

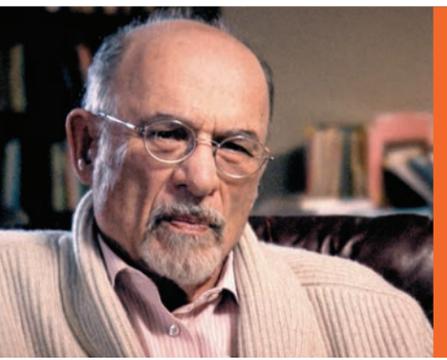


Winter 2017

groupcircle

A Lifetime of Stories: An Interview with Irvin Yalom, MD, CGP, DFAGPA

Steve Van Wagoner, PhD, CGP, FAGPA



Editor's Note: Irvin Yalom, MD, DLFAGPA, is Professor Emeritus of Psychiatry at Stanford University and the author of several highly acclaimed textbooks, including *Existential Psychotherapy* and *The Theory and Practice of Group Psychotherapy*. He is also the author of stories and novels related to psychotherapy, including *Love's Executioner*, *When Nietzsche Wept*, *Lying on the Couch*, *Momma and the Meaning of Life*, *The Schopenhauer Cure*, a non-fiction book, *Staring at the Sun: Overcoming the Terror of Death*, and his latest book, *The Spinoza Problem*. He is the recipient of the AGPA Lifetime Achievement Award, which will be presented at the 2017 Annual Meeting. As Dr. Yalom and I conversed, I was exquisitely aware of how his life's group therapy work developed and grew alongside AGPA's development as a professional organization. Dr. Yalom has been an active member for much of AGPA's history.

SVW: You have been awarded the Lifetime Achievement Award from the AGPA. What feelings are stimulated by such recognition?

IY: I am delighted. I have a long history with AGPA, not so much over the last few years, but in the beginning of my career, I was very closely involved with the organization. It was probably the first place that I made presentations to a group of colleagues. I published a number of articles in the *International Journal of Group Psychotherapy*. AGPA was the only place I knew where I could share ideas with other group therapists, so it was ideal for me.

SVW: You had not gotten involved with organizational governance though, am I correct?

IY: No, I've never been involved in any organizational governance. I was never drawn to it or very talented in that regard. Writing, teaching, running groups, developing group therapy research, and running my clinical practice were the things I most liked to do most.

SVW: AGPA is about to celebrate its 75th Anniversary. You have been a practicing psychiatrist, group therapist, existential therapist, and scholar for a great deal of that history. How has the organization been important to you during that time?

IY: Early in my career, AGPA was the perfect place to be—to publish, present and develop a deeper interest in group therapy. My own interest started when I was a resident at John Hopkins; Jerome Frank was a full-time faculty member then. He had written an early book on group therapy and research and allowed some of the residents to watch his group through a small mirror. I watched his group for a whole year, long after the other residents lost interest. Then I started to lead his group when he was out of town. So I worked with and learned a lot from Jerry Frank, both in the area of clinical practice and research methodology.

SVW: Had you already developed thoughts about how you might lead groups differently?

IY: Not at that point; that came later. I had to enter the army, and there I led groups for officers' wives and other kinds of groups as well. I also led T-Groups for residents at a state hospital in Hawaii. I was only a

couple of years older than the group members were, so it was a little awkward but interesting.

As soon as I came to Stanford University, I ran a lot of groups, and I was a member of a 10-day process group at the National Training Lab in Lake Arrowood. We had a new department that started when Stanford moved from San Francisco to Palo Alto, and the chairman asked me what I wanted to do. He was interested in developing me as a researcher, so I put together a large group therapy program for the residency program. We had 30 groups running in the clinic, not only for therapy but also for research. I led one group for 25 years, which the residents observed via a two-way mirror, and then they would have a discussion after the group. Later on, I got them involved more by having the patients watch the residents and me discussing the meeting after it ended. I think that really catalyzed the therapy. Then I added a third part to the meeting in which the patients discussed their reactions to the residents' discussion, which was always a powerful exercise. The residents were at first bored, but as the process evolved, they started calling it Yalom's Peyton Place, because they got really interested in the stories of each of these patients. All of the residents then started a supervised group, so there were a lot of different groups and supervisors for all of the groups.

SVW: It is well known that you began writing novels as a way of teaching through narrative, and it appears that in the past 10 years, you have become even more prolific. What are the motivations and inspirations behind such an explosion of writing?

IY: At first I wrote short stories, long before the novels. I always thought of them as teaching stories and teaching novels. Maybe that was a rationalization because my University role was to teach them after all. But my target audience for all my writing was always the young therapist. When I retired from Stanford, I had a small private practice, but then I devoted myself primarily to writing. My interest in writing narratives has always been there though, and I think it's one of the reasons that the *Group Therapy* text was so successful. There are, in essence, a lot of short stories in there, whether a paragraph-long or four-pages-long. A lot of students have told me they are willing to put up with a lot of dry therapy or textbook reading because there was always a story coming around the bend. I think it's

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from the
president

Eleanor Counselman, EdD, CGP, LFAGPA

I am writing this column in the aftermath of the election as we head into what will be an unsettling time for many. In times of upheaval, it is comforting to turn to the stable elements of one's life, such as family, friends, and community. I hope that the AGPA feels like a welcoming community for all voices and is a source of support for every member. I've been pleased to see that our recent listserv discussion has included differing political views, shared respectfully, and has been a place where members could talk about the strain of having to contain and process clients' emotions while managing their own at the same time.

Another way our community comes together is at our Annual Meeting, which is coming soon (March 6-11 at the Sheraton New York Times Square Hotel in New York City). I hope that you will join us for a week of learning, connection, and fun! The Annual Meeting program offers an amazingly rich and varied array of educational offerings. Co-Chairs Martha Gilmore, PhD, CGP, FAGPA, and Alexis Abernethy, PhD, CGP, FAGPA, and their Annual Meeting Committee have presented us with a terrific dilemma: how to choose among so many attractive programs. If you are coming to AGPA for the first time, plan on attending the New Member dinner on Tuesday evening and the New Member breakfast on Thursday morning, both sponsored by our Membership Committee. I'll be attending both and look forward to meeting you.

Plans for commemorating and celebrating AGPA's 75th Anniversary have been in progress for well over a year, and they are spectacular! Many of these activities will take place at the Annual Meeting, which include videos from members wishing AGPA Happy Anniversary, as well as an historical video that will be playing in the registration area. The Friday night Dance Party will have a

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Steve Van Wagoner, PhD, CGP, FAGPA

As we usher in 2017, AGPA kicks off its 75th Anniversary with the redesign of the *Group Circle* and *Group Assets*, which comes as an insert in all our issues. This issue also launches our own celebration of AGPA's 75th Anniversary with an interview with Irvin Yalom, MD, CGP, DFAGPA. Dr. Yalom discovered AGPA to be "the perfect place" to interact with others who were leading and studying groups, and to further develop his interest in the practice of group psychotherapy. Dr. Yalom will be with us via videoconference during the Annual Meeting as he is presented with the AGPA Lifetime Achievement Award.

I would also like to congratulate the new AGPA Fellows and urge you to read about their successes and achievements, as well as what new group therapy initiatives your fellow members have been doing, as reported in *Member News* and in *Affiliate Society News*. It boggles my mind just how active members are in promoting the practice of group therapy.

Although we typically alternate *Research Matters* and *Practice Matters*, I have received so many articles related to group therapy research that I decided to publish a second consecutive issue with a *Research Matters* column. Jeffrey Kleinberg's, PhD, CGP, DFAGPA, article that shows how any group therapist can conduct exploratory research without the huge resources to which few of us have access, save those in academic settings or large clinical settings. We hope that Dr. Kleinberg will continue his efforts in this regard.

In this issue, you will also find another clinical dilemma presented in *Consultation, Please*, as well as AGPA President Eleanor Counselman's, EdD, CGP, LFAGPA, column, which gives us a taste of what's in store for AGPA members during our 75th Anniversary year and at the Annual Meeting, to be held March 6–11 at the Sheraton New York Times Square in New York City. Hope to see you there. Let the celebrations begin! 🎉

FROM THE PRESIDENT

Continued from page 1

live band, and there will be hilarious skits about AGPA ("Still Grouping After All These Years") performed by members at the Group Foundation luncheon on Saturday. We have also created a 75th Anniversary logo and poster (available for sale at the Meeting).

Other commemorative activities include devoting a fifth supplemental issue of the *Journal* to be released in February to honor the anniversary, new designs for the *Group Circle* and *Group Assets*, special articles in the Circle throughout the year, publication of a history of AGPA's past 25 years that will be posted online, and on Facebook weekly Throwback Thursday postings of AGPA photos. I am really looking forward to the Annual Meeting week and all our celebratory activities, and I want to thank the 75th Anniversary Co-Chairs Lisa Mahon, PhD, CGP, FAGPA, and Patricia Barth, PhD, CGP, LFAGPA, and their hard-working Task Force for creating such an exciting year of 75th Anniversary activities.

Think about all that has happened in the world in the past 75 years. Rereading AGPA's 25-year and 50-year histories that are on our website reveals how AGPA reflected on and interacted with the larger world, and adapted to societal and mental health changes and challenges, while struggling with organizational issues. I recommend you read these interesting documents, as they are our organization's narrative. Here are some highlights I gathered.

Group therapy got its start in the groups for tuberculosis patients led by Dr. Joseph Pratt, a physician at Massachusetts General Hospital. He gave inspirational talks to patients suffering a devastating and largely untreatable disease, and found that they benefited enormously from being together and talking about their experiences.

Group therapy did not really gain traction until the mid-twentieth century. AGPA itself was founded as the outcome of two sessions on group therapy at the American Orthopsychiatric Association meeting in 1943. Samuel Slavson, a New York City social worker, held an informal meeting of people interested in this new modality, and thus AGPA was founded. Tensions arose quickly as to whether AGPA was a competency- or interest-based organization. Slavson insisted that membership be limited to psychiatrists, psychologists, and psychiatric case workers who had at least three years of postgraduate supervised experience in psychotherapy. One AGPA president even resigned, insisting that all people working with groups should be included. These early tensions foreshadowed issues in the organization that lasted for years until they were somewhat resolved by the creation of the Certified Group Psychotherapist (CGP) designation.

Groups tend to develop fairly predictably over time. In the beginning, they are highly dependent on a strong leader, eventually moving into a storming phase where

the leader's authority is challenged. For AGPA, this meant an eventual shift from a psychiatric-only leadership, primarily comprised of men, to a more diversified leadership, in part as a response to the women's movement.

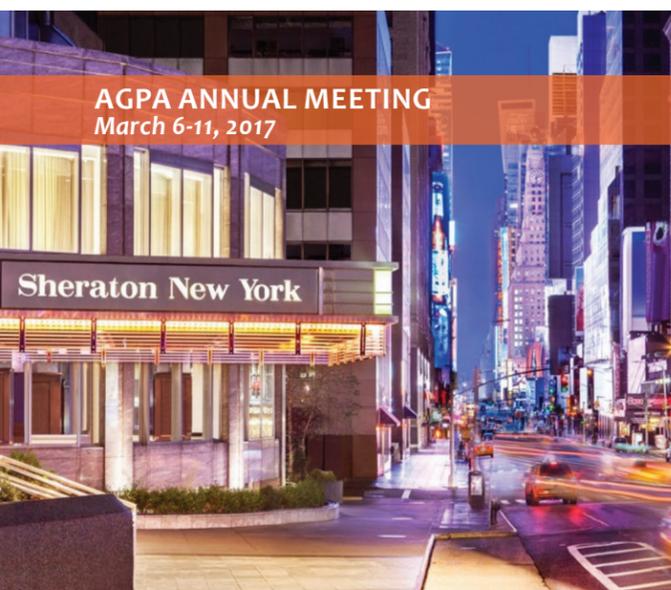
Following the storming phase, groups move into a mature working phase; that is where I see AGPA today. At 75, AGPA is a vibrant, creative, and more inclusive organization. We continue to grow and change, as witnessed by the introduction of the Group Foundation for Advancing Mental Health and the International Board for Certification of Group Psychotherapists, the expansion of Annual Meeting programming, an increased number of Affiliate Societies and Special Interest Groups (SIGs), and following 9/11, the movement into direct service. Our diverse membership also represents greater recognition of the many group therapy approaches.

What has contributed to AGPA's success lies in our ability to adapt to both external and internal developments. The past 75 years have seen powerful social change, and we know that a rigid resistance to change can leave an organization behind. For example, as the early members aged and began to retire, AGPA recognized the importance of attracting and retaining new younger members; thus the Scholarship Program was initiated. In the aftermath of 9/11, AGPA saw the need for groups for people traumatized by the attacks and moved in quickly to offer help. This led to the development of our Community Outreach Task Force and the considerable trauma resources that we offer. Like it or not, the mental health landscape is changing, and some members work in settings that do not permit long-term therapy; AGPA has adapted by offering training in short-term groups. The U.S. is increasingly multicultural; AGPA now requires all Annual Meeting faculty, Board members and Staff to participate in diversity training. We do all this not to fulfill any externally imposed requirements, but because we believe these are the right things to do!

In addition, AGPA is committed to attending to its own process and to ensuring that decisions are made in a well thought-out manner. The Strategic Plan has been an important roadmap for guiding organizational development and implementation of forward movement. Annually, our three Boards gather for an afternoon of strategic planning. The Strategic Plan is our GPS to show us where we are and where we need to go.

So here's to you AGPA at 75! May this remarkable organization continue to serve the field of group psychotherapy for many, many more years.

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



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A Preliminary Study Addressing Stigma Linked to Group Psychotherapy: Getting to Yes

Jeffrey Kleinberg, PhD, CGP, DFAAPA

Does stigma serve as a barrier to a patient's decision to take part in group psychotherapy? Even if group is recommended as a treatment option, many prospective members decline. With this in mind, I conducted a pilot study to explore the extent to which negative attitudes towards group treatment exist in the general population, as well as in specific subsets, identified by age, education, and gender. Further, I looked at the potential power of certain arguments to persuade troubled individuals to consider group or to encourage laypersons to recommend group to others dealing with emotional problems. This preliminary work, constrained by limited funding, also illustrates how an independent practitioner using his or her own resources (less than \$500) can turn to reputable online survey companies to conduct pilot studies. My hope is that the information obtained through these surveys, coupled with my own clinical and supervisory experience, will enable us to begin a professional conversation about overcoming the stigma about group psychotherapy.

To date, there has not been research that focuses on stigma linked to group psychotherapy. We know from our own experience that many potential group members resist group treatment no matter how much the individual or referring therapist encourages it. The purpose of this pilot study was to see how the general adult population in the United States views group psychotherapy. I examined reactions to the label "group" and then identified widespread assumptions about this modality. Additionally, I sought to assemble and test market arguments or information that might improve the general population's view of group treatment, which might result in more patients opting for group treatment.

The context for my interest is my observation that stigma concerning the mentally ill seems to be consistent across national boundaries, is a prejudice sustained by public perceptions, and when internalized, negatively affects the individual's perception of himself or herself. Negative public attitudes are stereotypes that result in underfunding and utilization of therapeutic programs for this vulnerable population and in some areas, restrictions in their freedoms (e.g., voting, marriage). Surveys and studies in the field confirm this.

Internalized stigma (self-stigma) results in low self-esteem, a limited sense of self-efficacy, and a feeling of pessimism. Sufferers worry that their emotional problems cannot be overcome and will prevent them from having a decent life. Stigma associated with mental illness discourages people in need from engaging in treatment. To be a patient has negative connotations. To be a patient in group compounds the threat because even if the patient decides to participate in group treatment despite negative self valuations, he or she might soon dropout to reduce the possibility of encountering prejudicial reactions from others.

After the patient decides to start treatment, he or she must then consider which type of therapy to seek. Here again, different forms of treatment are on the menu: psychopharmacological versus talk therapy; cognitive versus psychodynamic; individual versus group, to name a few. Each option has varying degrees of stigma associated with it depending on the region, the demographics, etc.

A review by The Self Stigma Research Collaborative at Iowa State University (www.selfstigma.psych.iastate.edu/selfstigma-information) identifies a clear relationship between stigma and treatment decisions such that stigma can decrease the likelihood that an individual will seek services even when the potential consequences of not seeking counseling (e.g., increased suffering) are severe (Sibicky & Dovidio, 1986). In fact, in April 2002, during the launching of the New Freedom Commission on Mental Health, the President declared that the stigma surrounding mental illness is the major obstacle to Americans getting the quality mental health care they deserve (www.mentalhealthcommission.gov).

METHOD

I conducted four surveys, which were divided into two groups: 1) focusing on the treatment name/label; and 2) stigma and messages that might reduce resistance to group.

The Impact of Treatment Descriptors/Labels: In 2015, utilizing Google Consumer Surveys, I asked a stratified marketing sample of the general adult population in the United States, "If you or a loved one had a personal problem, which form of help would you feel most comfortable exploring?" Respondents were forced to choose from four group-based labels, all representing group as a treatment modality; individual treatment was not an option. The treatment choices were "group counseling," "group therapy," "psychotherapy group," and "group psychotherapy."



A year later, I used the same platform with a modified question, through which the respondents could indicate that they would consider individual treatment and not just group-based modalities: "If you had an emotional problem, would you consider the following forms of professional treatment?" and listed options from which they could choose: "individual counseling," "individual psychotherapy," "group counseling," "counseling group," "psychotherapy group," or "group psychotherapy." In this survey, the respondents were asked to focus only on what treatment they would consider if they themselves had an emotional problem.

Surveys on Stigma and Messages to Reduce Resistance to Group: Two additional surveys were conducted in 2013 utilizing Survey Monkey and its selected sample (about 100 subjects in each). Using The Stigma Scale, a well-constructed stigma questionnaire, as a model (King, et al. 2007), I designed a survey appropriate for an Internet-based study of possible stigma associated with group treatment. For example, "People might ignore me or take me less seriously if I were in group psychotherapy or group counseling," is an item characteristic of stigma associated with group treatment.

Subsequently I developed and administered a survey to examine whether certain marketing messages would increase the perceived value of entering group to resolve emotional problems. "Participating in group psychotherapy helps many people improve relationships with family members," characterizes what this survey was designed to assess. I hoped that the findings could help us understand resistance to joining a group.

RESULTS AND DISCUSSION

Impact of Treatment Descriptors/Labels: Preliminary findings regarding the impact of treatment descriptor or name on whether a person would seek treatment were trends that were statistically non-significant, with a few exceptions. Interesting patterns, however, did emerge. Small sample sizes may have been responsible for the lack of statistical significance. Larger sample sizes would be needed to confirm or disconfirm initial trends, while feedback from actual conversations with those recommended for group might further enhance understanding of the survey findings.

Exploring Group Treatment Methods: In the 2015 Google Consumer Survey, about 25% of the 1,527 respondents (8,943 potential respondents had been contacted—a 17.1% response rate) would feel comfortable exploring treatment options having "group" in its name. Of those choosing to explore the group modality, all income earners, residents of urban and rural areas, and parents as well as non-parents, seem to equally favor the various terms employed for the group treatment method, whether or not they included the word "psychotherapy," "therapy," or "counseling."

Considering Group Versus Individual Treatment Method: In the 2016 Google Consumer Survey, 15,538 adults were asked about which modalities they would consider if they had an emotional problem. Of the 1,665 who responded (10.1% response rate), about 20% indicated they would think about a group form of counseling or psychotherapy, as compared to about 80% who would consider an individual form of treatment. In exploring regional differences, females in the southern United States were significantly more likely to consider individual over group treatment. The lower response rate in the 2016 study might suggest an overall reluctance to seek professional psychotherapy,

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a good way to teach. And now, as I and my co-writer, Molyn Leszcz, embark on a new sixth edition of *The Theory and Practice of Group Psychotherapy*, we will continue to embed teaching stories in the text.

SVW: *Do you recall the first moment you realized that storytelling was a valuable clinical and teaching tool?*

IY: One of the first articles I wrote was about voyeurism while I was a resident at Hopkins and seeing patients at the Patuxent Institute. I saw a lot of voyeurs there, so I dug up that old story on the peeping Tom who was blinded for being a voyeur, and started the article with that. Then I moved on to talk about voyeurism, drawing links between the clinical concepts and the story. Also, when presenting cases as a resident, I liked to start off with a narrative—it felt natural and came easily to me.

SVW: *Your weaving of philosophy, especially existentialism, into your writing has always been apparent, and three great philosophers have been featured in your novels, Nietzsche, Schopenhauer, and Spinoza. Why these three in particular?*

IY: When I was a resident, I became fascinated with *Existence*, a book by Rollo May. That made me think that there is a lot of wisdom in the last 2,000 years that psychotherapy is not using. I decided that it was time I got a philosophical education, so I enrolled in philosophy undergraduate courses while I was in residency at Hopkins.

I became especially interested in the philosophers of life. I was going to write a book about Epicurus, and although I started it, I couldn't finish it. Instead I turned that into *Staring at the Sun*.

Nietzsche's and Schopenhauer's ideas are very relevant to psychotherapy. I started thinking what would psychotherapy have been like if invented by a philosopher rather than a physician. I picked those two people in particular because they had so much to offer from their understanding of the human condition. From an interpersonal standpoint, they were both highly disturbed individuals, especially Schopenhauer. I thought wouldn't it be great for our field if a therapy group could actually help this very troubled guy? At least, that was the idea behind having a Schopenhauer clone in my book. If group therapy can help Schopenhauer, then it can help anybody.

SVW: *When I read the Schopenhauer Cure, I had a feeling that you were working something out for yourself through the character of Julius regarding death, digging deeper into this existential reality that many people do not want to face. Am I off base here?*

IY: I think that's true. When I wrote the *Existential Psychotherapy* book, I had been leading groups for dying patients for about 10 years. I suppose that experience was very much a part of the book about Schopenhauer. The book was very meaningful to me in thinking about how I worked with these people; what happens when a group member or therapist dies; how does that impact the group? I had a friend who started a group as a member and who then died; it had a tremendous impact on the group. I had a therapist come up to me not too long ago and told me about her husband, who was a group therapist and who had died of malignant melanoma, the same disease as Julius had in the book. So these experiences with patients who were dying very much informed the book.

As I started to write the *Existential Psychotherapy* book, it became clear to me that no matter whatever else I did, death would play a major role. I also realized that I had to start talking about death to my patients, which they found very hard to do. There wasn't an awareness in my every day patients, which is why I started to work with cancer patients. After a short time, I was running a cancer group, which I led for 10 years or so.

SVW: *What did you learn from that experience?*

IY: A great deal. It permeates almost every page of that book. The cancer patients in my group were incredible teachers. I learned a tremendous amount from my patients about meaning in life, about the tremendous isolation that they felt because they couldn't talk about dying with anyone. Nobody wanted to talk to them for fear of unsettling them, so all of the existential concerns I wrote about in that book I learned from them.

It was very tricky to get the group started because there was tremendous resistance to the idea, and I don't think others had led such groups. For certain no one had ever written about it. The oncology department was not very helpful because they were distressed at the idea of speaking so openly about death with their patients, but eventually they did cooperate, and we got several groups going. My colleague David Spiegel, MD, did research on groups like this and found out that they contributed to longer survival times, which astounded me. He wrote several articles about it.

SVW: *It makes intuitive sense if you consider something you have often stated, which is that to live more fully one has to confront the reality of death. Perhaps talking about death helped them live the remainder of their lives more fully.*

IY: I do very much believe that and adhere to it in my practice, even with patients who are not sick. It comes up in their dreams, or anxieties, or their thoughts, and is important to talk about.

SVW: *What book are you working on now?*

IY: I just finished a book and sent it to the publisher. It's a memoir about my life, my intellectual development, and the many stories that make up my life. It should be out next September. I am still struggling for a title. I come up with something, and it lasts for about a week, and then everyone disagrees about it and we start over.

SVW: *I imagine the title When Nietzsche Wept came right to mind when you finished that book.*

IY: Yes that was actually my wife Marilyn's idea and it was just perfect. At the moment I am still searching for a title for the memoir. There is a statement of Nietzsche's in *Thus Spake Zarathustra*, where he says "Was that life? Well then, once again." I really liked that statement, but the publisher didn't like it, said it was too long, and I have been battling with him for some weeks. Then the publisher said, "Well let's just go with Was that life?" I said that doesn't make any sense at all. So that's where we are right now. 😊

member NEWS

Claudia Arlo, MSW, LCSW-R, CGP, Clinician/Coordinator First Step Program, Mount Sinai West; Adjunct Professor, Fordham University; and Faculty, Eastern Group Psychotherapy Society, received the Annual Mid-Career Exemplary Social Work Award from the National Association of Social Workers-NYC, presented to a select number of mid-career leaders of the social work profession in recognition of their visionary and exemplary work.

Craig Haen, PhD, RDT, CGP, LCAT, FAGPA, and **Seth Aronson, PsyD, CGP, FAGPA**, co-edited a *Handbook of Child and Adolescent Treatment: A Practitioner's Reference* (©2017, Routledge). The book offers different contemporary approaches to group work with children and adolescents and illustrates the application of these models to work with the youth of today, whether victims of trauma, adolescents struggling with LGBT issues, or youth with varying common diagnoses such as autism spectrum disorders, depression, and anxiety. Chapters present a variety of clinical approaches, written by experts in these approaches, from classic to cutting-edge.

Elina Kanellopoulou, PhD, of Athens, Greece, was elected to the Board of Directors of the Greek Society for Child and Adolescent Mental Health. Along with a colleague, Norwegian Child and Adolescent Psychiatrist and Professor of the University of Oslo School of Medicine, Dr. Randi Ulberg, she was awarded a four-year grant that will fund the creation of a multidisciplinary network of professionals focused on the individualized psychotherapy treatment of young people with mental disorders. This project, supported by 14 countries mostly from the European Union, but including the U.S. and Canada, has the potential to exert major influence on European and global mental health policy regarding psychotherapeutic interventions for this population.

Mary Pender-Greene, LCSW, CGP, President and CEO of MPG Consulting, received the Top Leader in the Profession Award from the National Association of Social Workers-NYC at its 10th Annual Leadership Awards Dinner. The program recognized social workers who demonstrate exemplary leadership qualities and a unique commitment to the improvement of social and human conditions.

Congratulations New Fellows

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



Dominick Grundy, PhD, CGP, FAGPA (New York, NY), an AGPA member since 1992 and a Clinical Member since 1994, has served on the Eastern Group Psychotherapy Society (EGPS) Board of Directors for two years and was EGPS Conference Co-Chair for two years. Dr. Grundy was Editor of EGPS's journal, *GROUP*, for four years and has been Editor of AGPA's *International Journal of Group Psychotherapy* since 2014. A frequent presenter at AGPA Annual Meetings, EGPS Conferences,

at other educational settings, including at the 1986 International Congress of Group Psychotherapy in Croatia, he often incorporates issues related to writing into his sessions (i.e., "Using Writing to Reveal Group Metaphor" and "Having it All: Love, Desire and Competition in a Writing Group.") He is the author of 13 articles and book chapters. Dr. Grundy maintains a private practice in individual and group therapy and supervision. He has been a Certified Psychodramatist since 1980.



Lee Kassan, MA, CGP, FAGPA (New York, NY), an AGPA Member since 1987 and a Clinical Member since 1995, twice served on the EGPS Board and has presented workshops at EGPS, the Northeastern Society for Group Psychotherapy, and AGPA. He was the Assistant Editor of EGPS's journal, *GROUP*, and is now its Editor. He authored or co-authored six books, including two on group therapy and has published four articles on group and couples therapy. Mr. Kassan is a Clinical Supervisor for staff at Inter-Care and a group supervisor at the Couples Training Program and the Training Institute for Mental

Health and has been leading therapy groups since 1981, including mixed gender and gay men's groups. He is a Fellow of the American Institute for Psychotherapy and Psychoanalysis.



Gaea Logan, LPC-S, CGP, FAGPA (Austin, TX), an AGPA member since 1997 and a Clinical Member since 2011, is a Past-President of the Austin Group Psychotherapy Society and a member of the AGPA Institute Faculty. She is a member of the AGPA Distance Learning Task Force and the International Relations SIG. She served on the AGPA Open Session Committee and was honored with the 2015 Social Responsibility Award by the Group Foundation for Advancing Mental Health. Ms. Logan has developed group therapy models for treating trauma and

has presented workshops on mindfulness, self-regulation, trauma and neurobiology and group therapy, co-authored "Strategies for Self-Regulation: Calming Minds, Calming in Kids K-12," and served as Executive Producer for an online documentary series "Tibetan Stories." The Tibetan Government asked her to present a four-day workshop on "Aspiration, Intention and Vow: The Inner Work of Group Leadership," as well as present trauma-training for monasteries, refuge settlements, and social service agencies in Dharamsala, India. The Founder and CEO of the International Center for Mental Health and Human Rights, Ms. Logan has been in private practice since 1982, integrating mindfulness with her individual, family and group practice and provides intern and practicum supervision and consultation, and post-graduate training.

Ginger Sullivan, MA, LPC, CGP, FAGPA

(Washington, DC), an AGPA Member since 1996 and a Clinical Member since 1998, served as Co-Chair of AGPA's Groups in Private Practice SIG, was a member of the Annual Meeting Workshop Committee, and currently co-chairs the Workshop Committee. She orchestrates fundraisers in the Washington, DC, area to raise scholarship funds for the Group Foundation for Advancing Mental Health. A past Faculty Member of the AGPA Institute and the Mid-Atlantic Group Psychotherapy Society Institute, she has also presented on emotional health and wellness to numerous organizations. Ms. Sullivan teaches the *Principles of Group Psychotherapy* course at DC area universities and provides group psychotherapy training and supervision to area mental health clinicians. She has led groups for 26 years, including 14 years in inpatient settings and 22 years in private practice. She is a Faculty Member for Modern Perspectives on Psychotherapy at the Washington Center for Psychoanalysis, Adjunct Professor at Georgetown University Medical School and Montgomery College and Supervisor at the George Washington University Professional Psychology Doctoral Program. She is the Founder of THE FORUM, a professional organization for integrating mental health, spirituality, and community.



Lawrence Viers, PhD, CGP, FAGPA

(Valparaiso, IN), an AGPA Member since 1983 and a Clinical Member since 1998, served on AGPA's Research and Annual Meeting Open Session Committees and currently is Co-Chair of the Annual Meeting Workshop Committee. He has been on the Faculty at the AGPA Annual Meeting, leading full-day workshops, a two-day Process Group Institute, and the two-day *Principles of Group Psychotherapy* course. Dr. Viers was a Board Member of the Illinois Group Psychotherapy Society, serving as Treasurer, Secretary, President-Elect, and President. He was a member of the AGPA Affiliate Societies Assembly and served on its Nominating Committee. Dr. Viers has been in private practice in Indiana for more than 34 years, conducting several long-term groups with senior, adult, and adolescent populations.



Annie Weiss, LICSW, CGP, FAGPA

(Newton, MA), an AGPA Member since 2001 and a Clinical Member since 2003, has been an AGPA Annual Meeting Faculty Member and co-authored with Scott Rutan, PhD, CGP, DFAGPA, *The Benefits of Group Therapy Observation for Therapists-in-Training*. She is a member of the Northeastern Society for Group Psychotherapy's (NSGP) Practice Development Committee, chaired the Annual Conference Brochure Committee, and leads a weekly experiential group for post-graduates. She has also been on the Faculty for NSGP's training program, a presenter at its Annual Conference, an Experiential Group Leader, and a Coordinator for the CGP Training Program. Ms. Weiss has been in private practice in Cambridge and Newton, Massachusetts, since 1994. She is a Group Consultant for The Brookline Center and a Program Assistant for Level 1 Training at the Center for Self-Leadership. 🧠



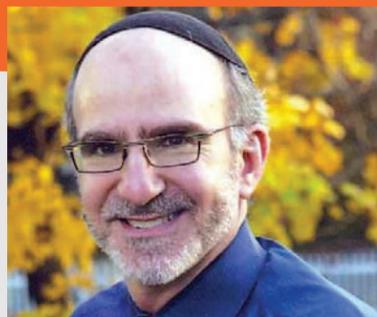
CLAUDIA ARLO,
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CRAIG HAEN,
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SETH ARONSON,
PSYD, CGP, FAGPA



ELINA KANELLOPOULOU,
PHD



MARY PENDER-GREENE,
LCSW, CGP



JOHN SCHLAPOBERSKY,
BA, MSC, CGP

In the AGPA Distance Learning teleconference featuring **John Schlapobersky, BA, MSC, CGP**, he drew from chapters of his recent book, *From the Couch to the Circle-Group-Analytic Psychotherapy in Practice* (©2016, Routledge). "Words from the Unspoken and the Unspeaking: Silence and Speech in Group Therapy" focused on the meaning and forms that speech and silence assume within the group and the roles of the therapist and the group in facilitating discourse when words would otherwise fail. This handbook of group therapy is a guide to the group-analytic model—the prevailing form of group therapy in Europe. It draws on Schlapobersky's years of engagement as a practitioner and on the experiences of the people in his groups as they face psychotherapy's two key challenges of understanding and change. 🧠

particularly when respondents were asked to answer for themselves as potential consumers. The earlier study, which had a higher response rate, asked about exploring psychotherapy options for themselves, as well as for others.

The inclusion of the term “counseling” seemed somewhat more attractive than incorporating the term “psychotherapy” in the method’s label (non-statistical trend). Higher incomes (more than \$100,000 earned annually) were significantly associated with a preference for considering individual treatment.

Stigma and Messages to Reduce Resistance to Group: The responses to the second set of surveys produced non-statistical trends suggesting that stigma exists for group treatment modalities and should spark discussion about ways to increase successful referrals for group. Negative attitudes expressed about people who enter groups, if not addressed, could lessen the number of recommendations for group treatment. Also of interest is that different cohorts hold varying negative attitudes about groups and their members. One general message promoting group treatment may not adequately address the various concerns held by different consumer groups.

Beliefs About People in Group Psychotherapy: Males more than females assumed that there are major deficits in group therapy patients. For example, the members are sick, likely to abuse drugs, anti-social, more likely to get into trouble with the law, focus on themselves more than on others, and have difficulty taking care of their homes. People who have not earned at least an Associates degree tend to see greater deficits (similar to the above) in group psychotherapy patients than do more educated people. Similarly, middle age adults (45-60 year olds) have more negative beliefs about group psychotherapy members than do other age groups.

Group Psychotherapy Expectations: Males more than females regarded group psychotherapy as dangerous, a waste of time, not confidential, led by unqualified leaders, and/or less effective than individual therapy. The less educated the respondents, the more likely they would feel that group psychotherapy makes a group member question religious or spiritual beliefs, puts members in contact with very disturbed people, interferes with one’s job performance, and/or that group participants give more support to others than they get back. Again there was a trend among middle-aged respondents (45-60 year olds) to be slightly more likely than other age groups to regard group psychotherapy as too

“Participating in group helps many improve relationships with family members...”

expensive, less effective than individual psychotherapy, makes one question personally held religious beliefs, and is not confidential.

Reducing Group Therapy Associated Stigma: Can well-crafted messages promoting group treatment reduce stigma? To begin to formulate a strategy for reducing stigma about group treatment and the patients who are group members, I then tested different messages. Based on preliminary survey results, I believe that the following messages may prove to make the reluctant listener more open to group treatment.

Stigma Reducing Messages Directed at Specific Cohorts: For men, the following messages might hold promise in

reducing stigma and resistance to group treatment: “Participating in group helps many improve relationships with family members;” “Participants trust other members to protect confidentiality;” “Patients can better understand themselves;” and “Members develop greater hope.”

For 45-60 year olds, “Anxious and/or depressed patients benefit from group psychotherapy;” “Many insurance companies will pay for group;” “Participating in group helps many improve relationships with family members;” “Members learn how to deal with conflict with others;” “Members feel safe in the group;” “Members trust the others to keep confidentiality;” “Members are comforted by knowing that the leader is licensed and/or accredited;” “Members can better understand themselves;” and “Members develop greater hope.”

Finally, for those with less than an Associates degree: “Group therapists are well-trained and experienced;” “Many insurance companies will pay for group;” and “Members have a lot in common with each other;” “Members feel safe in the group;” “Members trust the others to keep confidentiality;” “Members better understand themselves;” “Members develop greater hope; and “Members become more satisfied in their careers.”

CONCLUSIONS

The data suggests that stigma about group psychotherapy, regardless of what we name it, can increase resistance to group as a viable treatment modality. Moreover, messages about group can be crafted to reduce stigma and resistance to group by reducing ignorance about how groups help, for whom they are designed to treat, and their overall effectiveness and uses. More rigorous research is needed to study whether these are robust trends, whether we can effectively intervene with individual patients about the suitability of group, and if so, what are the most appropriate messages we can use to reduce resistance and stigma.

Based on further research, we could tailor motivational interviews to the patient’s doubts about joining a group. We would also acknowledge that many people have questions about participation in group treatment, and that while sometimes their concerns are justified, they are often based on a lack of accurate information about group therapy. We could add that many people who were reluctant to join a group later found that their apprehension was unfounded and that the other group members and the group process were safe, interesting and helpful, and brought them into contact with people like themselves who wanted to receive and give help to others.

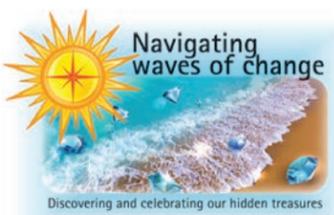
Throughout these conversations about adding group to the treatment plan, we would remain alert for anxiety about group treatment that was not only related to public stigma but to prior traumatic experiences in a group setting. The extent to which public stigma is transformed into self-stigma might very well be influenced by unconscious processes and prior developmental disruptions—another topic for discussion with the prospective group member.

Although no definitive conclusions can be made from these preliminary surveys, we have begun to examine the role of stigma in patient acceptance or rejection of a group referral and how to therapeutically reduce stigma and associated resistance to group therapy, and have developed important questions worthy of further and careful research. Ultimately, I envision that we could incorporate these messages in our discussions with prospective group patients, and include them in psychoeducational presentations, community outreach, and even public service radio spots. Let the conversations begin in the *Group Circle*, at our AGPA and Affiliate Society meetings, and online in a designated chatroom. 🗨️

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American Society of Group Psychotherapy and Psychodrama



75TH ANNUAL CONFERENCE

May 4-7, 2017

Hilton Clearwater Beach, Clearwater, FL

SATURDAY KEYNOTE SPEAKER:

The Art of Rising: Thriving While Treating Others

MARIA SIROIS, PsyD

Dr. Maria Sirois is a psychologist and seminar leader who teaches internationally in the intersection of resilience and flourishing. Known for her wisdom, authenticity and rampant humor, she brings invigorating practices and perspectives to business, community, religious, therapeutic and educational audiences alike. Sirois is the author of *A Short Course in Happiness After Loss (And Other Dark, Difficult Times)* and *Every Day Counts*. With thought-leader Dr. Tal Ben-Shahar, she co-leads a year-long certificate program in positive psychology.

FRIDAY OPENING PLENARY SPEAKER:

Coming Together: Celebrating the Treasures of Connection

ANTONINA GARCIA, EdD, LCSW, RDT/BCT, TEP

Nina Garcia trains psychodramatists internationally and is in private practice. She is co-author of *Sociodrama: Who's in Your Shoes?*. She teaches at NYU in the Drama Therapy Program. She is Co-Editor-in-Chief of the *Journal of Group Psychotherapy and Psychodrama* and former Chair of the American Board of Examiners. She is the recipient of the ASGPP JL Moreno Lifetime Achievement Award and the Gertrud Shatner Award for Lifetime Achievement from the North American Drama Therapy Association.

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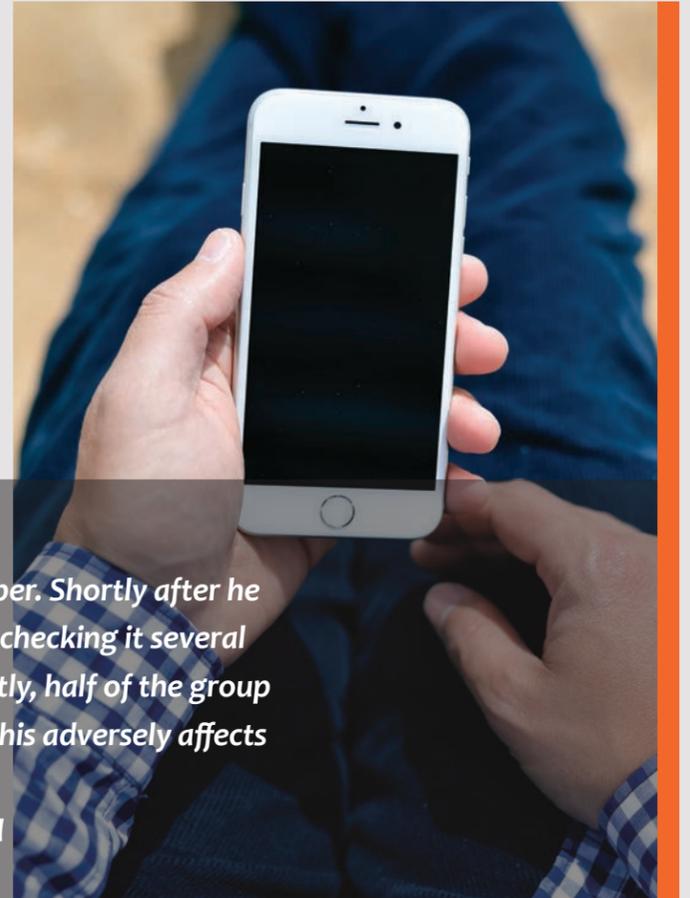


consultation, please!

Dear Consultant:

I have been leading my first group for more than a year and recently added a new member. Shortly after he entered, he began bringing his cell phone, leaving it on the sofa beside him. I notice him checking it several times during group sessions. Now two other members are doing the same thing. Presently, half of the group members regularly have their phones beside them or in their laps during group. I think this adversely affects the functioning of the group. I'm not sure how to address this. Can you advise?

Signed, Tech Challenged



Dear Tech Challenged:

While many of us enjoy always being connected, new research shows there is a high probability that constant electronic connection interferes with in-person relationships. By design, group therapy is a time for concentrated relating to others in the room; the use of cell phones during group sessions will distract clients and hinder the ongoing development of relationships in the group.

Many therapists discuss the use of technology as part of their initial orientation or part of their written policies and procedures, requesting that group members (as well as clients in individual or couple sessions) turn off cell phones to prevent distraction during the sessions. Regardless, even when the subject has been adequately addressed, group members often forget to turn off their phones and/or present excuses for wanting to be available to a spouse, parent, or child who may need them. Your discomfort with the clients "looking down often to check their phones" probably reflects the feelings of others in the room (particularly the half of the group who are not holding their phones in their laps), even though they might not have expressed this uneasiness yet.

As with anything that happens in the group, the presence of cell phones needs to be part of the conversation during the sessions. If members do not bring up this distraction, I believe it is our obligation as group leaders to do so. One way might be to ask a general question about whether the group members have noticed the presence of cell phones in the room and how they feel about sharing group time with them. Asking this in a non-judgmental, questioning tone is important. The goal is not to shame those who have had their cell phones on their laps; rather, it is to initiate exploration about what technology distractions mean to the members, both within the group and in their lives in general. In the end, I think it is advisable to encourage members to turn off their phones while in the group.

Some therapists now have a cell phone basket near the door where the phones are turned off and deposited when arriving for group and picked up again when leaving. While some may experience this method as demeaning or infantilizing, employing this tactic will provide an opportunity for members to discuss how they may be able to disconnect and allow more meaningful interaction in other areas of their lives.

Shari Baron, MSN, CNS, CGP, FAGPA
Media, Pennsylvania

Dear Tech Challenged:

Mobile phones are ubiquitous in our world, and they seem to have taken on an air of importance that they demand immediate attention. There has been much writing about their addictive element. What are your ideas about phones and their place in your world? Is that affecting your ability to intervene in their use in the group? What kind of agreement do you have with the group members?

The task of group is that people put all their thoughts, feelings, and impulses into language. Your new member is checking his phone, which I'm inclined to think is a form of resistance to the group task or contract. He is also drawing other members into his sub-group, which indicates a developing group resistance. It is critical that you address the resistance without delay, as it could lead to decreased participation and become a treatment destructive resistance.

I am somewhat relieved that other members have joined him in his phone checking, because as the newest member, he is less likely to be shamed or scapegoated than if the resistance was his alone. Since half the group members are not engaging with their phones during sessions, they are your best consultants, so you can ask them what they think the phone use is about, or how they feel when someone checks their phone?

Lou Ormont's technique of bridging may be very helpful to you. For example, a similarity bridge might be used to explore thoughts and feelings of those in the cell phone subgroup. Conversely, an adversarial bridge might open up exploration for those not using cell phones in group.

By encouraging the members to talk about all of their reactions to the phone use, you can help them develop a group norm about talking, even when they don't want to, especially when they don't want to, and to learn to do it in a way that is not attacking or shaming.

Patricia Florence, MA, LCSW, CGP
Austin, Texas

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.

CORRECTION: In the last issue of *Consultation Please*, Jordan Price, MSW, MAG, CGP and Helene Dublin, LCSW, ACSW, BCD, CGP, LFLAGPA were identified with each other's responses.



groupcircle

25 East 21st Street, 6th floor
New York, NY 10010

See *Group Assets* insert

affiliate society NEWS

THE AUSTIN GROUP PSYCHOTHERAPY SOCIETY (AGPS) held its Annual Meeting in January. After the business portion, Dave Kaplowitz, LMFT, CGP, moderated a panel discussion on *Boundaries, Distance, & Connection: The Impact of Technology on Group*, which featured Blake Davis, LCSW, Jan Morris, PhD, CGP, Stacy Nakell, LCSW, CGP, and Amiel Romain, LPC. Topics included how to deal with electronic communication, such as emails and texts, the experience of participating and leading distance groups, and how social media and cell phones enter into the group room. Following the panel discussion, there were small group breakouts and then a large group discussion on the topic. Visit www.austingroups.org to sign up for AGPS's newsletter and for information on upcoming events.

THE COLORADO GROUP PSYCHOTHERAPY SOCIETY (COGPS) hosted its Annual Conference, *The Self of the Group Leader: Mindfully Working with Power, Privilege, and Difference*. The program featured keynote Uğur Kocataskin, MA, LPC, CAC I, as well as seasoned AGPA members Yoon Kane, LCSW, CGP, and Laura Kasper, PhD, CGP. The conversations started at this event have inspired COGPS to form its first Special Interest Group with a focus on diversity and inclusivity. Diversity Coordinator Karin Bustamante, MA, LPC, will chair the SIG. Visit www.cogps.org.

THE EASTERN GROUP PSYCHOTHERAPY SOCIETY (EGPS) will honor Dan Raviv, PhD, CGP, FAGPA, Neal Spivack, PhD, CGP, FAGPA, and Mary Sussillo, LCSW, BCD, CGP, FAGPA at its June 11 fundraiser. Every two years, EGPS honors members who have made a significant contribution to the organization and the group therapy community. To participate in this celebration, contact EGPS at info@egps.org.

THE GROUP PSYCHOTHERAPY ASSOCIATION OF LOS ANGELES (GPALA) finished up 2016 with two well-attended events. Keith Rand, LMFT, CGP, FAGPA, presented a workshop on *Preparing and*

Screening Prospective Group Members. This workshop focused on the importance of a process group member selection and screening. When it is not given the attention it deserves, group members struggle to know how to use the group and may even terminate their participation prematurely. Prego interviews prepare the client to get the most benefit from group therapy through a discussion that might include the client's expectations, the goals of the therapy, and the frame within which the therapy is conducted, also known as the group contract. GPALA also held a conference on *Shifting Group Leader Paradigms: Developing Treatment Frameworks: Integrating Contemporary Views on Sexual Health and Healing*, which was led by Douglas Braun-Harvey, LMFT, CGP, CST, and Patti Britton, PhD, MPH, ACSE, ABS. Group members may withhold sexual health worries and problems because they fear their own self-judgment, the judgmental responses from the leader, and/or other members. This is a common barrier to sexual concerns emerging in groups. This conference promoted the integration of six fundamentals of sexual health as a basic container for exploring sex and sexuality in groups.

THE MID-ATLANTIC GROUP PSYCHOTHERAPY SOCIETY (MAGPS) will welcome Karen Travis LCSW, BCD, CGP, FAGPA, to its Spring Conference, to be held April 1 - 2 at Saint Elizabeth's Hospital in Washington, DC. *Desires to Lead: Perils and Passions* will focus on the desires and decisions to lead, as well as the fears that may block us from leadership.

THE NORTHERN CALIFORNIA GROUP PSYCHOTHERAPY SOCIETY (NCGPS) completed its first year offering an Open Group Studio, an opportunity for members and prospective members to gather for education and socializing in a host's home or office setting. Clinicians have the opportunity to present their interests and clinical methods in a small group format. NCGPS has been pleased with the response to these very interesting and sometimes unusual learning opportunities, as have been the participants. The fee for these smaller events is \$20, which has turned out to

be a valuable source of monthly revenue for the Affiliate. The NCGPS Annual Conference, June 2-4, will be held in Oakland to make the event easily accessible to out-of-towners, who could arrive conveniently at the Oakland Airport. This year's conference will include an extraordinary film on the topic of diversity focusing on at-risk young men of color. During the institute, 12 hours of group process will be led by senior group therapists, which will focus on specific diversity issues and similarly important topics.

THE WESTCHESTER GROUP PSYCHOTHERAPY SOCIETY (WGPS) sponsored *Process Group Experience* for WGPS and Westchester County Psychological Association members and colleagues in January. Facilitators were Margaret Postlewaite, PhD, CGP, SEP, FAGPA, and Leo Leiderman, PsyD, ABPP, CGP, FAGPA. This process-group-oriented program allowed participants to share experiences as group leaders and mental health clinicians. It also provided an opportunity to identify and explore issues related to successes, fears, insecurities, and excitement around leading groups and working as clinicians, with peers who share similar professional and emotional experiences.

PLEASE NOTE:

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.

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