The Group Circle

Summer 2008

The Newsletter of the
American Group Psychotherapy Association and the
National Registry of Certified Group Psychotherapists

Can Group Therapists Take on Islamophobia?

Siddharth Shah, MD, MPH, Co-Chair, AGPA Diversity Special Interest Group

"Prepare to die. [click]"

That was what the anonymous caller declared to an Islamic Center near Washington, DC, immediately after 9/11. On September 15, 2001, two Muslim women in hijabs were spat upon as they boarded public transportation. On September 28, 2001, in Falls Church, Virginia, *The Washington Post* reported that an attacker struck a Muslim woman in the head with a baseball bat.

In 2001, the FBI reported a 17-fold increase in anti-Muslim crimes compared to the year before. To this day, peers bully many schoolchildren identified as Muslims; their schools marginalize them; and their teachers intimidate them. Furthermore, calls for revenge post-9/11 within the United States elicited the murder of nearly a dozen Muslim-looking men, some of whom were atheist, Hindu, Muslim, Christian, or merely turban-wearing Sikhs. While it may be too difficult to imagine oneself as the next baseball bat-brandishing citizen, there is no mistaking that subgroups within society can be gripped by the bigotry and persecutory paranoia that facilitate intermittent explosive behaviors. Although many were active in promoting awareness and providing education to mitigate backlash in neighborhoods across the nation, it remained difficult for Muslims, or those perceived to be Muslim, to feel secure.

Terrorism achieves a psychosocial objective when the targeted society becomes dysfunctional and self-destructively implosive. As such, one under-acknowledged effect of 9/11 is the insidious Islamophobic backlash in our communities. Backlash, in general, is targeted bigotry that punishes a subgroup perceived to be dangerous. In the United States, backlash has affected every marginalized group, including black people, women, immigrants, and the LGBT community.

When I began speaking and teaching on this subject, my father told me, "Be careful." My parents are worried that I do not become dangerously identified with the cause of protecting a group that is being targeted with vengeance. My parents take seriously their responsibility to point out that, despite being US citizens, we are vulnerable—just as all US-born people of Japanese origin were re-inscribed as traitors following Pearl Harbor. Nations have the capacity to draw up new maps of good/bad denizens in a matter of a day.

Neither my Hindu family background, nor my own eclectic spirituality coupled with hints of Islamic mysticism give me immunity from a deranged, perhaps grieving, patriot who wishes to shed blood. Even though I was born in Texas, to some I am a brown-skinned man who does not look like he belongs in the United States. Collectively, the many dimensions of insecurity felt as a result of the backlash are what I term the "extra layer" of 9/11 trauma within backlash-affected people.

Backlash works like an autoimmune disease. The immune system fails to recognize good, healthy cells and instead treats them as if they were threats. Those innocent cells then malfunction and cause the person to experience disease. Similarly, backlash-affected communities become damaged and dysfunctional in the absence of specific and focused interventions to mitigate the extra layer of trauma they suffer.

The disaster literature shows that mature, altruistic actions promote community recovery as opposed to regressive, vengeful actions. Thus, all populations benefit psychologically when protecting minorities from

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The Group Circle Seeks New Editor

The search is on for a new Editor of *The Group Circle*. David Brook, MD, CGP, FAGPA, Chair of the Newsletter Editor Search Task Force, invites AGPA members who have broad experience in the field of group psychotherapy, proficient writing and editing skills, outstanding organizational abilities, and the creativity to produce AGPA's quarterly newsletter to apply to become the Editor, beginning in 2009.

Self-nominations are welcome as are suggestions of possible candidates. The deadline for application is August 1, 2008. Contact David Brook, MD, CGP, FAGPA, c/o AGPA, 25 East 21st Street, 6th Floor, New York, NY 10010, or by e-mail at david.brook@nyumc.org, with a copy to Angela Stephens, CAE, at astephens@agpa.org.

From the President

Connie Concannon, LCSW, CGP, FAGPA

Over the last three months, AGPA has been incredibly active at both home and abroad. Our community outreach efforts have expanded domestically and internationally with the increase in natural disasters, most recently dealing with the devastating impact of the earthquake in China. Our Community Outreach Team responded to China by offering all that AGPA has available to aid in its disaster recovery. The Team is currently working with the technology of Skype™ to facilitate direct training and consultation to mental health professionals in China with the aid of a translator. Imagine *Group Works!* in Chinese

On the home front, working with our legislative advocate, Martin Frost, we have continued to meet with the governmental branches dealing with Veterans Affairs. We have a contract in San Antonio, Texas, for a Caring for the Caregivers program and have submitted another to a Houston Veteran Medical Center to train nurses in group therapy. There are discussions with both another San Antonio contact and a New York Long Island facility for our protocols with children and couples.

We just completed four staff trainings (three in person and one online) in group with 14 methadone maintenance agencies in New England, which were very successful and which will likely be continued in the coming year. A hospital in the Northeast has asked for AGPA's help in setting up a family centered program for its emergency room, and a New England state mental health department has also reached out for staff training.

The Community Outreach Task Force, under the co-leadership of Suzanne Phillips, PsyD, ABPP, CGP, and Elizabeth Hammer, PhD, has been diligent in following up on all of our contacts. Special thanks goes out to Suzanne for the unbelievable amount of energy she has invested in

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What's Inside

The Group Circle is published four times a year by the American Group Psychotherapy Association, Inc. and the National Registry of Certified Group Psychotherapists

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From the Editor

Jerome Gans, MD, CGP, DFAPA, FAGPA

Disturbing world events have made it difficult for me to write this column. A typhoon in Myanmar has killed 138,000 and left millions homeless. China's earthquake threatens to exceed the estimated 70,000 dead and has also left hundreds of thousands homeless. Compounding these tragedies, "man's inhumanity to man," as described in newspapers and depicted on television, rivals nature's destructiveness. I'm reminded of the introduction to Karl Menninger's book, *Man Against Himself*, written in 1938, that offers a provocative thesis: One would think that given all the natural disasters that befall mankind, people would make every effort to preserve human life. Instead, what we see is mankind's natural proclivity to self-destructiveness, which ranges from accident proneness to the wars that cause untold suffering and devastation in so many parts of the world. Factor in the spoiling of the environment, and a pretty bleak picture emerges.

What are we mortals to do to better this world, especially when excruciatingly painful images threaten to overwhelm us? Give to charity, volunteer in soup kitchens, join the Peace Corps, help a friend or a stranger in need. Or join a caring organization.

I have made AGPA my professional home because, in my experience and I imagine in the experience of so many of you reading this column, AGPA helps us infuse some light into the darkness of the world. We give scholarships to young clinicians. Our Annual Meeting provides state of the art education, offers emotional sustenance, and satisfies affiliation needs. We provide group experiences free of charge for traumatized populations. In the thousands of groups that our members run, we contain and detoxify painful feelings of our patients, enabling them to regain their balance and hopefully lead more fulfilling and productive lives.

Articles in this issue of *The Group Circle* speak to the more generous, constructive, and caring parts of our nature. Siddharth Shah, MD, MPH, speaks out against the bigotry and hatred that fuel Islamophobic backlash and offers psychosocial interventions to combat it. He calls upon not only our skills and training as group therapists, but also our finer instincts and capacities: altruism, humility, empathy, and resilience. In a charming, disarmingly honest, inviting, and courageous article, Ray Lovett, MSW, CGP, describes the gratitude he experienced in attending his first AGPA Annual Meeting in several years. Kaye Draper, PhD, and Faye Mishna, MSW, PhD, offer research that suggests that caring relationships with adults, introduced early in the lives of children "at risk," can mitigate the effects of racism, low socioeconomic status, and poor living conditions.

Especially in an era when insurance companies promote biological therapies over more costly psychotherapies, I think we group psychotherapists need a reminder that our efforts do provide caring and offer hope in a difficult world. I trust that the articles in this issue will serve as such a reminder. ●

Letters

Dear Editor:

I appreciated the discussion of agency-based group psychotherapy presented in the Winter 2008 edition of *The Group Circle*, by Haim Weinberg, PhD, CGP, FAGPA. As a group therapist who has spent virtually his entire career in agencies, I find many of his observations relevant to my experience, especially in the area of starting and expanding group services in agencies.

Many times, the agency impetus for groups comes from an administrator who believes that more people could be served in a group setting, and that starting groups is an easy and simple solution that can be implemented by current clinical professionals who have heretofore done individual therapy. The assumption that groups can be more efficient makes it hard to understand the full cost of group services and to make a sustainable commitment in terms of space, record keeping, scheduling, training, and consultation. My experience is that groups are often more effective, but they do not get more people seen. Group members often get more done in groups than in individual services so they come longer, and expansion of unduplicated client numbers does not happen. Despite the special skills needed, many groups do, indeed, get started and continue in agency settings and work very well.

However, my perception of AGPA suggests that practitioners of agency-based group psychotherapy who could benefit from AGPA membership often do not belong. I believe that can change.

I went into social work professionally because I had had some exposure to the process of springing folks from state mental hospitals, enjoyed it, and thought that the profession would allow me to continue doing that more effectively. I did not go into social work in order to do individual psychotherapy, although I have learned to manage that activity reasonably well, working as I have in mental health agencies. I did not start from the premise or assumption that individual psychotherapy worked better or that group psychotherapy operated as a second best or follow-up service.

I have worked in agencies of various sizes and auspices. The private enterprise market has not been a large part of where we work, or of lives of the clients we see. The growing presence of for-profit agencies entering into the correctional and health care field is still very unusual. What do we know, what can we share, and how can we help each other about working with people in groups in agency settings? I have run as many as nine groups at a time, one of which met three times a week. At another time I led a group of survivors of potentially lethal suicide attempts that met five days a week. I now work in a state prison for women and have seven psychotherapy groups there that meet once a week.

I joined AGPA in June 1972 because I need to talk with other people doing similar things. I presented some ideas in a leadership training session before the recent AGPA Annual Meeting in Washington, DC. I had that opportunity after writing a letter to Elizabeth Knight, MSW, CGP, FAGPA, then-President of AGPA. I was moved by her column in the September 2007 issue of *The Group Circle*, where she mentioned the issue of declining membership.

Since I joined, AGPA has provided me with a diverse professional perspective and shared focus on group therapy. I have valued these aspects and have found no other organization doing a better job for me. Nevertheless, I have always felt something

Islamophobia

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backlash. Conversely, when ordinarily law-abiding citizens become inappropriately aggressive, it not only elicits shame/denial/confusion in members of the perpetrating community but also hinders recovery from their collective trauma.

AGPA member Nina Thomas, PhD, ABPP, CGP, outlines the anti-immigrant collateral damage brought on by the war on terror. ("Efforts to Prevent Terrorism: Impact on Immigrant Groups," published in *Collateral Damage: The Psychological Consequence of America's War On Terrorism*, ©2006, Prager). Thomas brings into sharp relief how immigrants suffer a constellation of insecurities, including: the perception that civil society will not come to their defense if their neighbors turn on them; the disappearance of people similar to them as a result of government's counterterrorism activities; reports that they can be tortured in detention; and the risk of being threatened or punished for everyday habits like wearing a hijab.

Since terrorism does the majority of its damage via psychology, it is paramount that we focus on psychosocial countermeasures to bolster our resilience. Psychotherapists with group experience, clergy, law enforcement, media, and leaders can all use psychosocial countermeasures to identify vengeful emotions and shield vulnerable populations from hate crimes. When cases of hate crimes occur, such key players can help re-establish trust and security so that the wounds do not fester.

Because backlash is clearly related to group dynamics, however, group therapists are ideally positioned to provide therapeutic interventions in an attempt to mitigate unjust and pernicious targeting of innocent group members. Those of us who are acquainted with the psychology of large groups and "us versus them" identity formation have a special ability to be blunt in public about the inevitability of intense anger and revenge-seeking wishes. Having identified these energies, we can urge sublimation into constructive, non-violent activities.

Group therapists are in an ideal position to address what appears at times to be mass Islamophobia in the following ways:

- Since backlash is a socially inflicted trauma (similar to terrorism), our assessments as group specialists tend, in general, to be more comprehensive and interventions more sophisticated than practitioners working mainly with individuals. For example, we are able to identify scapegoating more easily and provide support accordingly.
- With sensitivity to large group dynamics, we are able to address the covert/overt gratifications enjoyed by perpetrator subgroups. We are the best-positioned and trained professionals to mitigate the negative, large group psychology that may prevail in times of terror.
- We can provide consultation to community leadership to contain anxiety and encourage mature, constructive reactions to terrorism such as altruism versus revenge.
- We can address the negative impact on individual victims, as well as the impact on the victimized group. We can utilize the positive healing power of group support and rally the group to protect itself appropriately.
- In the process of learning about a marginalized group's struggles or its desired actions, we have a unique ability to tolerate a group's rallying against us or even inviting a group to contradict us. This skill is a component of good cross-cultural communication, and in delicate situations, this form of humility allows our clients to speak more freely.
- We can emphasize an interdependent strategy of psychosocial resiliency for everyone involved.

Backlash intervention ought to be integral—not supplementary—to any response to terrorism. Many feel that the United States' current strategies to achieve national security are accelerating the downward spiral of Muslim backlash, and group therapists can, indeed, play an active role in modifying this downward spiral of Muslim backlash. Clearly, we can embrace the civil rights and public health imperatives involved in this work. In this process, we will be underscoring the power of our unique capacities vis-à-vis group work. This is a massive opportunity for AGPA that deserves to be mainstreamed, not marginalized. My call for expanding advocacy comes with the hope that raising awareness about this urgent group therapy opportunity will stimulate like-minded initiatives, preparedness, and prevention. ●

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of an outsider for several reasons:

- Cost—My income has not seemed comparable to what appears to be the income of the average Conference participant. Conferences are well run and of high quality, but in top line venues in expensive cities.
- Membership Status Hierarchy—Although I had taken the training and qualified in all ways except for fee payment, I did not have the status of a being a Certified Group Psychotherapist. On top of the original application I submitted to AGPA in 1972, with letters of recommendation and approved supervision, and annual membership fees as a clinical member, I could not see the utility of an additional expenditure for certification. Agency directors are quite happy to have me run groups. I have not needed to show more than a license, LCSW, degree, or professional imprimatur, ACSW in my case. I do not need to recruit group members or get referrals from other clinicians that might be impressed by CGP after my name. I feel that my membership has been cheapened by the addition of the National Registry of Certified Group Psychotherapists. Somehow it says that I did not pass muster when I joined AGPA in the first place, nearly 36 years ago.
- Public Versus Private—Based upon my impressions of Annual Meeting workshop topics and articles in the *International Journal of Group Psychotherapy* and *The Group Circle*, I believe private practice settings provide the work context for most AGPA members. I have seen young professionals and students, often on scholarships, at Conferences, who work in public agencies, but I do not see many older professionals from agencies still in AGPA. Recently I have arranged trial year AGPA memberships for one psychologist and one social worker who work in agency settings with groups. Neither continued the membership after the year was up.
- Active Group Leadership—Comments I have heard at Conferences suggest that many members are not working with more than one group, if any at all.
- Serious Mental Illness—Few AGPA members show an active interest in group psychotherapy with people with serious mental illness. I submitted a proposal for a presentation that might have considered the operational status of group psychotherapy with people who have a serious mental illness or illnesses. I had not seen such a discussion in a Conference forum previously. There was one presentation this year dealing with the treatment of severely mentally ill clients. (My own paper was not accepted.)

I believe there is a constituency of people who work with groups in public agency settings, often with people who have serious psychiatric challenges who need a reference group to affiliate with, who could bring much to AGPA and yet cannot quite connect with AGPA. My contact with local Affiliate Societies has not mitigated my concerns about AGPA. They are smaller versions of the same thing. The meetings are a closer and somewhat less expensive option, but the foci of meetings appear the same as the AGPA Annual Meeting.

I participated in AGPA's 2008 Annual Institute and Conference in Washington, DC, which provided great fun and much sustenance. I do not feel as marginal. I believe the organization has a real intention to reach out more effectively to those of us in agencies who may, in fact, do most of the group psychotherapy. I for one am willing to participate, but there remains a huge chasm to cross.

Eric Oxelson, MSW
Co-Chair, Severe and Persistent Mentally Ill SIG
Chowchilla, California

A Preventive Intervention with At-Risk Children

Kay Draper, PhD, and Faye Mishna, MSW, PhD

Our interactions within our early relationships in families and school (in effect, our first group experience) greatly influence the persons we become (Bowlby, 1988). Significant adults in the lives of young children have the ability to engage children in ways that either promote the children's strength and resiliency, or conversely, contribute to their vulnerability and risk. High quality interactions between a significant adult and child are associated with more positive child outcomes (Bowlby, 1988; Pianta, 1999). Positive relationships with adults may be especially valuable for children who are more vulnerable as a result of environmental circumstances and issues, such as racism, socioeconomic status, and poor living conditions. The likelihood of a child experiencing mental health and school problems including dropout increases with the number of risk factors. However, children considered at-risk can survive and thrive despite difficult life circumstances as a result of certain protective factors, such as caring relationships with adults (Egeland, Carlson, & Sroufe, 1993). Consequently, the importance of early intervention with children who are at-risk for mental health problems is widely recognized.

Through a Rockefeller Brothers Fund grant awarded to the American Group Psychotherapy Association in 2002, this study examined the effects on the behavior of preschool students of play-based interventions designed to improve the relationships between parents and their children (filial therapy), and teachers and their students (kinder training). By virtue of their demographic characteristics, the students who participated in this study were considered broadly at-risk for future school and mental-health problems. Thus, the project was preventive in nature.

Filial therapy is a well-supported play-based intervention developed by Bernard and Louise Gueney, which is effective in helping the child, strengthening the parent-child relationship and enhancing parenting skills. [For in-depth discussion and research see Bratton, Ray, Rhine, & Jones, 2005; Guerney, 1964; Guerney & Gavigan, 1981; Guerney & Guerney, 1988; Guerney & Stover, 1971; Kale & Landreth, 1999; LeBlanc & Ritchie, 2001; Sensue, 1981; Sywulak, 1977; Tew, Landreth, Joiner, & Solt, 2002]. Filial therapy is encouraging and empowering to parents. Kinder training, an adaptation of filial therapy, is a school-based and play-based intervention designed to assist teachers in developing positive relationships with students (Guerney & Stover, 1971), in order to help teachers redirect child misbehavior while simultaneously creating positive classroom climates (Draper, White, O'Shaughnessy, Flynt, & Jones, 2001; White, Flynt, & Jones, 1999).

The two-pronged intervention was designed to enhance the parent-child and teacher-child relationships and strengthen the competencies of preschoolers, their parents, and their teachers. In the filial therapy component, the eight-week intervention was delivered to parents in a small-group format. Parents were asked to practice new skills during 30-minute play sessions with their child once a week. Over time, with group encouragement, skills initiated during play-sessions become part of the parenting repertoire. Teachers participated in a one-day group training session, followed by weekly coaching and dyadic consultation for on-going support.

The project was conducted during the 2003–2004 school year at two elementary schools (which housed preschool through fifth grades) in a large, urban school district in the southeastern United States. Almost all of the students at each school were African-American, with the majority eligible for free or reduced meals. Participating students were randomly assigned to treatment and waiting-control conditions by classroom. Three classrooms were designated to participate in the intervention during the fall, and three classrooms waited to receive the intervention in the spring. At the start of the project, there were 28 preschool students in the treatment group and 32 in the control group.

For each participating preschool student, one primary caregiver participated in the project, as did lead teachers and paraprofessional aides from each classroom. Results at post-intervention indicated that teachers perceived children in the intervention group to exhibit significantly less problem behavior than students in the waiting-control group. Thus, this intervention prevented the children in the experimental group from a downward trend in their behavior. Since pre-kindergarten is the first, more formal school experience, it is noteworthy that bolstering the support these young children received from parents and teachers allowed them to maintain a better status than the waiting-control group students, from which learning can occur. In addition, qualitative data suggest that group members really appreciated and felt the positive effects of learning together and supporting each other in their roles as parents. ●

Kay Draper is a former Assistant Professor at Georgia State University in the Department of Counseling and Psychological Services (CPS) in the College of Education. Faye Mishna is an Associate Professor and Director of Research and holds the Margaret and Wallace McCain Family Chair in Child and Family at the Factor-Inwentash Faculty of Social Work at the University of Toronto.

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Gratitude

Raymond Lovett, MSW, CGP

My father hid the chocolates in our family creating a lifelong hunger for them. On the final evaluation table at the AGPA Annual Meeting, some angel had left chocolates. Rich, free, open, side-by-side boxes of them, a metaphor for the rich gifts of learning, connection, stimulation of my five days in Washington, DC. I have them in the purse of my mind, sweets to take out and savor. Kindness, along with hard work, competence, skill, scholarship, and generous spirit, are contagious. Let me name more of the Whitman Sampler I tasted at the 2008 AGPA Annual Meeting.

On the final evaluation table at the AGPA Annual Meeting, some angel had left chocolates. Rich, free, open, side-by-side boxes of them, a metaphor for the rich gifts of learning, connection, stimulation of my five days in Washington, DC. I have them in the purse of my mind, sweets to take out and savor. Kindness, along with hard work, competence, skill, scholarship, and generous spirit, are contagious.

I learned it is permissible to do phone therapy, weekly and bi-weekly and join a long-distance supervision group via telephone, with or without a videophone.

I was impressed with the seemingly easy adjustment of two scholarly, provocative, appealing group leaders to a large number of no-shows at their workshops. While I would have sunk into a morass of pain and rage, these therapists offered a wonderful lesson: the group is primary and personal injury secondary, an enduring lesson for my narcissistic heart.

I relished being in the presence of so many informed, articulate presenters. I found the didactic portions of the workshops enormously appealing. I felt pulled to the pleasure of theory, technique, and explanation, not to mention some shame over my ignorance.

I learned that when a group member antagonizes with pouting and whining, be interested rather than irritated. These symptoms may have long and deep roots. It is not helpful to judge the various ways each group member goes after goals. I witnessed repeated examples of these interventions and their results.

Though it had been more than 10 years since I last attended a meeting, I was unprepared for the loneliness of being unknown. Blank faces, averted eyes and turned heads. I watched seasoned members greet each other with expressive body language. In my aloneness, I grew to treasure my nametag, with its red flag attachment—Faculty. Fantasies came of wearing it on my wrist, putting it on a banner, and hiring a uniformed person to publicly announce a telegram for faculty member Lovett. I tested, in the privacy of my room, changing my familiar, modest three-letter first name introduction to "Hello there, I am Raymond Lovett, novice attendee and I am on the faculty." The hollowness bounced off the bathroom mirror and seemed to deepen my wrinkles. Is there a mentor in the house? Is there a guide to show me the paths to the top of this group, point me to the power people of this vast temple? I began a search for possible mentorees, women, young, until I realized I would have to rely totally on a paternal transference and its depressing effects. I was briefly rescued from oblivion when my wife told me I looked good and I kissed her right there on the Metro.

In one workshop where I expected to impress with my playful humorous self, I was invited to work with hand-eye toys. I competed with young beautiful women whose creations so shamed my bungling boyish efforts I considered tears, then Valium. Let's have a race around the block I wanted to shout out. As the ancient shame and self-hatred increased, my creation matched the annihilation I felt. However, aided by their kindness, I remained and spoke in the larger group of my hurt and rejection. A miracle occurred. For the first time in my life, my klutzy persona diminished. A sharp, brief pain lifted, replaced by a degree of group acceptance that seeped into me.

Then I realized how this hated feeling directed at my awkwardness has decreased my empathy for patients, who bring their *sui generis* klutzy selves to the world and to our work. Feeling superior locks the other out. My klutz is as much or more me than my strutting intellect and my other conceits. I saw how group therapy has the potential to diminish self-loathing and its accompanying blind spots. It can increase empathy for other sufferers and decrease feelings of superiority that dismiss others and make them hate us. Churchill, on seeing a most superior feeling colleague walk by, said to his friend, "There, but for the grace of God, goes God." And Winnicott said, "The too smart therapist often robs the patient of her creativity."

While religion suggests we spend 15 minutes each day on Particular Examen, focusing solely on the temptations and failures of the day, it was surprising to find myself in a workshop that highlighted personal strengths, skills, and achievements and invited us to tell others of these gifts. This experience opened up a deep yearning that I plan to nurture.

I witnessed the courage of others in exposing the stings of deprivation. I experienced the trust that permits self-exposure and stood in awe of how such risk-taking can transform the commonplace into something beautiful. I was particularly touched by the pervasive risk-taking in the young and the old. Aging, I realized, has increased my notice of the old, sister, and fellow tribe members. "What is essential is invisible to the eye, it is only with the heart that one can see," said the Little Prince. I thank all of you who, in a brief five days, increased my heartsight. ●

In Memoriam

Jacob Christ, MD, FAGPA, a significant figure in AGPA's development in the 1960s and 1970s, died at the age of 82 in his birthplace, Switzerland. Along with some of the pioneers in community psychiatry in the United States, Dr. Christ helped develop the fields of milieu therapy, group psychotherapy, family and couples therapy, and crisis intervention.

Upon returning to Switzerland, he was instrumental in building up the country's outpatient mental health system. He was described as "…a pioneer in community mental health, an involved clinical instructor, a prominent therapist, a helpful, committed colleague and a kind and generous human being."

William Robert Sell, MA, CGP, died in March after a courageous journey with cancer. He was 47. Through his innovative work in group therapy, he transformed the lives of many people. His passion for helping young adults navigate their struggles led him to found Living Well Transitions, an independent living program. Sell graduated in 1984 from West Chester University, West Chester, Pennsylvania, with a Bachelor of Arts degree in philosophy. In 1988, he received a Masters degree in contemplative psychotherapy from Naropa University, Boulder. He continued there as adjunct faculty in the Psychology and Religious Studies Departments, and was loved by his students for his clarity, humor and warmth as a teacher.

Sell was loved and appreciated for his selflessness and generosity. The most important things to him were his family, his work as a psychotherapist and the Dharma. He is also known in Boulder as a singer songwriter and performer, usually at Penny Lane Coffeehouse, of what he called "explicit folk" music. He is survived by his wife, Tamara, and daughters Julia, Caroline, and Avery.

The next issue will include a memorial to **Toby Chuah Feinson**, who passed away as we were going to press.

Consultation, Please

Dear Consultant:

I am a male therapist who has been leading a mixed-gender therapy group for three years. For most of the life of the group, it has been predominantly male, with six men and two women. This recently changed when I added two women to replace men who left the group. One of these women ("Louise") is quite attractive and vivacious, and brings a lot of liveliness to the group. I see most of the members individually as well, and several of the men have expressed sexual attraction to Louise. Indeed, Louise has also begun to talk in her individual work about her sexual feelings toward the men and toward another woman in the group. The one gay man in the group has continued to describe his sexual fantasies about the men in the group, but only in his private sessions. I have been encouraging all these people to talk more openly about sexual and erotic thoughts and feelings inside the group, but little has been verbalized, and when these feelings are expressed, the group quickly diverts itself away. I think the expression of erotic feelings would bring life to the group, but I am feeling stuck, not knowing how to help the members talk to each other about sexual feelings. Can you advise?

Signed,
Frustrated

Dear Frustrated:

My initial thoughts go in somewhat opposite directions. You are doing something very well by providing an individual therapeutic relationship where clients are open and vulnerable in discussing their sexual health and desires. In spite of that, I would ask you to consider what elements of your individual therapy are missing from your group work. How is it that the group has developed different sexual health norms of non-verbal "no talk" patterns in response to sexual attraction and erotic feelings?

First consider your group screening and orientation process. How was client sexuality addressed as part of each group member's process for entering the group? When the leader does not adequately prepare new members for discussing sexual and erotic feelings as an expectation of group work, the very situation you describe of the group leader feeling stuck is often the result. This leader preparation oversight will ultimately emerge in the group with the added burden of each member not knowing how the leader addresses sexuality in his/her role as group leader. This situation is like when sex comes up at the family dinner table rather than between one parent and one child. The defenses and reactions at the dinner table are frustrating and disappointing for parent and child alike.

I suggest including at least one sexuality-focused question as a part of the group assessment process with every new group member. Sample questions are: "How might you envision your response when group members inquire about your sexual or erotic life?" "What is your most vivid memory of talking about sex in a group, school, peer, or family circumstance?" "How will meeting your goals for group therapy affect your sexual life?"

Engaging in this conversation with each group member prior to beginning group provides the prospective member with an initial experience of how his or her group therapist addresses sexuality. The group leader establishes him/herself as knowing sexuality will be an important aspect of group work. This discussion can also normalize sexual feelings between members, as well as sexual content from members' lives being brought to the group. When the individual therapist assumes the container of the individual therapeutic relationship is sufficient to establish a similar alliance within the group, the group therapist is overlooking an important dynamic in her/his role as group leader.

Your "stuck" feeling may be an unconscious outcome of avoiding sexuality in the initial process of group formation. This is a parallel process to parents ignoring a child's sexual development, thoughts, feelings, and behaviors within the family, until each child hits puberty. The family (group) will soon associate open discussion of sexual feelings with anxiety, not necessarily because the content is sexuality but rather because an unavoidable development (irresistibly attractive new group member) makes the unconscious avoidance untenable.

Such avoidance leads the group leader to an unfortunate conclusion, namely, that addressing sexuality in group must result in tense and anxious filled defenses, rather than a more informative focus on the universal feelings.

Other conclusions, however, are possible. The leader who adequately prepares group members to discuss sexual topics and who models a comfort and respect for the topic finds that his/her groups discuss sexual material with a minimum of tension and embarrassment. It is vital for the leader to normalize ambivalence and trepidation about sexually focused group content when the members are unfamiliar with the leaders actions, facial expressions, and emotional tone in response to these discussions.

President

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traveling to Washington, DC, to give Congressional testimony, meeting with legislative representatives and the Department of Veteran Affairs, and most recently working on the China disaster recovery efforts. The membership of AGPA owes her debt for not only the amount of time she had dedicated to this work, but for the quality of the material she has written and her strong professional representation of our organization.

The last weekend in June, we completed a very successful Tri-Organizational Strategic Planning Session in Chicago, Illinois, along with the Board Meetings of AGPA, the Group Psychotherapy Foundation (GPF), the National Registry of Certified Group Psychotherapists (NRCGP), the Affiliate Societies Assembly, and the second annual Leadership Academy. As President of AGPA, I'm concerned that at the same time we have been extensively increasing our activities, we are facing a diminishing membership and decreased dues revenue. As an organization, we have to face this challenge and give priority attention to the membership issues before any further new undertakings. To support this effort, CEO Marsha Block, CAE, CFRE, and I facilitated the "The Persona Lifecycle" concept to examine the value and the function of membership in AGPA with both potential and existing members.

In this exercise, we challenged our assumptions about different categories of large membership groups by creating in small groups an in-depth case study profile of a potential or existing member of AGPA, which are called "personas." These personas were named, described in depth, and introduced to the Tri-Organizational Board, and will be used as templates to evaluate our current organizational products and membership value. The feedback from the leadership group was that the exercise was a stimulating, creative, and informative process. It was experienced as providing both a promising and sobering look at our future as a membership organization. The personas that came to life during Strategic Planning will be integrated into our Tri-Organizational structure and the Affiliate Societies Assembly to more closely evaluate the relevance of our organizational products and activities to membership retention and recruitment.

In the face of all of our challenges, we continue to move forward with our collective organizational goals. The NRCGP has announced the creation of telecourses that will be a part of our launching Distance Learning; three audio conferences and an ethics self-study program will be available to start. This has been a long-term goal and will be a significant accomplishment.

The GPF is continuing with the fund raising efforts, which significantly contribute to our organizational stability. The ongoing work of the Foundation continues to be building scholarship funds, as well as underwriting the AGPA Annual Meeting and other educational endeavors such as curricula. The letters we receive from our scholarship recipients are both inspirational and gratifying (See *Group Assets*). They bring home the spirit and heart of our group values. Appreciation of the role of the mentors in carrying on these values will be part of a new fund raising effort.

The second annual Leadership Academy met in Chicago with the governance groups. The Academy is designed to provide both training and an opportunity to interact with our tri-organizational leadership in an effort to support and foster the growth of new leaders. I want to thank the members of the Academy for the valuable contributions they made by actively participating in our Strategic Planning.

Our Affiliate Societies Assembly continues to work at strengthening local Affiliate leadership and maintaining a strong collaborative relationship with AGPA. The Illinois Affiliate is hard at work preparing to host the 2009 Annual Meeting, to be

I often reflect on the healing power of a silent eye gaze given quietly and calmly across the room as a member begins to leap into the void of honoring his or her adult sexual self in the presence of a group leader. As the group members watch the leader attend to the member's sexual content and concurrent group process, an enormous potential for affect and insight will unfold in the coming months and years into each group member's erotic life.

Doug Braun-Harvey, MFT, CGP
San Diego, California

Dear Frustrated:

The discussion of sex is one of the most difficult topics for the therapist, individuals, and groups to explore. Here are some possible reasons why.

The therapist, who may also be aroused by the same stimulation as members, is "stuck "with his/her feelings, as well as with what the group members are injecting into him/her. This stimulation from sexual secrets revealed in individual therapy can in itself be too overwhelming for a therapist to contain. The group's inhibition against verbal exploration of sexual feelings compounds the therapist's dilemma: the therapist wishes to intervene but fears shaming the patient while also feeling unsuccessful in helping the group talk about sex. The result is often a therapist who feels impotent/inadequate or paralyzed/helpless.

The group and the individuals may be afraid to express sexual feelings. Talking about sex encompasses a wide range of preverbal emotional/sexual experiences and taps into multiple aspects of the self. The group may not have developed a language to convey sexual/emotional experience. Members may equate talking with action and fear that acting out in the group would occur. They may not have learned or achieved an ability to regulate intense emotions and thus assume destructive action will occur. This loss of control could undermine the experience of safety and thus destroy the group. They may simultaneously desire action and gratification, rather than communication and understanding, which could also destroy the group. Thus, not talking about sexual attractions may be a protective reaction for the group, as well as for the individual members.

The group members could also fear shame, vulnerability, and humiliation for having all kinds of thoughts, feelings, fantasies, and aggressive desires, for not being desirable and rejected, and for having to compete with the other group members for the desired person. As a result, they may be more comfortable discussing sex with just you and keeping their fantasies than communicating them to form relationships—with the risks and pitfalls that could occur.

Sexuality also can be utilized as a resistance to emotional intimacy. Louise, perhaps, may be stirring up the group with her sexual energy to keep herself and others from relating in other emotionally intimate ways. She may also have a need to sexually enact, as a form of communicating, an early experience. She is possibly both a restraining and an expansive force for the group.

So what's a group therapist to do? Well, it is not clear that group is dead, but it is splitting off some of its most powerful thoughts, reserving them for the individual sessions. You may have time to study the group, preferably jointly with the group members. The discussion of sex, a therapeutic foreplay if you will, is an inquiry titrated to manage sexual feelings and the anxieties they produce. Any discussion would be respectful of members' need to protect themselves. It would also lead to an emotional education (and group contract reminder) that there is no action here—just talk.

You might want to explore the following: Is this group getting too hot? What would happen if we talk about sex? Is there any good in talking about sex or will it cause harm? Has this group become too sexually aroused for its own good? Who will suffer or get hurt if we talk about sex? What will the sufferers do with their feelings? Who here will feel good about talking about sex? What will that person do with his/her feelings? Can this group discuss their attractions without going into action outside of the group? You could also consider a bridge to a member asking, "How is Louise exciting the group today?" or "Louise, is this an exciting enough group for you?" or "Am I as exciting as Louise?"

These kinds of questions are designed to get at what is interfering or bottling up this group. Rather than push for sexual expression, focus on the obstacles to it and play with what is happening. If a group comes to the realization that it is safe to talk about sex, that an injury can be survived and that the intensity can be regulated, then your idea that sex talk can be playful and enlivening is true. Until then, you and the group need to develop together ways to talk about sex that allow for exploration, fear, and play—a kind of managed care. A sexual/emotional language that is co-created in the group and considers all aspects of experience can provide safety and playful expression.

Ronnie Levine, PhD, CGP, FAGPA
New York, New York

Members are invited to contact Michael Hegener, MA, LCP, CGP, the Editor of the Consultation, Please column, about issues and/or questions that arise in your group psychotherapy practices. They will be presented anonymously, as in the question here, and two members of AGPA will be asked to respond to your dilemma. In this way, we all benefit from members' consultation from an objective point of view. SIG members are also encouraged to send cases that pertain to your particular field of interest. Michael can be reached by fax at 512-469-0889 or e-mail at mhegener@sbcglobal.net.

held in Chicago, February 16–21, and another Chicago group organized by the Foundation is beginning to raise scholarship funds for the Meeting. The recently renovated Chicago Sheraton is a beautiful property in a great location. While you've got your calendars out, the 2010 Annual Meeting will be held in San Diego, February 22-28.

Wow! As said in my opening comments, there is a lot going on in AGPA at every level. We are so busy doing the work that we can hardly catch up with ourselves to communicate with you all what we are doing. We are exploring ways to redesign our technology platforms to increase interface with the AGPA membership and support our Distance Learning goals, and the Membership Committee is planning to host conference calls to provide the membership direct access to the leadership to ask the questions about the programs already in place.You will be hearing more about this in the months to come.

I wish everyone a wonderful summer filled with fun and renewal. ●

Chicago Is…My Kind of Town

Registration is open for AGPA's 2009 Annual Institute and Conference, to be held February 16–21, at the Sheraton Chicago Hotel & Towers. Sign up online at www.agpa.org. Theme of the meeting is "Strong Group Foundations: Building Lasting Communities."

A bustling, energetic city that boasts world-class cultural attractions, diverse neighborhoods, and architectural wonders, Chicago is known for critically acclaimed restaurants, world-famous museums, first-class shopping, adventurous nightlife, action-packed sporting events, and a thriving theater scene.

Chicago theater pushes the envelope with cutting-edge performances in historic and state-of-the-art stages. Explore history, art, African-American culture, astronomy, natural history and much more at the local museums. The Museum Campus is a scenic park that joins the Adler Planetarium & Astronomy Museum, Shedd Aquarium/Oceanarium, and Field Museum of Natural History. The aquarium features more than 8,000 aquatic mammals, reptiles, amphibians, invertebrates and fish. After exploring the oceans, gaze up at the heavens in the nearby Adler Planetarium & Astronomy Museum. The Field Museum offers exciting displays of mummies, Egyptian tombs, Native American artifacts, and dinosaur skeletons. See Sue, the world's largest, most complete and most famous Tyrannosaurus rex.

Other well-known museums are: the Chicago History Museum; McCormick Tribune Freedom Museum; the Museum of Science and Industry; the DuSable Museum of African-American History; the Art Institute of Chicago; the Museum of Contemporary Art; and the Museum of Contemporary Photography.

Galleries in the Chicago Cultural Center, a neo-classical masterpiece featuring two art-glass domes and glittering mosaic walls, exhibit contemporary art from around the world. Navy Pier, a lakefront playground, offers a blend of family-oriented attractions, a variety of restaurants, and the Chicago Shakespeare Theater.

The 24.5-acre Millennium Park contains an outdoor performing arts pavilion, indoor theatre, restaurant, ice-skating rink, contemporary garden, public art, fountains, promenade, landscaped walkways, and green spaces. Other Chicago attractions include Buckingham Fountain at Grant Park, the Hancock Observatory, and the Sears Tower Skydeck.

Chicago is…my kind of town, and it could be yours, too, when you attend the 2009 AGPA Annual Meeting. ●

Affiliate Society News

Visit AGPA's website at www.agpa.org/mtgs/affiliatemtgs.html for updated Affiliate Society meeting information.

Michael Hegener, MA, LPC, CGP, from Austin, Texas, will present on a complex, ever-challenging topic for group psychotherapists—*Money Matters in Group: Ethics, Envy and Aggression*—for the **Atlanta Group Psychotherapy Society** (AGPS) on September 13. On December 13, Susan Gantt, PhD, ABPP, CGP, FAGPA, and Heather Twomey, PhD, will present a workshop on *Functional Subgrouping for Working with Differences and Conflicts in Groups*. AGPS has launched its new, improved website, which it continues to tweak. The website, www.atlantagps.org, is a place where members and non-members alike can get valuable information about group psychotherapy in general and AGPS members and activities. For example, the website lists psychotherapy groups that are being conducted by its members. The group therapist's names and credentials are provided, along with the types of groups they lead, and the day and hours that their groups meet. Additionally, the website is being used to advertise the Affiliate's workshops and download registration forms, since AGPS is in a trial process of sending out only e-mail flyers for its activities and workshops.

The **Austin Group Psychotherapy Society's** October 4–5 Fall Conference, to be facilitated by Lise Motherwell, PhD, PsyD, FAGPA, will focus on *The Evocative Object: Imagination, Play, and Creativity in Group Therapy*. Future events are also featured on its website at www.austingroups.org.

The **Eastern Group Psychotherapy Society** (EGPS) is welcoming new members, generating new leadership, and encouraging more senior members to enjoy new opportunities. As part of this stage in its development, two senior positions in EGPS will change hands. Leon Schein, EdD, BCD, CGP, is stepping down as Chair of its award-winning One-Year Training Program after 16 years serving the program in various roles, and Martin Livingston, PhD, CGP, FAGPA, plans to move on to other pursuits after seven years as the dedicated Editor of EGPS's acclaimed journal, *GROUP*. Both are leaving their respective activities in superb shape and have expressed their wish to mentor new leadership in the roles they have performed so ably.

The **Houston Group Psychotherapy Society** (HGPS) is incorporating 47 new members into the general membership and committees and is looking forward to a vibrant new year. Plans are underway for the presentation of the Groups Basic Course for this fall. Travis Courville, MSW, CGP, FAGPA, and Cindy Hearne, PhD, CGP, will lead the course, which was presented for the last two years at the AGPA Annual Meeting. The July Board Meeting featured Micki Fine, MEd, who spoke on mindfulness in groups. HGPS consultation groups led by senior members are continuing and have been successful and well attended.

The **Illinois Group Psychotherapy Society's** (IGPS) Fall 2008 Conference, will be held October 24–25. In anticipation of the 2009 AGPA Annual Meeting, to be held in Chicago in February 16–21, IGPS will be offering a variety of workshops spotlighting local talent. Visit www.illinoisgrouppsychotherapysociety.org.

The **Puget Sound Group Psychotherapy Network** held a Board retreat in May, reviewing its history, and framing its vision, goals, and directions for the time ahead. Major considerations for the Affiliate are: how to better include interested therapists whose calendars do not mesh with its past program schedules; fostering relationships with university programs offering group therapy training; constructing a new creative model for education events; seeing that its organizational structure honors the individual desires and styles of work of each of its Board members.

Please note: Affiliate Societies may submit updates on their activities to Elizabeth Hammer, PhD, Editor of the Affiliate Society News column, by e-mail: lizhammer@cox.net.

Member News

For the eighth year, **Elaine Cooper, LCSW, PHD, CGP, FAGPA**, was awarded the Excellence in Teaching Award from the psychiatric residents at the Langley Porter Psychiatric Institute, University of California San Francisco School of Medicine.

Eleanor Counselman, EdD, CGP, FAGPA, published "My Office: A Room of My Own" in the Spring 2008 issue of *Voices*. The issue was entitled "What's in a Room? Psychotherapy and Therapist's Offices.

Also published in the Spring 2008 issue of *Voices* was an article by **Jerome Gans, MD, CGP, DFAPA, FAGPA,** entitled "My Office, Myself: A Feeling-Filled Retrospective."

Judye Hess, PhD, CGP, has published a new book, *Core Focused Family Therapy: Moving From Chaos to Clarity* (©2008, Idyll Arbor, Inc.), which offers readers a humanistic, experiential approach to working with families.

Share Your News With Us

Send your Member News to

jsgans@comcast.net.

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