

# The Group Circle

Fall 2016

The Newsletter of the  
American Group Psychotherapy Association  
and the International Board for Certification of  
Group Psychotherapists

## Secrets: To Share or Not To Share

Martha Gilmore, PhD, CGP, FAGPA, Annual Meeting Committee Co-Chair

*Editor's Note: J. Scott Rutan, PhD, CGP, DFAGPA, will deliver the Institute Opening Plenary Session on Secrets: To Share or Not To Share. A Past President of AGPA, Dr. Rutan was the Founder of the Center for Group Psychotherapy at Massachusetts General Hospital/Harvard Medical School and Co-Founder of the Boston Institute for Psychotherapy. He has published widely on group therapy and psychodynamic theory, conducts workshops around the world, and serves on the editorial boards of several journals. He is in private practice in Chestnut Hill, Massachusetts.*

**MG:** When I first joined AGPA, you were pointed out to me as one of the prominent members who was a wonderful teacher, clinician, and theoretician. I immediately started attending your workshops to find you had a very engaging, down-to-earth, and humorous style which made your wisdom easy to digest and incorporate. How did you develop your teaching style?

**SR:** One is never really sure where one's style comes from. My father was a percussionist with the Chicago and Atlanta Symphonies, so perhaps his being a performer had an influence. Plus, I was involved in music and sports while growing up, and those activities have an element of performing. My whole family was heavily dedicated to education. In addition to performing, my father was also a superb teacher, a band director, and an instructor of private students. My mother worked in a high school, and my sister has been in education her whole life, as a musical instrument instructor, head of a school marching band and later an entire arts department, and then a school principal. That doesn't really answer your question, but it is at least a stream of free associations to the question!



J. Scott Rutan

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## Cyclical Psychodynamics and Group Psychotherapy

Alexis Abernethy, PhD, CGP, FAGPA, Annual Meeting Committee Co-Chair

*Editor's Note: Paul Wachtel, PhD, will deliver the Conference Opening Plenary on Cyclical Psychodynamics and Group Psychotherapy at AGPA's 75th Anniversary Annual Meeting in New York City. Dr. Wachtel is a Visiting Clinical Professor of psychology at the New York University postdoctoral program in psychotherapy and psychoanalysis and a Distinguished Professor in the doctoral program in clinical psychology at City College and the Graduate Center of the City University of New York. He received the 2013 Division 39 Award for Scholarship and Research and the 2012 Division 29 Distinguished Psychologist Award. He is a Co-Founder of the Society for the Exploration of Psychotherapy Integration. His publications include Relational Theory and the Practice of Psychotherapy, Inside the Session: What Really Happens in Psychotherapy, Therapeutic Communication, and Cyclical Psychodynamics and the Contextual Self: The*

Inner World, the Intimate World, and the World of Culture and Society.

**AA:** You have described cyclical psychodynamics as an integrative theory that is rooted in relational psychodynamic principles, but one that also incorporates elements of cognitive-behavioral, family systems, and experiential approaches. Could you describe how you conceptualize cyclical psychodynamics? How did you become interested in this theory?

**PW:** Cyclical psychodynamics originated as a theoretical point of view to provide a coherent foundation for integrating elements of



Paul Wachtel

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## From the President

Eleanor Counselman, EdD, CGP, LFLAGPA

**A**s always, summer ran its course. My garden bloomed; my vacation happened; I got sick of weeding; and as I write this column, the days are getting noticeably shorter. Fall is coming! Last summer, I was busy writing my Presidential Plenary about becoming a group therapist. I thought a lot about group leadership. This summer, I found myself thinking more about being a group member.



During one week of my vacation, I was a member of a hiking group. We were a diverse group with different levels of strength and stamina; some were strong hikers, while others needed a slower pace. While different levels of hikes were offered, what I noticed most was the group norm that there was no judgment about what hiking level you needed. There was a fundamental tolerance of difference. This was an important norm in a situation where there could have been competition and even shame about differing abilities. Diversity was okay. Members felt accepted at any level, creating considerable cohesion and goodwill within the group. It also allowed people to gain confidence and as the week progressed, to take risks that they might not have otherwise taken. The parallels to group therapy were quite striking to me.

AGPA is paying a lot of attention to diversity these days, and that is a very good thing. The variety and breadth of the 75th Anniversary Annual Meeting program is exciting. Many types of group therapy are represented, including a significant number of sessions from international participants, who are well represented on the program. Last year, all the Institute instructors went through diversity training. This year, the entire Annual Meeting faculty, along with the AGPA Board of Directors will receive similar training. You can't think too much about this topic because the more you think about it, the more aware you become. Discrimination and rejection because of difference is hurtful and unethical, and as I wrote in my last column, AGPA has recently strengthened the anti-discrimination statement in its Code of Ethics.

I have been thinking a lot about diversity. As humans, we experience some

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## Editor

Steven Van Wagoner, PhD, CGP, FAGPA

## Editorial Staff

Michael Hegener, MA, LCP, FAGPA  
Vanessa Spooner, PsyD

## Managing Editor

Marsha Block, CAE, CFRE

## Editorial/Production Managers

Nicole Millman-Falk  
Angela Stephens, CAE  
AGPA  
25 East 21st Street, 6th floor  
New York, NY 10010  
phone: 212-477-2677  
toll-free: 877-668-AGPA  
fax: 212-979-6627  
e-mail: info@agpa.org  
www.agpa.org

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## President

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ambivalence about diversity, right down to the cellular level. For example, our physiology is set up to reject (and even destroy) anything unfamiliar. Isn't this the basic function of the immune system? On a nutritional level by contrast, we require a variety of vitamins and nutrients to survive. We also know that any species can be weakened by too much inbreeding, too much sameness. My mother liked to fondly tell me I was a good strong ethnic mongrel.

I think this ambivalence is true in psychosocial areas as well; we benefit from both the familiar and the unfamiliar. Group therapy leaders usually want some diversity in group membership because it enriches what members offer each other, while most also subscribe to the "Noah's Ark principle," knowing that the presence of at least one other seemingly similar member in a group creates an initial sense of safety for new members.

Of course, not all differences are

visible, and some of the most powerful group work I've experienced has been around discovery of the less obvious or hidden differences—and similarities—between members. Members have learned that their initial assumptions about people, based on superficial perceptions, are often incomplete or even incorrect. What a powerful antidote to stereotyping! Such exploration occurs in settings where there is encouragement of curiosity and respectful listening.

We are members of many groups in our lives, and we both create and are affected by the culture of any group in which we participate, to our benefit and our detriment. This is one of the most negative, vitriolic electoral seasons that I have ever experienced. Stereotyping and extreme all-or-nothing-thinking seems rampant. There is little tolerance for disagreement, little interest in exploring and working through difference. How is this larger system affecting each of us? As we proceed through the fall with the local and national political campaigns, how do we manage our reactions when

faced with strong opinions with which we don't agree? Do we feel safe to speak up and share our disagreement? Can we listen to each other? Or is our culture such that there is only one right way of thinking? To paraphrase George Orwell, will all opinions be equal, but some more equal than others?

It is my fervent hope that AGPA can be a place where all views are accepted and that the same level of tolerance to which we aspire in cultural diversity be applied to political diversity.

And speaking of sharing views, I've been so pleased with the discussions of various group therapy issues that have been occurring on the member listserv. Many thanks to all participants! The listserv is a wonderful member benefit, where we can stay connected throughout the year in an e-community as we share our questions and ideas. I hope these discussions continue.

As always, I welcome your comments on this column or anything else. Contact me at EleanorF@Counselman.com. ●

## From the Editor

Steven Van Wagoner, PhD, CGP, FAGPA

Usually think of fall as portending winter while saying goodbye to summer, but for some reason, nature has not caught on because the humidity and temperature are making this day that I pen my column quite uncomfortable. Somehow the forces of nature have not noticed that my basil is producing its last batch of pesto and my tomato plants are barely giving me enough fruit for tomato basil bisque, so what's up with the heat? But beyond what the climate throws our way, with

fall come all of the plans for the upcoming academic year, including, but not limited to, the 75th Anniversary Annual Meeting.

As you have surmised by now, this issue always marks the buildup to the Annual Meeting. AGPA's President, Eleanor Counselman, EdD, CGP, LFAGPA, tells us to expect a diverse program this year, with increased representation from the international community. J. Scott Rutan, PhD, CGP, DLFAGPA, and Paul Wachtel, PhD, who will present the Institute and Conference Plenary Addresses respectively, share their

experiences and thinking about challenges and opportunities in group psychotherapy, Dr. Rutan speaking to the challenges and dilemmas surrounding what to share and what not to share, and Dr. Wachtel applying his ideas about cyclical psychodynamics to group therapy. Both talks hold promise to launch the Institute and Conference in stimulating and thought-provoking ways.

Another conversation that should take off from this issue is the one provocatively and evocatively brought to us by Yoon Kane, LCSW, CGP, and Laura Kasper, PhD, CGP, on women,

sex, and power. They break a silence that they argue handcuffs women group therapists in identifying and talking about female power embedded in the erotic. As someone interested in envy, competition, and shame in group therapy, I found their ideas compelling and holding the potential to expand some of my own thinking about these dynamics in groups, and I hope to attend their workshop to examine my own relationship to the myriad manifestations of female power.

Last but not least, do not miss *Consultation, Please, Affiliate Society News*, and *Group Assets*.

## Member News



Beck



Kleinberg

**Richard Beck, LCSW, BCD, CGP, FAGPA**, was elected Vice President of the International Association for Group Psychotherapy and Group Processes (IAGP). He has been a member of IAGP's Board of Directors since June 2014.

**Jeffrey Kleinberg, PhD, CGP, DFAGPA**, led a demo group in Grenada for nurses and medical doctors. The training was sponsored by Mt. Sinai Global Health Program, the Health Ministry of Grenada, and the Pan American Health Organization (PAHO), the regional affiliate of the World Health Organization (WHO).

# A Conversation About Women, Sex and Power: The Madonna, the Whore, and the Female Group Leader

Laura Kasper, PhD, CGP, and Yoon Kane, LCSW, CGP

Week after week, group members talk about everything except what's happening in the group. As the group leader, you sit in silence, helplessly observing the elephant in the room growing bigger, filling the group space with sexual charge and unresolved tension. In your mind, your supervisor's voice fills your head with suggestions: Make an intervention, maybe illuminate the erotic feelings; say something, anything; don't say anything; you don't want to piss off the elephant in the room and have it stomp all over your group.

As two women group leaders, we find ourselves going through a similar self-conscious process, exploring and writing about our own vulnerabilities around sex and power. We are aware that there may be assumptions made about us as we try to explore this conversation. Are we exhibitionists stimulated and excited by talking about sex and desire? Are we rebelling against our inner buttoned-up and helpful good girls? Are we just two transgressors, seducing our groups into gratifying our need for power? The answer to all of the above is yes, but there's more.

It is essential to create a safe space for women group leaders to talk about their erotic feelings in relation to themselves, their role as group leaders, and toward their group members. To meet this need, we have initiated AGPA workshops, both in-person and online training groups, and started writing about women, sex, and power. Through creating these spaces and inviting this conversation, we want to break the silence on this subject and offer fresh insights about the female group leader, women's sexuality, and erotic power.

Fears about how we will be perceived by others, feeling inadequate to explore the erotic constructively, risk of injury to our professional reputation, re-traumatization of clients, or confusion about managing boundaries are some of the many reasons why female group therapists may feel inhibited to bring up sexuality and power in their group, supervision, and consultation rooms. We are more likely to maintain ethical boundaries in challenging clinical situations when we talk about and explore what's going on rather than keep it inside or deny its existence. As group leaders, we are aware that what is not being discussed in the group has the potential to sap vitality and deaden a group.

One of our goals is to challenge traditionally held views about women's roles and power that are central to the silence. The role of the nurturing mother, the Madonna, is a socially acceptable form of feminine power. Women are encouraged to be nurturing, caring, and empathic and as a result, are more comfortable expressing and inhabiting this role as therapists (Schaverien, 2006). The role of the stimulated or stimulating object is a less practiced form of feminine power. Women risk revealing their hunger, receptivity, and aggression when they take on this less common role. Wielding this form of feminine power risks exposing erotic desire, invites the hunger of others, and trespasses into a typically masculine area of power. Women in this position expose themselves to the danger of society's judgment and denigration—to be seen as a Whore. Given this possibility, claiming the power of the female erotic is understandably an uncomfortable role for female therapists to embody.

We find ourselves expressing frustration at being confined to socially acceptable nurturing maternal roles and expectations. But to be honest, we also secretly and unconsciously love it. While difficult for us to admit, we particularly love the power of the maternal role: the power in being needed by our clients, to be able to soothe their longing for emotional support and offer safety through our generous, unconditional loving care. We also love the safety provided to us in the maternal role. We suspect it has allowed us, consciously or unconsciously, to hide our vulnerability. The security of being the Madonna has protected us from the anxiety of being denigrated as the Whore.

Group leaders who limit themselves to nurturing maternal roles are vulnerable to using the group as a source of emotional nourishment. We can

“ It is essential to create a safe space for women group leaders to talk about their erotic feelings in relation to themselves, their role as group leaders, and toward their group members.”

see from examples of mothers in our culture, how the combination of the overwhelming demands of motherhood, limited opportunities for gratification of self-needs, and society's idealization of the mother poses a risk for the abuse of their maternal power (Wellson, 1992). Therapists are no less vulnerable to reenacting maternal power in the therapeutic relationship, especially if they have unmet relational needs that are unconscious and disavowed.

Many clients come to group because they are struggling to develop healthy relationships, including sexual ones. Not allowing for the exploration of our own, as well as our clients' erotic feelings, puts our groups at risk of staying young and immature, stuck in the dependent position. While sex can be a form of resistance clients sometimes use towards group members or leaders to avoid other feelings that hint at dependency and intimacy, we and others (Schaverien, 2006) suggest these feelings may be an undifferentiated mix of sexual, aggressive, and dependency desires. Sometimes it is impossible to differentiate more infantile erotic needs from adult sexual feelings, making their full exploration and engagement with all of these feelings imperative for maturation to occur.

What are we afraid will happen if we step outside the nurturing Madonna role and invite exploration of our client's desire for one another or ourselves when we sense erotic feelings in the group? What will happen if we allow ourselves the space to investigate our own desires as they relate to the group or a group member? The 2016 AGPA Annual Meeting workshop, *Women, Sex and Power: The Madonna, the Whore, and the Female Group Leader*, that we co-led gave us some clues. We ran a fishbowl demonstration group that included 12 women and two men. Our original idea was to only include women, but months before the conference, we made a decision to include men. This change provoked a reaction from the members. Themes around competition, inadequacy, lustful greed, and envy arose. Members seemed to experience tremendous fear and courage as they vacillated between entitlement to disavowal of their desire for more contact. Some openly expressed their rage against self and socially imposed deprivation, while others protested quietly about the injustice.

“Why did you invite men into the group,” one member demanded.

“We should get the men shields,” another member joked in response.

A male member replied, “I now understand what it's like to be the minority.”

Reflecting on this exchange, as co-leaders we felt as if we might have betrayed an unspoken feminine pact. We self-consciously thought we heard the women in the group saying, “How dare you deprive us of one more space where we can talk about sex and desire by including men in the group? I thought I could talk freely, but you are depriving me again.” The historical oppression that women have felt at the hands of men in our culture for expressing their sexuality and the anger, aggression, and frustration that accompanies it, was now present in the group and available for exploration.

Throughout the workshop, female members openly expressed deep-seeded

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**MG: How did you get involved in group psychotherapy and the AGPA?**

**SR:** The graduate program that I attended at Boston University had a superb emphasis on group psychotherapy, with Norman Neiberg, PhD, CGP, DLFAGPA, Henry Grunebaum, MD, and Stanley Kanter, MD, as superb faculty. Norm became my mentor and allowed me to observe one of his private practice groups for a year. As soon as I sat in that group, outside the group circle, I knew group therapy was where I wanted to live professionally. It just seemed so right; people's issues and their coping styles were all so overt in that multi-person setting. Norm also invited me to my first AGPA meeting and allowed me to stay in his room at no charge. He might well have paid my registration fee that first year too, but I don't recall.

**MG: Who were some of the major influences on your development as a group psychotherapist?**

**SR:** In addition to Norm, I've had so many influences over the years, mostly through my colleagues in the Northeastern Society for Group Psychotherapy and AGPA. I've found people in both organizations to be incredibly bright and dedicated to the profession, but also generous in their willingness to share what they have learned. My time as Co-Chair of the AGPA's Institute Committee (with Walter Stone, MD, CGP, DLFAGPA) was very influential because I was able to meet and observe so many superb group leaders who work in such different ways.

One of the most important early books that I read was Jerome Frank's *Persuasion and Healing*. Not many know that Frank was Irvin Yalom's mentor in group therapy.

**MG: You had a long and very fruitful collaboration with Anne Alonso, PhD, CGP, DFAGPA, who died in 2007 and who we honor in the Anne and Ramon Alonso Plenary Address. In what ways does that relationship influence you today?**

**SR:** I was blessed to have known Anne as friend and colleague for decades. We had offices side-by-side, co-led an observed group, co-wrote, and co-presented. Anne was remarkable in many ways, but one way that always struck me was that despite her being absolutely dedicated to a very classical Freudian position, in which she demonstrated very little of what she was feeling, nonetheless her patients always knew just how much she loved and cared for them. She was also a soul mate in her willingness to treat the most difficult patients and to see them in groups.

**MG: We're celebrating the 75th Anniversary of AGPA at our 2017 Annual Meeting. Can you reflect on where the organization has been and where you think it should go as we move into the future?**

**SR:** The organization has grown enormously in the years since I became a member in 1970. During my early years, AGPA was New York and psychoanalytically based and not very inclusive. There were many years when huge disagreements took place over who should be included as a member. This reached a crescendo when groups like Transactional Analysis and Gestalt Therapy gained enormous followings, and those followers attended AGPA meetings and tried to join. Slowly and painfully, more theoretical diversity was tolerated. I think a huge turning point for AGPA was the election of John O'Hearne, MD, FAGPA, a noted Transactional Analyst, as AGPA President. John was a very inclusive and healing man, and he guided the organization in opening our doors.

In terms of the future, I would like to see the AGPA do more to support the local Affiliate Societies. Often they are seen merely as feeder groups to AGPA without regard for what the national organization can do to strengthen and facilitate their growth.

**MG: What interests you about your Institute Plenary topic—Secrets: To Share or Not To Share?**

**SR:** I've long been fascinated by what is deemed to be unspeakable or unshareable. I tend to focus less on what that subject matter might be and more on why it must not be shared. I'm equally interested in the impact on relationships

when secrets are shared or not. This also represents some of the meat-and-potatoes of psychotherapy, helping people keep less locked away inside.

**MG: What kind of secrets are you addressing in terms of group therapy?**

**SR:** I'm focusing on the place of secrets in all our relationships, not specifically on what place they have in our groups. However, hopefully there will be a great deal of carryover.

**MG: Can you tell us about a time when you wished a secret had been kept from a group?**

**SR:** I know there are many secrets being kept in my groups, but I strive for the ideal that "in this room, in this group, in this time each week, there will be no secrets." There have been some very difficult secrets that have been shared. Sometimes the immediate responses have been uncomfortable, to say the least, but *never* with bad results ultimately.

**MG: Is there a difference between secrets that are deliberately revealed versus those that are accidentally revealed?**

**SR:** Speaking psychodynamically, the notion of something being accidentally revealed is troublesome. I would probably view it as unconsciously revealed. The individual may have thought the secret slipped out accidentally, but I would understand it as a wish and unconscious decision to reveal it.

**MG: What goes into your decision-making regarding whether you should expose a secret in the group or wait for a member to disclose it?**

**SR:** I have never exposed a secret in group, though I have often let the group know that there is a secret. For example, if I know from an individual session that a member absolutely detests or fears another group member but has not revealed that, I would first begin by trying to help that individual in his individual sessions understand why he has not shared those feelings in the group. If, in a particular group meeting, the dynamics got very convoluted because that secret was not shared, I would likely say to that individual, "Perhaps people would better understand what is happening this evening if you were able to talk here about things you've been discussing with me in individual therapy."

**MG: How do you differentiate between privacy, confidentiality, and secrecy?**

**SR:** Privacy is one's right. Each of us can opt to reveal as much or as little as we choose. I try to help my patients understand that there is a cost to keeping secrets, but they certainly have the right to do so.

Confidentiality has to do with how we deal with the secrets we've been given, especially those that make others vulnerable. That has to do with trust.

Secrecy is a complex subject, and this will be a focus of my plenary. There are secrets we choose to keep, and there are unconscious secrets not known to ourselves. There are little secrets, like white lies or fibs; and there are big secrets, which risk great vulnerability if shared.

**MG: How do you manage these issues in combined therapy?**

**SR:** My agreement with patients in combined therapy is that "there is no boundary of confidentiality between individual and group therapy. It is not useful for either of us if I'm put in the position of keeping a secret from the group." This doubtless results in some data being delayed in presentation, but in my experience the important information always ultimately appears.

**MG: Participation in the Institute can result in some very complicated boundaries. Can you say something about your experience of the issues of confidentiality, privacy, and secrecy as you manage them within the AGPA Institutes?**

**SR:** How much to share in an institute group, a training group, or a demonstration group is always a question of risk/reward. The dangers of secret sharing are primarily in how those secrets will be handled by those who receive them. To the degree that secrets are treated respectfully and confidentiality is maintained, I doubt that there would be any problem. To the degree that those factors are not treated well, there would almost always be problems. ●

## Women, Sex and Power

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inhibitions about sharing their true feelings, for fear of being judged as lusty, or that their greed and anger would make them outcasts of the group. At the same time, some expressed the desire and fear of wanting to openly compete. One of the younger female members shared a story about being the target of envy and femicide due to her youthful erotic power, and wondered if that was going to happen in this workshop. By inviting our desires into the group space, we were met with insatiable longing, competition, and frustration from the disavowal of the potential excitement.

As co-leaders and women, we related to the fears expressed by the group. We felt anxious about asserting our desire to change our minds and include men in the group. We wondered if we were guilty of colluding in the oppression of the women's sexual expression and making the space unsafe by inviting men. We worried that meeting our own desires would disconnect us from the group or that we might be seen by the group as greedy or selfish. We found ourselves struggling with the same internal conflict that we are suggesting keeps women from expressing their desire and vitality. Even though honoring our own desires invited conflict and may have alienated or disorganized the group, it ultimately provided an opportunity for us to become the recipient of the group's envy, rage, and competition—dangerous emotions that can often arise when we allow for the expression of feminine power through the erotic.

Realizing that we stimulated intense feelings of rage and deprivation in the group, as the group leaders we needed to take responsibility and guide group members to express it constructively. The male minority were in danger of becoming our sacrificial lambs.

"I'm wondering if the group is afraid we can't

protect the men in the group?" one of us offered.

This interpretation came from a real fear of uncertainty about our own ability to keep these men from being symbolically killed off by the women in the group. This is a fear we imagine is shared by many female group leaders and hinders their exploration of the erotic. Will I be able to handle the feelings that will be unleashed in the group? Will things get out of control? What right, authority, or power do I have? To keep the therapeutic space open and receptive, we needed to allow ourselves to feel our own vulnerabilities and become the target of fear, desire, and aggression in the here-and-now.

The workshop revealed beliefs from deep within the female psyche that expressing our desires may threaten our safety and our connection with others, that we must keep our greedy lusty desires to ourselves to stay connected, and that one way of doing this is not even allowing ourselves to know our desires. Cut off from this vitality and energy, it's no surprise we can end up feeling deprived and ungratified. If we unknowingly bring that dissatisfaction and deprivation to our relationships with ourselves and our work, the groups we lead are also at risk of feeling exhausting and lifeless. We want therapists, especially women therapists, to start thinking and talking about all of our experiences, and study what happens when transgressive feelings, such as desire, attraction, power, and control, enter the therapeutic space.

As female group leaders, the more we allow ourselves to explore the full range of our emotional selves, our nurturing, desirous, and powerful selves, the more we can create space in our groups for the development and exploration of the same in our clients. Exploring the erotic is just one of many deviations from the status quo in need of recognition. The female group leader, like the idealized mother, needs to be escorted off of the sterile pedestal and liberated into a whole person,

with the freedom to embody a complex array of roles and feelings, to be both the Madonna and the Whore. President Obama offered support for this shift by publicly stating, "We need to keep changing the attitude that punishes women for their sexuality and rewards men for theirs."

We are taking a risk by expanding our range of expression beyond the powerful idealized position of the nurturing mother and allowing ourselves to be the exciting or excited object of desire. However, when we limit ourselves to only one role, such as the maternal position, we can unknowingly contaminate clients with our unwanted erotic feelings in order to remain safe, limiting client growth and development. Our acceptance of and ability to own our erotic feelings and desires gives our clients the space, permission, and power to do the same.

We started this conversation at AGPA during our workshop. Thirty-two women and four men attended and were part of an experiential group and conversation that ignited this discussion. We are deeply grateful for their willingness to engage this challenging and enlivening material. We hope others will consider joining us in this conversation at the 2017 Annual Meeting. ●

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*Editor's Note: Laura Kasper, PhD, CGP, a psychologist in private practice in San Francisco, CA, and Yoon Kane, LCSW, CGP, a clinical social worker and founder of a group psychotherapy practice in New York, NY, will be offering their workshop again at the 2017 Annual Meeting.*

## Register Today for AGPA's 75th Anniversary Meeting

AGPA's 75th Anniversary Meeting will be held March 6–11 at the Sheraton New York Times Square Hotel. The theme for the Meeting is *Connecting, Educating, and Leading for 75 Years: The Theory, Science, and Practice of Group Therapy*. The Annual Meeting is composed of two major sections: the Institute and the Conference. The Institute, March 7-8, is devoted to small group teaching primarily in the experiential mode. The Conference, March 9-11, offers a variety of formats, including courses, limited registration workshops as well as open session panels on special topics and original scientific paper sessions.

Each year, the Group Foundation for Advancing Mental Health offers scholarships to the Annual Meeting for individuals who might not otherwise be able to attend. Awards for creative use of group

therapy are also available. **The early decision deadline for applications is November 1, 2016.** See this issue of *Group Assets* for more details.

Register online at [www.agpa.org/home/continuing-ed-meetings-events-training/annual-meeting](http://www.agpa.org/home/continuing-ed-meetings-events-training/annual-meeting). Events are assigned on a first-come, first-served basis. Some events fill quickly, so we strongly recommend that you always indicate alternative choices. Before November 30, daily hotel rates are \$239 single/double occupancy and \$279 concierge level. After that date, rates are \$259 single/double occupancy and \$299 concierge level. Further room discounts are available to new professionals, full-time students, and psychiatric residents. Contact the AGPA office at 877-668-2472 (toll free), 212-477-2677, or [charper@agpa.org](mailto:charper@agpa.org) for student housing information. ●



## Cyclical Psychodynamics

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psychoanalytic theory and practice, and behavior therapy. Originally trained psychoanalytically, discovering the already impressive body of evidence supporting the value of behavior therapy was personally stimulating and challenging and I started thinking about whether I could add to the effectiveness of the ways of working I already knew by incorporating some elements of this other approach, which was also clearly helpful to people.

One of the challenges was that when cyclical psychodynamics originated psychoanalysis was considerably more internal than it is today. In many versions, psychical or internal reality was emphasized over empirical or external reality. Attending to external reality was viewed as superficial in analytic circles, as contrasted with attending to the inner world of the patient, which was viewed as deep. Behavior therapy at that time had not yet evolved into cognitive behavior therapy, so it often downplayed the internal. Thus, it looked like a considerable leap (and to many an impossible task) to reconcile these competing paradigms and find a coherent framework for putting them together.

The way I approached this reconciliation was to take seriously the observations of both sides, and then ask myself why psychoanalysts could see the internal world as so determinative as to sufficiently generate the same psychological situations over and over, while behavior therapists saw people's behavior and experience as impacted so powerfully by environmental contingencies and specific interventions that analysts would predict to be superficial and therefore limit explanations. The key to integrating both into a more comprehensive framework was to expand the conceptual frame to take both perspectives into account. This entailed noticing the way in which the dynamics of people's lives so frequently involved vicious (and virtuous) circles. The way that our unconscious wishes and fantasies are maintained over the years, and the way they predictably yield the same outcome over and over needs to be understood by the consequences they generate, and by the feedback loops that tie together the inner state and the outer experience.

Based on our desires, expectations, and images of self and other, we act in certain fairly predictable ways that, in turn, elicit fairly predictable responses from others that are likely in turn to reinforce the very internal state that generated the behavior in the first place. This sets the stage for the next repetition of a sequence in which neither the internal state nor the outer consequence and experience are exclusively determinative, but rather work in tandem to elicit the same pattern repeatedly. In my Plenary Address, I will elaborate with examples of how this works and the potential interventions available to the clinician. Attention to this bidirectional causal pattern is the essence of the cyclical psychodynamic point of view.

Today, neither psychoanalysis nor behavior therapy is so narrow. The increasingly influential relational version of psychoanalysis is much more attentive to how the context in which psychological experience is manifested makes a difference, and contemporary cognitive-behavioral formulations clearly make a place for certain features of the person's internal psychological organization. But the vicious circle formulation has remained of theoretical value, and continues to capture a more comprehensive causal structure that is still not sufficiently appreciated by therapists of most orientations.

Over time, the integrative thrust that initiated the cyclical psychodynamic paradigm has further expanded to include family systems approaches, humanistic-experiential approaches, and others. I am excited and stimulated by this invitation to think more deeply about its potential applications to group therapy, as well as what it can learn from attention to group therapy. Much of plenary will detail this further exploration.

**AA:** What are your thoughts about how this integrative theory might be applied to group therapy?

**PW:** One of the most stimulating and enjoyable experiences as an intern many years ago was co-leading a therapy group. I don't know why this aspect of my practice did not continue beyond my internship. Mostly, I think, it was accidental situational influences that steered me elsewhere. AGPA's invitation to speak stimulated me to reflect further on how the cyclical psychodynamic

“Our lives are ultimately lived outside of the therapist's office, whether we see the therapist individually or as part of a group.... Our therapy is most effective when it is a catalyst for change...”

perspective can contribute in the context of group therapy.

The vicious circles that characterize psychological life occur on several levels and are of several sorts. One early influence on my attention to vicious circles in psychological life was Karen Horney, whose work is still insufficiently appreciated in much of our field. Horney's attention focused largely on vicious circles of an intrapsychic sort, how the very failure to satisfy certain basic needs and express certain basic human tendencies ends up unwittingly and unconsciously strengthening those very needs, thereby requiring still more suppression of them and hence paradoxically strengthening them. There was also an interpersonal element to the perpetuation of these configurations, and Horney's work overlapped substantially with Sullivan's, who at certain points in her career was a close collaborator. My own ideas developed further through attention to Sullivan's work and then to the work of family therapists, who emphasized the ways that circular patterns were perpetuated through repeated interactions of people, evoking reactions in each other that gave the pattern a life of its own. But of course, these patterns don't just occur in families; they occur in groups as well.

The cyclical psychodynamic perspective has particularly emphasized the importance of what I have call “accomplices” in maintaining people's problems. We unconsciously recruit others to play a role in our lives that keeps the patterns of our lives (for good or ill) intact. Our theories of motivation sometimes implicitly assume a kind of motivational omnipotence, as if whatever happens occurred because we unconsciously wanted it to happen. Often, what occurs is the very thing we were most trying to avoid. In understanding that irony, how the way we go about avoiding or retreating from some experiences ends up bringing them about, we gain particularly important therapeutic leverage. The therapy group is a context par excellence for gaining insight into these dynamics and, equally important, for challenging and countering them. At the Annual Meeting, I will highlight the concept of accomplices and how it can illuminate what transpires in the group, as well as how the group can be a setting to interrupt the problematic sequences that have characterized the lives of its members for years.

**AA:** You have said that interventions on the three dimensions of 1) psychodynamic interpretative work, 2) behavioral environmental change, and 3) new experiences in the relational world have the potential to cyclically influence each other. Are there ways that moving from the two-person field of individual work to the multi-person field of group psychotherapy expand this?

**PW:** There are important additions when we have access to the larger field of multi-person interaction. Individual psychotherapy is rooted in a two-person model, one that is often ultimately grounded in the mother-child interaction. But human beings are group animals, and we participate in groups in much of our lives. Having direct access to this dimension of human experience is of great value in treatment. But some of the same dangers that face individual therapists face group therapists as well. Our lives are ultimately lived outside of the therapist's office, whether we see the therapist individually or as part of a group. To expect that the events in that room will be sufficient to generate change is a danger for us all. Our therapy is most effective when it is a catalyst for changes that, for the most part, take place outside of the room. ●

**Dear Consultant:**

**A**fter working individually with Steve for four years, he entered my group. The work was often difficult; childhood trauma left him with severe social anxiety and varying levels of paranoia. In group, he relaxed some of his fear and connected with several members. Three years ago, after a breakup with his girlfriend, he left the group abruptly and moved out of the state to be with someone he had met online. Last week, I received a call from a woman who said she was Steve's wife, and she told me he had recently committed suicide. I have an impulse to share this news with the group. Should I tell the group? How much should I tell them?

*Signed,  
Wondering*

**Dear Wondering:**

**I**t is obvious that you are greatly troubled by the call from Steve's wife. How painful it must be to learn that someone with whom you worked diligently for years tragically ended his life! It seems, understandably, that such a phone call resulted in your needing to do something to address your shock and pain. Perhaps, as well, there are some feelings of guilt?

Informing group members, however, does not appear to be constructive or appropriate. This is true for a variety of reasons. First, according to various professional codes of ethics (the Clinical Social Work Association, for example) "clinical social workers must protect the confidentiality of client's records in accordance with the state and federal statutes in the event of the death of a client." Secondly, what would be accomplished by sharing this information with the group?

For those group members who had known Steve, would feelings of guilt regarding their inability to help him be stirred? Obviously, he left the group prematurely. Would their concerns about the potential effectiveness of their own treatment be stimulated? Would they become unduly concerned about how effective working in the group or with you as therapist might be? Since a primary ethical obligation of any psychotherapist is, first, do no harm, it appears as if the reactions you are having are best dealt with in a consultation or treatment opportunity of your own.

*Jordan Price, MSW, CGP  
Austin, Texas*

**Dear Wondering:**

**A**s I read your question I found myself feeling scared, agitated, and helpless. And when I thought about telling your group what happened, I felt sad, and the phrase, "poor Steve" popped up in my head. This was quickly followed by, "Wait, that guy is aggressive." The combination of these feelings

and thoughts left me wondering about the nature of Steve's trauma and his resulting symptoms. If we take the phone call from his wife (we don't actually know this person or her motivations) at face value, we may be inclined to simply pass on some sad news to a collection of people who knew him. However, because this is a therapy group, we are charged with analyzing the feelings, actions, and thoughts of all the members, ourselves, and the group-as-a-whole, making our decision about how to intervene much more complicated.

How you felt while receiving the call from Steve's wife is essential in constructing your intervention. As the group leader, you are the container of projections and induced feelings. This can be overwhelming, yet handy at a time like this. Once you understand your feelings and the resultant impulses, you can then see if they match up with any of Steve's interpersonal repetitions, which are likely related to his trauma and primary early relationships.

You also need to consider how Steve interacted with his group mates (and you in your previous individual work). Look for any interactions that may have held similar feelings to the present event. If so, those interactions and the way they played out will offer more information about what may be happening right now. Consider that if you pass on the message, you are also passing on all the feelings which were communicated to you in the phone call. I am feeling protective of your group. There is the possibility that there is more unconscious material being communicated to the group than just sad news about an old member.

Many therapists don't introduce anything to a group without being asked. This is especially true when the information involves a member who is no longer in the group. After all, you are working with the people who are currently coming to your weekly group. If a member brings him up, you can always explore their impulse to know about him. You can then put what you learn into the mix and decide what information is therapeutic to pass on to the group.

*Hylene Dublin, LCSW, ACSW, BCD, CGP, LFAGPA  
Evanston, Illinois*

*Members are invited to contact Michael Hegener, MA, LCP, CGP, FAGPA, 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 512-524-1852 or e-mail at [hegener.michael@gmail.com](mailto:hegener.michael@gmail.com).*



American Group Psychotherapy Association, Inc.  
25 East 21st Street, 6th floor  
New York, NY 10010

See Group Assets insert

# Affiliate Society News

The **Austin Group Psychotherapy Society (AGPS)** welcomes Rudy Lucas, LCSW, CASAC, SAP, and Christine Schmidt, LCSW, from New York City on November 5 for its fall conference on race, racism, and diversity, *The Ethical Dilemma of Race: Visible to One and Invisible to the Other*. Dave Kaplowitz, LMFT, CGP, and Michelle Bohls LMFT, CGP, will lead the Fall Institute for students and new professionals, December 2–4, on *Starting a Group: Putting the Pieces Together*. This Institute will be primarily experiential and will focus on the issues that arise when planning to start a therapy group, including selection and screening of members, establishing a group contract, and managing the emotions of the leader. AGPS's biannual e-newsletter, *The Voice*, features updates on programming, as well as interviews and articles on the topic of group psychotherapy. Visit [www.austingroups.org](http://www.austingroups.org) to sign up for the newsletter and for registration information on upcoming events.

The **Colorado Group Psychotherapy Society (COGPS)** will hold its first Annual Conference—*The Self of the Group Leader: Mindfully Working with Power, Privilege and Difference*—November 12–13. Apply to be a presenter or institute leader at [www.cogps.org/2016-cogps-conference/faculty-application/](http://www.cogps.org/2016-cogps-conference/faculty-application/). COGPS has also launched a monthly podcast, *The Group Dynamics Dispatch*, featuring interviews with leaders in the field of group psychotherapy. The first guest was COGPS President Marc Azoulay, MA, LPC, LAC. He brought an intense and intimate look into his own process with group work, addiction recovery, and mindfulness. He also tells some jokes about the American Group Psychotherapy Association. Listen at [www.cogps.org/cogps-podcast/](http://www.cogps.org/cogps-podcast/).

The **Hawaiian Islands Group Psychotherapy Society (HIGPS)** has a new website, [www.hawaiigrouppsychotherapy.com](http://www.hawaiigrouppsychotherapy.com), thanks to the hard work of Joan Berman and Bernice Strand, MSW, LCSW, CGP. HIGPS has begun making some events available live via Zoom to participants throughout the Islands. Recent events included a Meet-n-Greet with presenter Caroline Sakai, PhD, speaking on *Overcoming Adversity and Stress with Thought Field Therapy*. (This meridian-based energy tapping method, applicable for groups, is an evidence-based practice for trauma, stressor-related disorders and symptoms, self-regulation, resilience, anxiety, depression, panic, and phobias.) There was also a session on *Exploring Creative Arts in Group Process*, led by Pamela Menter, MA, ATR, and Harriet Glass, MA, MFT, BC-DMT. Suzanne Phillips PsyD, ABPP, CGP, FAGPA, will be facilitating institutes on Maui (November 12-13) and Oahu (November 19-20).

The **Houston Group Psychotherapy Society (HGPS)** is very busy with networking and advanced training opportunities. Micki Grimland, LCSW, ACP, ACSW, and Nanine Ewing, PhD, BC-DMT, CGP, FAGPA, presented *The Miner's Gold: Transference and Countertransference in Group Psychotherapy* at a summer Brown Bag. September's Brown Bag featured Jennifer Markey, PhD, who spoke on *Bringing Dialectical Behavior Therapy Skills Group to Life*. Also in September, the Education Committee, chaired by Connie Moore, MEd, LPC, CGP, sponsored An Evening with William Moore, MD, FAGPA; the *Principles of Group Psychotherapy* course, led by Cindy Hearne, PhD, CGP, and Travis Courville, LCSW, CGP, FAGPA; and a Fall Meet 'N Greet organized by Elyssa

Fink, LCSW. HGPS will be starting a Salon series, for both social and learning opportunities. Clinicians with areas of expertise can highlight their areas of knowledge so that other members can learn more about a specific topic and the clinician's practice. The first Salon, *Learning to Speak Teenglish in Today's World*, was held in October and was presented by Taylor Shaw, LCSW, and Heather Murphy, MA, LPC. The ongoing HGPS Consultation Group led by Franklin Gittess, MD, FAGPA, offers an opportunity for mental health professionals to openly discuss clinical issues in their individual, couples and group psychotherapy work, in a small group format with a strong sense of support and collegiality. Also in October, the Expressive Arts SIG, led by Tom Carter, PhD, MTh, LPC, CGP, and Ava Profata, LCSW-S, CSAT-S, CGP of Innerloop Counseling, brought Sue Barnum, MA, LPCC, TEP, CGP, to lead a *Psychodrama Workshop*. Patricia Barth, PhD, CGP, DLFAGPA, and Robert White, MD, successfully completed their quarterly supervision group, *Using the Group as Supervisor Model*, which began in September 2015. The 2017 Institute Committee, led by Jamie Cool, LCSW, is planning HGPS's Annual Institute, April 20-22, to be held at The Council on Alcohol and Drugs in Houston. The Keynote Speaker will be Systems-Centered therapist Susan Gantt, PhD, ABPP, CGP, DFAGPA, FAPA. HGPS will be hosting the AGPA 2018 Annual Meeting.

The **Mid-Atlantic Group Psychotherapy Society (MAGPS)** is beginning its fifth year of Cinema Series, chaired by Lenore Pomerance, MSW, CGP. Held at the home of Lorraine Wodiska, PhD, the Series provides an opportunity for socialization, learning, and continuing education credit. The evening consists of dinner, a movie, and a structured discussion. Non-therapist family members are welcomed. The first presentation of the 2016-17 season will be October 22.

The **Westchester Group Psychotherapy Society (WGPS)** has been recognized by the New York State Education Department's State Board for Social Work as an approved provider of continuing education for licensed social workers #0310. WGPS's September workshop, *Hate-Filled Violence in the World—How it Affects Our Patients and Ourselves*, was presented by Gloria Batkin Kahn, EdD, ABPP, CGP, FAGPA. Dr. Kahn is a Past President of the American Board of Group Psychology, of the Westchester County Psychological Association, and of the Westchester Group Psychotherapy Society. The workshop provided an opportunity for mental health professionals to process their own feelings and reactions to the sudden wave of hate-filled violence in our society. Attendees shared the effects of these events upon their patients and themselves and discussed the treatment methods that have been helpful.

Please note: Affiliate Societies may submit news and updates on their activities to Vanessa Spooner, PsyD, Editor of the Affiliate Society News column, by e-mail to: [vanessaspoonerpsyd@icloud.com](mailto:vanessaspoonerpsyd@icloud.com).

Visit AGPA's website at [www.agpa.org](http://www.agpa.org) for updated Affiliate Society meeting information. For space considerations, upcoming events announced in previous issues are included in *Group Connections*.