

# The Group Circle

Fall 2015

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

## A Lacanian View on the Psychoanalytic Group: An Interview with Macario Giraldo, PhD, CGP

Alexis Abernethy, PhD, CGP, FAGPA, Institute Co-Chair

Steven Van Wagoner, PhD, CGP, FAGPA, Editor, *The Group Circle*

*Editor's Note: Macario Giraldo, PhD, CGP, will kick off AGPA's Annual Meeting with a Special Institute on From the Discourse of the Other to the Discourse with Others: A Lacanian View on the Psychoanalytic Group. Dr. Giraldo came to the United States with a Fulbright scholarship to Georgetown University in 1961. He obtained his Masters in applied linguistics in early 1964, and as part of his thesis, wrote two textbooks for the teaching of English at the elementary level in the schools of his native Colombia, which were used in many schools for some time. Dr. Giraldo has been a Faculty Member of the Washington School of Psychiatry since the early 70s, and is the Founding Member of the Lacanian Forum of Washington, DC. He is the author of The Dialogues In/Of the Group: Lacanian Perspectives on the Psychoanalytic Group, the first book applying Lacanian psychoanalysis to the psychoanalytic group. Dr. Giraldo has conducted numerous institutes at AGPA and has presented in the United States, Europe, and South America over the past 20 years.*

### AA: What is the focus of your Special Institute?

**MG:** I will apply central Lacanian concepts to the work with the psychoanalytic group. I will address how the work with the unconscious in the group transforms the subject from the one to the multiple, and from the multiple to the one. Participants will strengthen their ability to use language in their clinical work.

### SVW: Can you say a little more about how you accomplish this in a group?

**MG:** We can say that in the group members begin to enter into different language interpretations according to their particular background. This constitutes the dialogue IN the group. Group members are thrown into different ego states. What I do and most therapists do is to act as mediators, trying to bring awareness of differences and similarities and ways to bridge those different states. This mediation reflects different styles depending on the particular theory the therapist follows.

I hear this dialogue as the dialogue of the ego, not necessarily the dialogue of the subject, the subject of

the unconscious. I begin to pay attention to certain words, certain phrases, gestures, behaviors, that in Lacanian theory we call signifiers, which are units of organizing meaning. I may invite somebody, to tell us more about the word "afraid," for example, that seems to recur in the narrative. I may sometimes invite the group-as-a-whole to give some thought to what somebody said in a casual way, to help the group and the group member to get into what is not casual about it. In this process I am attempting to move the group member and the group to the dialogue OF the group, the dialogue of the unconscious. The prepositions IN and OF are related to a very important distinction between the object IN desire vs. the Object OF desire. The object OF desire is the lost object. The object IN desire is any object that comes as a semblance to cover that void.

I will present Lacan's three registers: Imaginary, Symbolic, and Real and how I apply them to the work with the group. My concept of dialogues *in versus dialogues of* will be presented and demonstrated. Desire, jouissance, and unconscious will be the core of the day's work.

I am interested in helping clinicians contrast the function of the pleasure principle as presented to us by Freud with Lacan's concept of jouissance. Through this concept, Lacan has enriched the understanding of the unconscious and its manifestations in the symptom. The question of the truth of the subject is intimately tied to it. This may bring an important discussion on what do we call normal and its implications in treatment.

### SVW: Can you tell us what Lacan meant by jouissance and how it relates to the "truth of the subject"?

**MG:** This concept has revolutionized the psychoanalytic clinic. Jouissance is enjoyment. But it is a complex  
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## From the President Board Gains

Les Greene, PhD, CGP, LFAGPA

I've become increasingly impressed with how my Presidential powers are so, well, powerful. Let's look at the evidence, as we mental health professionals are prone to saying these days. Shortly before I gave my inaugural Presidential address at AGPA's Annual Meeting in Boston in 2014, the Red Sox had won the World Series. A year later, as the late Yogi Berra would have said, it was *déjà vu* over again, as I presided over AGPA's Annual Meeting in San Francisco, home of the newly crowned World Series champs—the San Francisco Giants. Mere coincidence? I think not! Let's see what happens in our upcoming 2016 Annual Meeting in New York City. As this issue goes to press, both the Mets and the Yankees are at the top of their divisions in their respective leagues and therefore most likely to be in the playoffs. It even seems possible that the World Series will be a showdown between these two iconic New York teams, which, of course, means that one of them will become the next World Series champs. If this comes to pass, I'll be using my official AGPA gavel for the last time in the same town as baseball's best team.

Now many, if not most, of you are likely skeptical that I had anything to do with these coinciding events between our AGPA Annual Meeting and the World Series. Perhaps you are right; perhaps my powers as your AGPA President are more limited. But there is one prediction that I can make with complete confidence and that is that our forthcoming 2016 Annual Meeting—*Transformation in Group: From Isolation to Connection*—will be a winner. As you can now see on our website, the Annual Meeting Committee has crafted an exceptional lineup of mental health experts and masters of group psychotherapy presenting an exciting array of plenaries, institutes, open sessions, colloquia, workshops, and our large group event, all designed to enhance our technical skills and professional competencies, deepen our

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# Practice Matters

Eleanor Counselman, EdD, ABPP, CGP, LFAGPA

## The Group Circle is

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

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**F**arooq Mohyuddin, MD, CGP, FAPA, has joined me as Co-Chair of the Public Affairs Committee. Dr. Mohyuddin is the Chair of Psychiatry Training and Education and the Director of the Psychiatry Residency Program at St. Elizabeth's Hospital/DC Department of Behavioral Health and Past President of the Mid-Atlantic Group Psychotherapy Society.

The Public Affairs Committee continues pursuing the possibility of a 90853 CPT code review and revision. We are all painfully aware of how group therapy reimbursement rates have declined over the years. The Center for Medicare and Medicaid Services (CMS) sets its CPT code reimbursement rates, and most insurance companies then follow suit. AGPA knows this is a very important issue for members, so it is looking into what it would take to get CMS to review group therapy reimbursement, as well as pressing for a CPT code review.

AGPA, working with the American Psychiatric Association, is exploring possible revisions like developing modifier codes to the 90853, or creating separate codes for group sessions of different lengths. Currently there is no time definition for 90853, and in that respect, it is different from other CPT psychotherapy codes. The difference may provide a strong rationale for review. This effort is time consuming, complicated, and involves petitioning CMS for a code review. AGPA is exploring retaining a consultant to help guide the work.

Another Public Affairs initiative underway is to encourage more presentations on group psychotherapy at the American Psychiatric Association 2016 Annual Meeting program. The meeting is held every May, and group therapy programs have been under-represented in recent years. Increasing the number of group therapy presentations will serve a number of purposes, including: promoting group as an effective treatment for many disor-

ders; describing competent group therapy and the training necessary to provide it; and interesting attendees in group therapy training.

In May, AGPA received the disappointing news that the American Psychological Association again rejected the petition to have group therapy recognized as a specialty. This was despite dozens of positive comments on the petition when it was posted for public comments. Many reasons were given for its decision, including lack of any organized sequence of education and training for psychologists pursuing a group therapy specialty, inadequate methods of evaluation of competency, and lack of psychologist-specific group therapy practice guidelines. The Group Specialty Council, along with Tony Sheppard, PsyD, CGP, FAGPA, Chair of the International Board for Certification of Group Psychotherapists, and Marsha Block, CAE, CFRE, AGPA's CEO, has been discussing whether to reapply and if so, how to address the criticisms. These efforts reflect a growing partnership between APA Division 49 (Group Psychology and Psychotherapy), the American Board of Professional Psychology, and AGPA, relationships that will be significant no matter what the outcome of the petition process. Despite this particular setback, AGPA will continue its strong advocacy for group therapy.

*Eleanor Counselman, EdD, ABPP, CGP, LFAGPA, is AGPA President-Elect and Co-Chair of its Public Affairs Committee. She is also Co-Chair of the International Board for Certification of Group Psychotherapists' Practice Development Committee.*

*Editor's Note: Practice Matters, a column jointly sponsored by the Public Affairs Committee and the Practice Development Committee of the International Board for Certification of Group Psychotherapists, highlights issues of direct importance to members' group therapy practices.*

## From the Editor

Steven Van Wagoner, PhD, CGP, FAGPA

**I**t seems like yesterday that I was reading about Les Greene's daffodils and his hopes for his beloved New York Yankees. The daffodils have long faded from memory, replaced by fall foliage. Even the Yankees are beginning to fade from memory as their shot at the playoffs ended. But New York will remain in the minds of many AGPA members because it is the site of the upcoming Annual Meeting in February. As New York often attracts record numbers of registrants, the race is on to compete with San Francisco's impressive showing last year. New York is an impressive city with its many restaurants, art galleries, museums, and cultural events, which every AGPA Annual Meeting attendee should take advantage of at some point during the meeting, so my hope is that the number of registrants this year will be

equally impressive.

This issue features interviews with our two Special Institute presenters, as a preview of what can be expected at this year's meeting. Macario Giraldo, PhD, CGP, a Lacanian student and scholar of many years, shares the development of his passion and desire to understand as fully as possible, the writings and contributions of French analyst Jacques Lacan, as well as how Lacan's writings have influenced his own thinking about the place of psychoanalytic thought in group psychotherapy, especially an appreciation for and the significance of the way patients use language. Alexis Abernethy, PhD, CGP, FAGPA, and I were captivated by what Dr. Giraldo had to say, leaving us wanting more.

The second interview, with Ron Siegel, PsyD, conducted by Hank Fallon, PhD, CGP, FAGPA, gives us a glimpse into the myriad uses of mindfulness in clinical practice, from pain management and stress reduction, to the treatment of

Borderline Personality Disorder and trauma. Dr. Siegel discusses how mindfulness practice is moving from a sole application to the intrapsychic experience of individuals, to how it can be incorporated into interpersonal relating and experience. I find it exciting that AGPA has been inviting more speakers to speak on mindfulness practices from varying angles and applications.

This is the second issue presenting the new *Practice Matters* column, which here explores the need for review and possible changes to the CPT code 90853 for group psychotherapy to assist group practitioners with better reimbursement outcomes and rates. Eleanor Counselman, EdD, CGP, LFAGPA, also calls upon AGPA members to consider presenting at the Annual Meeting of the American Psychiatric Association and the rationale for this, and she updates us on the application for the American Psychological Association to recognize

group psychotherapy as a specialty. I am interested in receiving feedback from you about our two new columns—*Practice Matters* and *Research Matters*—so that we can better address the needs of our membership.

Again we welcome new Fellows of AGPA in this issue, bring you another edition of *Consultation, Please*, and keep you informed of what your fellow members are doing around the country at the local Affiliate Societies.

I would like to take this opportunity to express my deep gratitude to Kathy Reedy, MSW, MFT, CADC, CGP, a member of the Tri-State Group Psychotherapy Society, who for the past several years has ably served on the editorial staff, collecting and reporting the news from AGPA's Affiliate Societies. She passes the baton to Vanessa Pawloski, PsyD, a psychologist from Beverly Hills, California, and member of the Group Psychotherapy Association of Los Angeles. We look forward to having Vanessa join the editorial staff. ●

# Mindfulness And The Work We Do: An Interview with Ron Siegel, PsyD

Hank Fallon, PhD, CGP, FAGPA, Co-Chair, Annual Meeting Committee

*Editor's Note: Ronald Siegel, PsyD, will present a Special Institute on Mindfulness in Group Therapy: Tailoring the Practice to the Problem at AGPA's 2016 Annual Meeting in New York City. He is an Assistant Professor of Psychology at Harvard Medical School, where he has taught for more than 30 years. He is a long-time student of mindfulness meditation and serves on the Board of Directors and faculty of the Institute for Meditation and Psychotherapy. Dr. Siegel teaches internationally about mindfulness, psychotherapy, and mind-body treatment. He has worked for many years in community mental health with economically disadvantaged children and families, and maintains a private practice in Lincoln, Massachusetts. He is the Co-Author of Back Sense: A Revolutionary Approach to Halting the Cycle of Chronic Back Pain, which integrates Western and Eastern approaches for treating chronic back pain, and Co-Editor of Mindfulness and Psychotherapy and Wisdom and Compassion in Psychotherapy: Deepening Mindfulness in Clinical Practice.*

**HF: How did you become involved in mindfulness practice? Has your focus grown or changed over time?**

**RS:** I've been involved with mindfulness practice since high school, an interest that intensified in college and after. My initial interest was in cultivating my personal sanity—I was looking for a method to manage my adolescent angst. I was very impressed with the early results: enhancing my taste of food, seeing trees, and having more perspective on concerns about romance, achievement, and the like. When I decided to become a clinical psychologist, the insights I had gained from these practices, and Buddhist psychology more generally, informed my understanding of Western psychotherapeutic methods.

After completing my training, I became involved with a group of colleagues, most of whom trained or taught in the Harvard Medical School system, who shared my interest in mindfulness practices. We've been meeting together for more than 30 years, discussing how mindfulness practices can inform psychotherapy and how Western traditions can inform meditation practice. Early on we didn't share our thoughts with others very often, as the Boston area was very psychoanalytic and nobody wanted to be accused of having unresolved infantile longings to return to a state of oceanic oneness, which is how Freud understood meditation practices. Eventually we began sharing our work with others, initially through continuing education teaching. About 10 years ago, we wrote our first major book on the topic, *Mindfulness and Psychotherapy* (now in its 2nd edition), and began teaching more widely. My focus in recent years has shifted to helping clinicians understand how to tailor these practices to the needs of particular client or patient populations, and how to avoid potential adverse effects.

**HF: What do you believe accounts for the great interest in the integration of mindfulness into the work of psychotherapy and other areas over the last 35+ years?**

**RS:** There really wasn't much interest in this work among psychotherapists 35 years ago. Interest picked up when Jon Kabat-Zinn found a way to disseminate mindfulness practices to the medical community as Mindfulness-Based Stress Reduction (MBSR) beginning in 1979, and Marsha Linehan, PhD, integrated mindfulness into Dialectical Behavior Therapy (DBT) to treat emotional and behavioral dysregulation in the early 1990s. The fact that both pioneers collected data supporting the efficacy of their approaches made a big difference in garnering acceptance of mindfulness practice. It was also important that MBSR was being used to treat stress-related disorders, for which conventional medical interventions were relatively ineffective, and DBT was being used to treat Borderline Personality Disorder, which similarly frustrated clinicians.

Another big factor behind the growing acceptance of mindfulness practices in treatment had to do with an observation by Steven Hayes, PhD, who developed Acceptance and Commitment Therapy, another mindfulness-based

treatment. Dr. Hayes thinks that interest has picked up because, according to him, "the hippies are now driving the bus." Many people with long-time experience with these practices, that began when they were identified with the counter culture of the 1960s and 1970s, are now in positions of influence. They're conducting research, directing graduate training programs, and sitting on journal boards, allowing the investigation and application of these techniques to flourish.

**HF: Can you compare how narcissism is viewed in Western versus Buddhist psychology?**

**RS:** This is a confusing topic, but many Western psychological approaches assume that developing good self-esteem is important for psychological health. And self-esteem is usually predicated on some sort of comparison with others—ways in which I'm morally good, or skilled, or attractive, competent, lovable, popular, etc.

Buddhist psychology tends to see anything that reinforces a sense of a separate, independent, or enduring self as a delusion. It also sees comparative judgments between oneself and others as a big source of unnecessary suffering. Buddhist psychology takes a more radically ecological view, seeing even the concept of "me" as a separate organism a cognitive distortion, since even the boundary between the physical body and the outside world is fluid. For example, when we eat an apple, when does that apple become part of me? Buddhist psychology emphasizes that psychological suffering comes from trying to buttress or aggrandize this sense of me, offering pathways out of this habit.

**HF: You have talked about the importance of moving toward those things that might be unwanted or avoided. How might that be relevant to the practice of psychotherapy?**

**RS:** Virtually all psychological disorders involve trying to avoid unpleasant experience, such as the alcoholic person drinking to avoid sadness, the agoraphobic individual staying home to avoid feeling anxious, or the depressed person shutting down to avoid anger. Mindfulness is a systematic practice in an experiential approach in opening to and moving toward both pleasant and unpleasant experiences in the present moment. This is one of the reasons that mindfulness practices are proving useful in treating such a wide variety of disorders.

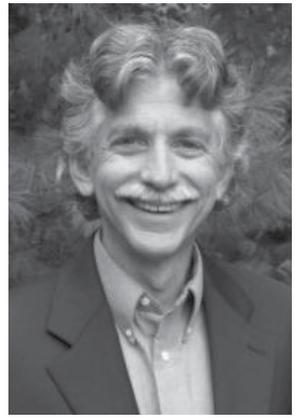
**HF: Pain, whether emotional or physical, can be very difficult to manage. You have done extensive work on integrating mindfulness practice and management of back pain. Will you share what you learned through that work?**

**RS:** I've been particularly impressed by how here, too, experiential avoidance plays a central role in maintaining disorders. Most people with chronic pain become locked into patterns of behavioral avoidance, avoiding whatever activity they fear will make their pain worse. This tends to lead to a loss of strength, flexibility, and endurance, which increases muscle tension and leaves their bodies more vulnerable to injury. They become trapped in cycles of fear, pain, and avoidance, often inadvertently reinforced by medical professionals who caution against movement that might exacerbate their pain. As with psychological disorders, mindfulness practices can help people with chronic pain to be with, rather than to avoid discomfort, and through this to find a pathway toward resuming a more normal life.

**HF: Mindfulness has been integrated into individual therapy work but not as extensively into group work. Why do you think that is?**

**RS:** It may stem from the fact that most mindfulness practices were refined by monks, nuns, and hermits, who didn't attend much to interpersonal life, no less group dynamics. One of the exciting developments as these practices are being

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# Congratulations New Fellows

*Editor's Note: AGPA annually recognizes outstanding professional competence and leadership in the field of group psychotherapy.*



**Oona Metz, LICSW, CGP, FAGPA** (Brookline, MA), an AGPA member since 1998 and a Clinical Member since 2000, has served on the Northeastern Society for Group Psychotherapy (NSGP) Board of Directors and is the current Chair of the NSGP Practice Development Committee. She was Co-Chair of the NSGP Publicity Committee and served on the NSGP Disaster Response Task Force, Training Committee, and Student Advisor to the Training Program and the Nominating Committee.

Ms. Metz runs four ongoing therapy groups, provides clinical supervision individually to group therapists in private practice, and leads a supervision private practice, and leads a supervision group for group therapists at the Boston Institute and three other mental health centers. She co-coordinated the Group Therapy Program at Brookline Mental Health Center, which ran 40 groups per week and where she was responsible for intake, marketing, staff education, and supervision coordination. She has consulted to group therapy staffs at four different mental health centers and a college counseling center. She has coordinated mental health services and provided treatment to children and adolescents in elementary and high school.

Ms. Metz has presented workshops related to group therapy and led Institutes at AGPA, NSGP, and EGPS Conferences. She has also led workshops at the Divorce Center, the Brookline Center, the NSGP Breakfast Club and Practice Development Series, the University of Massachusetts Boston Counseling Center, the Children's Group Therapy Association Annual Conference, Brighton Mental Health and St. Elizabeth's Hospital, Greater Boston Family Services, and Wheelock College of Social Work.



**Tanya Moradians, PhD, LCSW, CGP, FAGPA** (Encino, CA), a Clinical Member since 1995 and an AGPA member since 1977, has served AGPA on the local level in many capacities. Dr. Moradians has been an active member of the Los Angeles Group Psychotherapy Society (LAGPS) (currently the Group Psychotherapy Association of Los Angeles or GPALA) since 1975. As LAGPS Program Chair, she scheduled courses balancing group dynamics with didactic learning to be taught in the community in a consultation group model. Dr. Moradians chaired the LAGPS Newsletter and served on the Training Institute Board, where she was Secretary during that time. She was a member of the LAGPS Speakers Outreach Committee and its CME for medicine and psychology.

Dr. Moradians was appointed to Honorary Emeritus Faculty status at the UCLA Medical School Department of Behavioral Sciences where she has been an Assistant Clinical Professor from 1981-present. One reference stated "it is unusual for a non-psychiatrist to receive such an appointment. This denotes the significance of [Dr.] Moradians' contributions to the department, especially in

the teaching of the psychiatric residents in group co-leadership and geriatric psychiatry." She was reportedly influential in its training programs, especially co-teaching the Principles of Co-Leadership course with Tom Kennon, LCSW, PhD.

Dr. Moradians, who attained her MSW from the University of Southern California in 1971 and her PhD from the Sanville Institute of Clinical Social Work in Berkeley, California in 1981 is described as displaying "creative, independent thinking. According to references, she is an involved member of GPALA with a "progressive scope of scientific presentations and administrative responsibilities while maintaining an active private practice to this day."



**Barney Straus, MSW, MA, PCGC, CGP, FAGPA** (Chicago, IL), a Clinical Member since 2006 and an AGPA member since 2003, has been a leader both in AGPA and in the Illinois Group Psychotherapy Society (IGPS). At IGPS, he was Chair of the Program and Training Committee, as well as a Board Member.

Nationally, he has been a member of the Group Foundation for Advancing Mental Health, a Member of the AGPA Open Session Committee and the AGPA Workshop Committee. His largest contribution to AGPA was as co-author of the AGPA manual, *A Group Therapist's Guide to Process Addictions* (2014).

Mr. Straus has published eight articles on groups and recovery in the *Journal of Groups in Addiction and Recovery* and the *International Journal of Group Psychotherapy*. He also wrote two chapters in Fehr, S.S. (2008) *101 Interventions for Group Therapy*. Since 2006, he has delivered more than 22 presentations on group psychotherapy or treatment of addictions in group psychotherapy, including leading Institutes at the AGPA Annual Meeting.

Mr. Straus received a Master of Arts from Rhode Island College in Theater and Social Psychology, and a Masters in Social Work from Loyola University, Chicago, Illinois. Since 2005 Mr. Straus has had teaching appointments to the faculty of De Paul University, Roosevelt University, and Loyola University. He provided staff training at Hazelden, Betty Ford Foundation in 2012 and Teams Course Facilitator for the Northbrook Park District (1998-present). Since 2011, he has been a Consultant or Assistant Director for the Group Relations Conference on Recovery from Addiction and a Consultant for the 36th Annual Tavistock Conference at Northwestern University.

Mr. Straus' recommendations describe him as an expert educator, dedicated to professional development. As faculty in three leading universities, he "teaches his students principles of group psychotherapy and group relations theory and methodology." As one reference states, "they adore him and sing his praises." He prepares his students to attend IGPS Conferences, AGPA and Group Relations Conferences each year. Last year he was honored by IGPS for single handedly keeping IGPS viable through recruitment of his students.

One of his co-authors say of him, "Barney has been a great team player, shouldering more than his share of the work, tracking down articles critical to our research, reliably completing his sections in compliance with our time line, and stepping up to write extra sections when we have needed them. His writing is always clear and concise," and because of his influence the manual is also so written. ●

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## President *continued from page 1*

awareness of our psychological worlds, and enhance our sense of community and communion.

Highlights include: two Special Institute presentations, one featuring Macario Giraldo, PhD, CGP, on *From the Discourse of the Other to the Discourse with Others: A Lacanian View on the Psychoanalytic Group*, and the other featuring Ronald Siegel, PsyD, on *Mindfulness in Group Therapy: Tailoring the Practice to the Problem*; the Opening Institute Plenary Address by Stewart Aledort, MD, CGP, FAGPA, on *Coming in from the Cold: Conversation with a Stone*; the Mitchell Hochberg Memorial Public Education Event on *Walking Each Other Home: The Art of Creating Community and Connection* by Lee Mun Wah; the

Conference Opening Plenary Session—*The Mental Pain of Minorities: Social and Clinical Aspects*—by Salman Akhtar, MD; the Anne and Ramon Alonso Presidential Plenary Address with AGPA Incoming President, Eleanor Counselman, EdD, CGP, L FAGPA, who will talk about *First You Put the Chairs in a Circle: Becoming a Group Therapist*; and the Louis R. Ormont Lecture by Robert Grossmark, PhD, on *Narrating the Unsayable: Enactment, Repair and Creative Multiplicity in Group Psychotherapy*.

Of course, there is so much more—our evening receptions to renew and make new professional connections, our Friday night dance party, this year featuring a state-of-the-art DJ, our always entertaining Saturday luncheon replete with our Tiffany raffle winners. And there's New York City! Need I say more?

Our beloved AGPA is on an upswing. Membership has stabilized and may even be increasing, registration for our Annual Meeting has already exceeded expectations, membership perks have been enhanced with our complimentary access to our distance learning events and electronic access to our entire archive of the *International Journal of Group Psychotherapy*, and, starting soon, free access to four additional journals published by Taylor and Francis and to the entire AGPA Online Continuing Education Library.

Now, many of you might not care who wins the World Series or even whether one of our New York teams becomes the champions, but I do hope you share my enthusiasm about AGPA and our 2016 Annual Meeting. Hope to see you in the Big Apple, February 22-27, where I'll be wearing my New York Mets cap. ●

## New York, New York; It's a Hell of a Town!

New York City is home to some of the world's most recognizable and cherished landmarks and attractions. Comprised of five boroughs (Manhattan, The Bronx, Brooklyn, Queens, and Staten Island), New York City's Sheraton New York Times Square Hotel, home base for AGPA's 2016 Annual Meeting, to be held February 22-27, is located on the island of Manhattan.

Just a few blocks north of the Sheraton Hotel is Central Park, designed by landscape designer Frederick Law Olmsted and architect Calvert Vaux. Highlights in Central Park, which spans 843 acres, are the Central Park Zoo, the Belvedere Castle, Sheep Meadow, and winter ice skating in Trump Rink. Strawberry Fields, located between 71st and 74th Streets, is a 2.5-acre area of the park dedicated in memory of Beatle John Lennon.

A few blocks south of the Sheraton is Times Square and the Theater District. Its massive digital billboards will dazzle your eyes and all your

senses with the constant tremor of traffic, the smells emanating from pushcart food vendors, and the excitement of the crowds walking by. For reduced, same-day theater tickets, check out the TKTS Discount Booth. Restaurant

Row (46th Street between Eighth and Ninth Avenues) includes many eateries that offer pre- or post-theater menus to complete your evening theater plans.

For a truly stunning visual perspective of Manhattan, ride 1,050 feet to the 86th floor observation deck of the art deco Empire State Building, where you can enjoy a 360-degree view of the city, including such landmarks as Central Park, the Statue of Liberty, the Brooklyn Bridge, Times Square and both the Hudson River on the west and the East River. Glittering nighttime views are particularly special. The building is open 8 a.m. to 2 a.m. daily.

Have you seen the movie *The Woman in Gold* about Gustav Klimt's famous painting of Adele Bloch-Bauer? Located on Fifth Avenue's Museum Mile, the Neue Galerie ([www.neuegalerie.org](http://www.neuegalerie.org)), devoted to early 20th century German and Austrian art and design, is permanent home to the original painting. The nearby Metropolitan Museum of Art ([www.metmuseum.org](http://www.metmuseum.org)) houses one of the world's most comprehensive art collections with nearly two million pieces of work spanning more than 5,000 years. Other museums on Museum Mile (from East 82nd to East 105th Streets) include the Guggenheim Museum ([www.guggenheim.org](http://www.guggenheim.org)), the National Academy Museum and School

([www.nationalacademy.org](http://www.nationalacademy.org)), the Jewish Museum ([www.thejewishmuseum.org](http://www.thejewishmuseum.org)), Cooper Hewitt ([www.cooperhewitt.org](http://www.cooperhewitt.org)), the Museum of the City of New York ([www.mcny.org](http://www.mcny.org)), and El Museo del Barrio ([www.elmuseo.org](http://www.elmuseo.org)).

New York City's museums are not confined to Museum Mile. The newly designed Whitney Museum is located along the High Line (an elevated park on a former freight rail line that runs from Gransevoort Street to West 34th Street between 10th and 12th Avenues) in the Meatpacking District, itself a hip area filled with restaurants, galleries, and the Chelsea Market. The Intrepid Sea, Air & Space Museum, the Morgan Library, and the Museum of Modern Art (MoMA: [www.moma.org](http://www.moma.org)) in Midtown, the Studio Museum in Harlem, the Museum of Natural History, the Hayden Planetarium, the New York Historical Society, and Lincoln Center on the Upper West Side, and the Rubin Museum of Art in the West Village, are among the hundreds of places to enjoy art, music, and culture.



New York is also home to some of the quirkiest museums. The Museum of Mathematics aims to dispel the notion that math is boring. The Elevator Historical Society can be found in the second-floor office of Pat Carrajat, now retired from a long career in elevator maintenance and repair. Ironically you can only reach this museum by stairs. The City Reliquary displays such oddities as subway paint chips, terra-cotta building fragments, and more outlandish odes to the city inside the eclectic space. The New York Earth Room is a long-term installation piece by artist Walter De Maria and features a 3,600 square foot space covered by 280,000 pounds of earth. New York City also boasts a Transit Museum, a Fire Museum, a Museum of Biblical Art, a Troll Museum, a Museum of the American Gangster, and even a Museum of Sex.

Of course, one of the most poignant places to visit is the 9/11 Memorial and Museum ([www.911memorial.org](http://www.911memorial.org)). The eight-acre complex includes the Memorial Plaza, which has more than 400 trees and provides a sanctuary for quiet contemplation. Waterfalls flow into two large reflecting pools, the footprints of where the World Trade Center once stood, and the

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Photos courtesy NYCgo.com



## American Group Psychotherapy Association

[www.agpa.org](http://www.agpa.org)


**2016**  
**Transformation in Group: From Isolation to Connection**

Special Institute: Mon., Feb. 22 • Institute: Tues. & Wed., Feb. 23 & 24 • Conference: Thurs., Fri., Sat., Feb. 25-27

## Lacanian View

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enjoyment, an enjoyment that involves the divided subject. In other words, an enjoyment of a Being that claims the rights of the drives versus another side, that acts for desire, values, and the demands of the symbolic transmitted from family and culture. Consequently the symptom is an expression of the truth of this Being caught between drive and desire. So there is enjoyment and suffering in the symptom. It is the truth of what is going on, not a truth of what should be or not be.

**AA:** You have published a number of book chapters and articles discussing the use of Lacanian psychoanalysis in psychoanalytic groups, as well as conducted several institutes on Lacan. I had the pleasure of attending one of these institutes and was impressed by how well you explained complex concepts in clear and engaging ways and demonstrated the application of these concepts in the group process. How did you get interested in this topic?

**MG:** In 1994, I was asked by the Washington School of Psychiatry to chair a week of study in Paris so our students could be exposed to French psychoanalysis. Two French analysts, Dr. Jean-Max Gaudilliere and his wife Dr. Françoise Davoine, presented on their work with psychosis. I was not only moved by their approach but experienced a shift in my orientation as a clinician. The expression, “the talking cure,” took on a relevance that I had never experienced before.

I think it was there when I really got the plague. My increased attention to language in the way that Lacan understands the unconscious had a profound impact on me. I was already prepared for this shift in a sense because of my previous study in applied linguistics at Georgetown University. But I had not even dreamt of the possibility that Ferdinand de Saussure’s basic cell of signifier over signified could take on such a central place in psychoanalysis. This is what Lacan did. Lacan’s central thesis that the unconscious is structured like a language is a clear expression of his orientation.

**SVW:** Say more about what you mean by “the plague?”

**MG:** It was Freud’s comment when he visited the United States. It was a difficult message delivered to a culture where pragmatism and high ideals would have to reckon with another side of the human condition. It was his way of saying that you may not know the kind of “gift” I am bringing to you in psychoanalysis. We know that in some countries, analysts have been considered dangerous people for some regimes. I owe it to Lacan to have been able to truly connect with Freud’s message.

**SVW:** How can the uninformed to this approach understand the concept of signifier over signified, and how did it influence how your work in the group?

**MG:** Signifier over signified (S/s) is the basic cell of the new discipline of linguistics. The signifier (the sound unit f.i. in the word, tree) represents a concept (signified—the concept of tree). But the signifier will be of an extraordinary variety (tree, arbol, arbre, in English, Spanish, and French respectively as an example). The signifier is a key to the unveiling of repression. Lacan, following Freud, reminds us that it is the symbol that gets repressed, not necessarily the affect. Once the signifier is connected with other signifiers it opens the door to what the symptom is representing.

In my training and the training of most of us therapists and analysts from other orientations, the question “How are you feeling?” has been given to us as the key to try to get to the emotional suffering of the patient. Feelings, or affect, are central in Lacanian psychoanalysis as well. But feelings get displaced and feelings (except angst as Lacan points out) can lie. We have to go through the signifier to get to the affect not the other way around.

**AA:** How do you feel the Special Institute will be useful to people of all levels of experience, for those both familiar and unfamiliar with Lacan’s work?

**MG:** It will be relevant for people of all levels and for those who have had varied exposure to Lacan. Through examples and the use of demonstration groups, I intend to challenge and motivate therapists to consider Lacanian theory as a powerful addition to their clinical knowledge.

It is my impression that perhaps many therapists don’t know how to benefit as much as they can from the way patients use language. I hope that this Institute strengthens their ability to use the resources of language to help their clinical work.

**AA:** How has your thinking on this topic evolved over time?

**MG:** I continue to study and get supervision from French analysts when I go to Paris. I keep gaining a greater and more expanded understanding of what is meant by transference. I also discovered that I am much more open to how much I can learn from my patients and have revised the meaning and use of countertransference.

**SVW:** How would you say the term transference has expanded in your own thinking as a result of studying Lacan? Tell us how you have revised the way you conceptualize countertransference as well?

**MG:** In Lacanian terms the patient comes to the analyst/therapist and relates to him/her as “the subject supposed to know.” That is the concept of transference to Lacan. The analyst assists the patient in reaching his/her knowledge, which is not necessarily the knowledge of the analyst but rather the knowledge of the unconscious in the patient.

It is not easy for me to convey how powerful and useful this has been for me. I am 82 years old and I find myself being able to listen to my patients in ways that allow me to create a space for the listening that burden me much less than when I was a lot younger. As to the question of countertransference, it is not given the place that for instance, relational psychoanalysis and other orientations assign to it. The analyst, of course, must have his/her analysis. If countertransference becomes an impediment, it means that the analyst needs to keep going to the couch or that the analyst is not really listening to the transference. But again, the word, countertransference does not become useful in the Lacanian orientation in the same way it may be in other orientations.

**AA:** What advice can you offer participants for getting the most out of this experience with you?

**MG:** I want to tell those coming to the Institute to be open to not knowing, to be surprised, maybe even shocked, infuriated, and then inspired. I hope to help Institute attendees gain a bigger space in their analytic chest, to be able to take a deep breath and come to terms with Freud’s dictum, *kern unseres wessen*, to invite all of us in our treatment to attempt to reach the core of our being. ●

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## Mindfulness *continued from page 3*

integrated into Western psychotherapy is their application to the subtleties of the interpersonal world, not just the intrapsychic world. So practices that appear on the outside to involve withdrawing into oneself are turning out to be enormously useful for participating in and exploring the interpersonal field. As family, couples, and group psychotherapists increasingly investigate mindfulness practices, their usefulness in these sorts of treatments is becoming increasingly evident.

**HF:** When people come into our groups, they are often anxious, depressed, and focused on events from the past and the future.

**Yalom’s approach in group psychotherapy is the here-and-now. Mindfulness helps individuals focus on being present and having their experiences in an open, curious, and receptive way in the moment. It appears these approaches are mutually compatible. What would a focused integration of these approaches look like in group?**

**RS:** Mindfulness practices are, indeed, compatible with many forms of treatment, particularly those that focus on what is occurring in the present moment. What the practices offer, which is sometimes missing in other approaches, is a proven technology for training the mind to pay attention, at high resolution, to moment-to-moment experience. In this way the practices can enhance virtually any form of psychotherapy. ●

**Dear Consultant:**

**J**anette has been in my group since its inception two years ago. She was recently promoted at her job, which involves quite a bit of traveling. Sometimes she will let the group know when she will be away, but other times she does not, and I am left to wonder if she is coming. After some months of this, the other group members stopped asking “Where’s Janette?” I’m not sure how to help Janette and the group to negotiate this pattern. I want to keep Janette in the group, but I’m not sure about her commitment, or the group’s connection to her. Can you advise?

*Signed,  
Anxious*

**Dear Anxious:**

**I** got anxious just reading your question, as it reminded me of wanting to keep a member of one of my own groups who was frequently absent. I recall needing to ask myself if I needed him more than he needed the group. So, I have lots of questions, and not so many solutions.

What is behind your wish to keep Janette in the group? Is this group critical to her wellbeing? Would losing her hurt the group’s functioning, or is this a very small group and you need her to keep the group alive?

It is assumed that Janette’s absence is always visible in her actual empty chair. I find myself wondering what exactly does this group feel about her absence. Are they unhappy about it? Do they miss her, or are they relieved, and if so, why? Is the group avoiding speaking of their satisfaction at her absence, and what do they get from it? Are there individuals in the group who hold these feelings, or is it the entire group? Does Janette take up too much space? Is she invisible anyway?

What is this group re-enacting? What does this absence represent for group members? Could a missing member be like a parent who misses their child’s school or sport event, or a divorced parent who does not show to pick up their child for the weekend? Or could it be a benign acceptance or resignation to the absence of important people in their lives? What keeps them from confronting Janette directly and exploring this with her?

From Janette’s standpoint, why does she keep coming at all? What early pattern or Aledort’s “bad fit” is she repeating or enacting? Does Janette feel unwanted by others in the group, or is she playing out an old history of being not noticed by her family?

Does Janette show any awareness of the impact of her behavior on the group? Perhaps she feels that her presence is not that important. What does she imagine the group says about her when she is not there? How does she feel when she is in the group and is not sure if someone is coming or not? It is implied that Janette’s absences are recent, that until her promotion she was a steady attendee. How did the group respond when she got her promotion? Did they celebrate this achievement?

When we are faced with an elephant in the room, the larger they loom in the group’s unconscious the longer we ignore them. It is our job to point out and examine the elephant in the therapy group room. This stance of curiosity will be most useful to this group’s growth.

*Myrna Frank, PhD, CGP  
Bethesda, Maryland*

**Dear Anxious:**

**I**t’s always disheartening when a long-time group member suddenly seems to lose her connection/commitment to the group. Before focusing on possible ways to work with the problem, let me suggest that you take some time to explore your own feelings toward Janette. I could easily imagine feeling discounted, disappointed, hurt, and even angry about her behavior. Because she has been a member of the group since its beginning,

her shift in attitude could feel a bit like a betrayal—not only of the group but of you as group therapist. You might feel tempted to act out these feelings—either by confronting Janette too strongly or by encouraging the other group members to do so. Getting clear about your own feelings and talking them through with a trusted colleague can help you to avoid any unconscious acting out.

It is also important to take action. You want to help Janette with her individual issues, and you also want to preserve the integrity and safety level of the group. What do you know about her history and family of origin? Is disappearing a typical defense for her? Does she have difficulty finding her voice and speaking up about what she needs, what she likes and dislikes? Have there been unresolved conflicts or unrepaired ruptures in the group that might be causing her to use her job as an excuse to flee? What are her feelings toward you as the group leader? It might be useful to ask Janette to come in for an individual session to look at these questions and offer her your support.

It’s interesting that the group seems to have not really addressed Janette’s distancing. Is this because they see her as too fragile or too volatile to address her directly? Is her absence bringing up feelings for the other members that they would rather not look at in themselves? Although it’s always a bad idea to allow gossip about absent members, I have sometimes found it helpful to ask members to have a dress rehearsal, where people speak their feelings about an absent member with the caveat anything said will be said again in the presence of that member. From a group-as-a-whole perspective, it’s worth asking yourself what Janette may be holding for the group. Perhaps ambivalence about commitment? Fears around increasing intimacy? Unspoken dissatisfactions with the group? Ideally, these questions could be explored by the whole group with Janette present. This opens the door for every member to have a voice while also taking the onus off Janette for her behavior.

If you work patiently with this problem at the individual level, the interpersonal level (e.g., Janette and you) and the group-as-a-whole level, I’m hopeful that this problem can reach resolution and, indeed, allow the entire group to move toward a deeper level of intimacy.

*Daisy Reese, LCSW, CGP  
Sacramento, California*

*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.*

**New York, New York**

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names of those who lost their lives there are inscribed in bronze parapets that surround the pools. The museum, located beneath the Plaza, houses exhibitions with artifacts, pictures, videos, and accounts from people from around the United States and the world, amounting to a jointly told history of September 11, 2001. This is a place of deep reflection, and is a moving reminder of a time of national unity, support, and group cohesiveness. Advanced purchase of tickets is strongly recommended.

No visit to New York City is complete without experiencing its nightlife. Music, dance, comedy clubs, and theater abound. Check out the nightlife calendar at [www.nycgo.com/nightlifecalendar](http://www.nycgo.com/nightlifecalendar). Hungry? Manhattan alone boasts more than 3,000 restaurants. Whatever your food preference, it’s here. While many restaurants do not require reservations, it’s always safer to call ahead and book a table, particularly if you are travelling with a group of AGPA colleagues.

The material for this article was provided by NYC & Company, New York’s visitors and convention bureau. Visit them at [www.nycgo.com](http://www.nycgo.com) for detailed information about visiting New York. ●



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See *Group Assets* insert

## Affiliate Society News

The **Austin Group Psychotherapy Society's** (AGPS) Fall Conference featured Jerome Gans, MD, CGP, DLFAGPA, who presented *Challenging Topics in Group Psychotherapy: Money and Difficult Patients* on October 17. On October 18 he facilitated a consultation group on the topic of money and difficult patients in a therapy group. The October 24–25 Fall Student and New Professional Institute was led by Alyson Stone, PhD, CGP, who addressed *The Power of Yes: Welcoming the Full Emotional Range*. On November 13, AGPS will hold a Fall Workshop to be led by Michelle Bohls, LMFT, CGP, and David Kaplowitz, MFT, CGP, who will speak on *Greed, Deprivation, Shame & Envy: Let's Talk About Money in Group*.

The theme of the **Eastern Group Psychotherapy Society's** (EGPS) Annual Fall Conference, to be held November 20–21, is *Alive in the Moment: Why Group Matters and How We Make it So*. The theme is an invitation to consider how group psychotherapists bring about the transformative vitality that keeps group members returning for more and making for a successful group experience. Whether in private practice, an agency or institutional setting, many forces underlie the creation of a flourishing group. Yet, despite expectable differences in clinical orientation, practice methodology and organizational support and constraint, leaders find that members invariably welcome groups that create an intensification of experience, that liberate constricted emotional energies and that produce invigorating psychological transformation. Plenary speaker Stewart Aledort, MD, CGP, FAGPA, will address *Desire and Aliveness: The Group's Power to Work Through the Passion in Shame*. The central focus of Dr. Aledort's approach to group therapy is to uncover members' earliest misattunements and the passion in shame located in these misattunements. Through a combination of lecture and *in vivo* group experience, Dr. Aledort will demonstrate how the group therapist serves as the symbiotic mother so that members can tell the story of their earliest experiences and develop more functional attachments to their internal life and desires.

The **Group Psychotherapy Association of Los Angeles** (GPALA) held a September workshop on *Building Grit: Group Work to Foster Hardiness, Happiness, and Mindfulness in Children and Teens*. Melissa Johnson, PhD, Founder and CEO of the Institute for Girl's Development drew on research in the areas of grit, self-regulation, mindfulness, and happiness to inform practices in group psychotherapy. On October 17–18, GPALA's Group Institute Program sponsored an Institute with John Chebultz, LMFT, CGP, and Monica Farassat, PsyD, CGP, in Santa Monica. On November 8, GPALA presents its Annual Conference, *Incorporating Mindfulness and Self-Compassion in Group Psychotherapy*, to be led by Elisha Goldstein, MFT. She will model the emerging scientific research supporting the theory and practice of mindfulness-based and compassion-based interventions in the practice of group psychotherapy. On December 13, GPALA will host its annual Holiday Party in Sherman Oaks. Visit [www.gpala.org](http://www.gpala.org).

The **Illinois Group Psychotherapy Society's** Fall Conference, October 23–24, featured Peter Cole, LCSW, CGP, and Daisy Reese, LCSW, CGP, who addressed *Relational Development in Gestalt Group Therapy*. This two-day experiential and didactic workshop covered the theory and practice of a relational approach to Gestalt therapy, which places emphasis on group members' capacities for both self-activation and intimate connection. Peter and Daisy are a married couple and Co-Directors of the Sierra Institute for Contemporary Gestalt Therapy. They have been active in the Northern California Group Psychotherapy Society, where Daisy is a Past President.

Sam Louie, MA, LMHC, has been named Membership Chair and Jack Ringel, MSW, has been appointed Conference Committee Co-Chair of the **Puget Sound Group Psychotherapy Network** (PSGPN) Based on the enthusiastic response generated at its Spring Conference with Jeffrey Hudson, MEd, LPC, CGP, FAGPA, PSGPN formed a committee to explore offering a training program based on the relational model of group therapy.

The **Tri-State Group Psychotherapy Society's** Fall Conference was held October 23. The conference featured Steven Van Wagoner, PhD, CGP, FAGPA, whose presentation was on *The Interplay Between Envy, Competition, and Shame: Its Impact on Intimacy in Groups*. During this workshop, by means of didactic and experiential learning, participants explored the ways in which the group therapist, group member, and the group-as-a-whole, transform inevitable feelings of envy and competition into a creative and constructive process. The potentially destructive feelings of envy, jealousy and perceived loss of power were brought to the fore so that group members could move from a state of emotional isolation to one of intimacy and relatedness. The Conference also offered an all-day process group opportunity led by Kathy Reedy, LCSW, LMFT, CADC, BCD, CGP, in which the effectiveness of a here-and-now approach to group therapy was demonstrated by emphasizing the relationships of group members in the present moment. Visit [www.tristategps.wix.com/tri-state-group](http://www.tristategps.wix.com/tri-state-group) for information about other Tri-State programs.

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