun considering how to make our Affiliate and its offerings more relevant and interesting to more diverse populations. In other words, it's not necessarily just about removing obstacles. It also might be about increasing appeal.

CGPS's offerings are designed to serve our current membership. This means that, like a fancy trendy restaurant, we are privileging a particular product and image over inclusion. But if we are trying to become more inclusive—trying to privilege inclusion over product and image—then making our offerings more appealing to more people needs to be centered in our conversations. That might mean more than just lowering our prices. It might mean changing or expanding our offerings and our image.

What might the folks, whom we say we want to include, want from their regional group society? What kinds of programs? What kinds of group experiences? Do the systems we use to make decisions reflect the cultures of subgroups in our region?

Effective responses to these questions will only come over a period of years, if at all. Right now, we're just beginning to wonder. 🤔

CORRECTION: Our apologies to the Diversity, Equity & Inclusion (DEI) Task Force for implying a partnership with the AGPA Connect Leadership Track as described in the View from the Affiliates column in the Winter 2021 edition of the Group Circle. The title of the article—"Introducing the AGPA Connect Leadership Track: Presented by the Affiliate Societies Assembly (ASA), Organizational Consulting Special Interest Group (SIG), and the Diversity, Equity, and Inclusion (DEI) Task Force"—made it sound like the DEI Task Force was intimately involved in the development of the Leadership Track. The only role the DEI Task Force had was recommending Daniela Recabarren, PhD, MSEd, join the Leadership Track Committee; the Task Force felt that given her areas of interest and expertise, Dr. Recabarren could help provide a social and racial justice lens to the deliberations of the Leadership Track Committee.

Member News



WILLARD ASHLEY

Willard Ashley's, DMin, CGP, book, *New Rules for Radicals: TNT for Faith-Based Leaders* (©2021, Judson Press), is now available in paperback. Dr. Ashley revisits the need for radicals in a society that constructs systems and awards

those who keep persons marginalized to maintain those in power and the status quo. The author outlines strategies for radicals in creating relationships and striving for excellence not mediocrity. He advocates hope for change.



RICHARD BILLOW

Richard Billow, PhD, ABPP, CGP has a new book, *Selected Papers on Psychoanalysis and Group Process—Changing Our Minds* (©2021, Routledge), edited by **Tzachi Slonim, PhD, ABPP, CGP.** Through their

behavior, therapists define the clinical culture; how relationships are to be regarded and the depth to which narratives and exchanges may be considered. This book extends the reader's understanding of relational to include the emotional relationships people have with individual and collective

ideas, and the behaviors attached to these ideas. The author suggests that therapeutic work ought to include a willingness to penetrate other minds with provocative, controversial ideas. 🤔

CORRECTION

Our apologies to Gary Burlingame, PhD, CGP, DFAGPA, Bernhard Strauss, PhD, Jenny Rosendahl, PhD, and Cameron Alldredge, MS, for inadvertently leaving out their article, "Recent Developments in Group Psychotherapy," from our list of AGPA authors who appeared as contributors to the special issue for the *American Journal of Group Psychotherapy*, edited by Fran Weiss, LCSW-R, BCD, DCSW, CGP, which featured articles on group psychotherapy.