



# CONNECTION

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Fall 2012

## ***Letter from the Co-Presidents***



### **Dear PCFINE Community,**

We hope you are all enjoying your summer. This has been an eventful year for us. The Training Program continues to grow and evolve under the leadership of Carolynn Maltas. This year we had eight first year students and nine second year students.

In the spring the Training Committee had a retreat to discuss ways of improving the program. We are continually examining curriculum and teaching methods. We also discussed ways to include new faculty in the program, and as a result we are pleased to announce the addition of several new instructors and coordinators for the 2012-2013 year:

Roberta Caplan, Ph.D. (PCFINE class of 2006) will be teaching a class on: "Working With the Therapist's Self" for the second year class.

Eleanor Counselman, Ed.D. will be joining Andrew Compaine, M.D. as coordinator for the first half of the first year.

Jerry Gans, M.D. will be teaching a class on: "Therapeutic Action" for the first year class.

Mary Kiely, Ph.D. (PCFINE CLASS OF 2007) will be serving as a coordinator with Joe Shay for the second half of the first year for 2012-2013 and will be teaching a class on: "Couple Development" for the first year class.

Mark O'Connell, Ph.D. will be teaching a class on: "Transference and Countertransference in Couple Therapy" for the first year class.

Debbie Wolozin, Ph.D. (PCFINE class of 2006) and Luanne Grossman, Psy.D. (PCFINE class of 2001) will be presenting: "A Full Length Case History", including selective videotaped episodes, for the second year class.

This past April we also held two terrific PCFINE events:

Early in the month, thanks to the Brunch Committee, Mark O'Connell, Ph.D. treated a large brunch meeting turnout (hosted by Susan Abelson, as usual—thanks, Susan) to a stimulating experience based on his paper: "Truth is a Big Place."

Later in April, the Program Committee hosted Edward Shapiro, M.D. at the Cambridge Hospital. Diane Englund, LICSW, presented a complicated family treatment and Dr. Shapiro presented his model on working with couples and families. A very lively discussion ensued.

Lastly, mark your calendars: On September 29 the Program Committee will be hosting what will undoubtedly be an interesting event. Christopher Clulow, Ph.D. who is a Senior Fellow at the Tavistock Centre for Couples Relationships (in England) will be presenting a paper. "How Was It For You? Attachment, Mirroring and the Psychotherapeutic Process with Couples Presenting with Sexual Problems." More information about registration, etc., will follow. We hope many of you will attend.

Finally, we are all excited that we will be entering our 12th training year in the Fall, and hope that you will all continue to be

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active in PCFINE community. Couple therapy continues to grow in importance in the therapy world and we hope we can continue to make a contribution to its advancement.

Best to all,

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Co-Presidents, PCFINE

## PCFINE Newsletter

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The goals of this newsletter are two-fold:

- To promote the objectives of the Psychoanalytic Couple and Family Institute of New England.
- To be a forum for the exchange of ideas and information among members.

## PCFINE Board

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## PCFINE Mission Statement

The Psychoanalytic Couple and Family Institute of New England (PCFINE) is a nonprofit organization offering postgraduate professional training, public education and consultation to community agencies.

PCFINE was created and is sustained by mental health professionals who are committed to an integrated conceptual model that includes psychoanalytic ways of understanding unconscious functioning in couples and families and systemic insights into the organization and structure of interpersonal conflict.

The Psychoanalytic Couple and Family Institute of New England endeavors to:

- Train licensed independent clinicians in psychoanalytic couple and family therapy,
- Sponsor public outreach and education in areas of significance to couples and families, and
- Offer professional consultation to community-based agencies.

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## Letter from the Co-Editors



As we said in the inaugural issue, Dan and I will alternate writing the From the Editor column. Noting his newfound affinity for iced tea (see Member News), I hope that as I write this on a hot, hot summer day, he is happily relaxing with his new best drink.

This issue will reach you as PCFINE begins its 12th year of training. It is a sign of a vibrant organization that so many of our graduates now are faculty, supervisors, coordinators, or program committee members. It is also healthy (in my opinion) that the organization does not have tenure for any position, so people move around in different roles. Justin and Arnie cite in their column an impressive number of new roles for members.

Speaking of training, loud applause for the five year APA CE approval! The application process is incredibly tedious and time-consuming—bureaucracy at its worst—and we owe a big thanks to Alice, Carolynn, Susan Phillips, and Rivkah Perlmann for their perseverance.

PCFINE is a small organization, but we do a lot! In addition to our regular features, you can read about two excellent continuing education offerings. There are also reports on the faculty retreat—a very productive day with many new ideas—and photos of the always wonderful end of the year party at Justin's. My only regret is that due to the rain I did not have my usual tour of his amazing garden.

We are truly a community of lifelong learners. I have enjoyed talking to many of our senior members about new trainings in which they have become involved: IFS, sensorimotor, EFT, to name a few. We are starting a series for the newsletter in which members describe these experiences. My interview with Susan Phillips about the UMass Boston Infant-Parent Mental Health program is the first in the series. If you would like to be interviewed about a particular training in which you have engaged recently, please let me know.

And last but not least, Jerry Gans and Libby Shapiro's article pulls together the combined wisdom of two senior therapists who have been helping couples for many years. Dan and I hope you find this issue interesting and varied and will let us know your wishes for future issues.

**Eleanor (& Dan)**

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Co-Editors, PCFINE CONNECTION



## What Now?

The *What Now?* column is a regular feature in The PCFINE Connection. Senior clinicians respond to complex clinical questions about couples and family therapy submitted by members of the PCFINE community. If you have a question you would like considered for this column, please submit a case vignette of 400 words or less to Daniel I. Schacht, LICSW at [DanSchachtMSW@yahoo.com](mailto:DanSchachtMSW@yahoo.com) and please remember to preserve the confidentiality of all the clients described.

### **Dear What Now?**

*I have been working with a married heterosexual couple for almost eleven months now. They came to me “as a last resort” to be sure they had tried every intervention before deciding to divorce. The husband had a long-term affair that was discovered by his wife a year and a half ago. This sent them into a state of crisis from which they have yet to recover. The wife in the couple now feels they have “tried everything” to save the marriage and states that she is simply too angry and too mistrusting of her husband to want to remain married. She recently said that she wants to get divorced. He expresses regret and remorse and states that he very much would like them to remain married yet understands that he cannot dissuade his wife from initiating divorce proceedings. Agreeing that their divorce is now inevitable, they have both expressed an interest in my working with them and their two children in family therapy. They have a 9 year old son and a 15 year old daughter. One thing the couple struggles with is how best to tell the kids, especially given the difference in their ages and maturity levels. There is also a part of the mother who wants to explain to the children that it is their father’s fault they are divorcing. They are asking me for advice on how best to tell their children and how best to help them in the weeks and months ahead so that the disruption and upset*

*can be minimized. I know that it would be destructive for the mother to blame the father in front of the kids but beyond that, I am not really sure how to manage this situation.*

Thanks,

### **How to Make the Best of a Bad Situation**

#### **Dear How to Make the Best of a Bad Situation,**

The questions raised in your case of the impending divorce in a family with a 9 year old son, and a 15 year old daughter, are unfortunately all too typical in the practices of most child therapists. These questions are usually raised by parents who have the secret magical hope that if they tell their children in “just the right way,” the damage will be lessened, and if trouble ensues, it will at least be on the expert’s head, not their own. Such parents never like to hear that there is no way to transmit the news in a damage-free manner, no matter what you say.

Since I am a child psychiatrist, I have been in this situation many a time, and I always feel a pang of despair as I watch families head down this road. Here’s the way I manage it: I give them this possible speech to use which they can modify into their own style of speaking.

“As you may or may not have noticed, we (Mom and Dad) haven’t gotten along well for quite a long time. We have tried in many ways to get things back on track, but now we’re thinking of divorcing. We are terribly sorry because this is going to be so hard on you kids. But, you have been wonderful kids, and our not getting along has nothing at all to do with your actions. Except in one way: we don’t want you two in the future, to have to live with the two of us getting along so badly. It will be too sad.

We will work out a schedule so you will see both of us a lot and we will always

love you and do our best to take excellent care of you. When communication with each other is important to make sure we do a good job of taking care of you, we will, of course, do it.

You will have lots of questions about how this is actually going to work. We are always ready to try our best to answer your questions—but we’re not sure just yet about all the details.

We will try our best to make sure you continue in your lives without too much disruption. But, of course, this will be a disruption in all of our lives. So it’s going to be a hard time until we all get used to it. You might want to talk to some of your friends who have gone through this with their parents, so you

**“...there is no way to transmit the news in a damage-free manner, no matter what you say.”**

see how it went for them. Don’t feel that you can’t talk this over with friends. It’s important to be able to talk with kids who have been through this. We can also get some books from the library about kids whose parents have divorced. Sometimes those can be helpful.

Again we are so extremely sorry. We expect that you might feel angry that we didn’t do a better job of getting along over our whole lifetime. We have tried though, and now we’re going to try to do a good job of being parents while (and after) getting divorced.”

After giving them some variation on this speech, and reminding them that children are often so shocked that they can’t hear much and feel like crying, I recommend having something written in simple language saying the same thing, so children can study it later when they’ve stopped feeling so overwhelmed with emotion. (Preferably something hand-written). The parents

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## Reflections on Working with Couples

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Over a combined 65 years of treating couples, we have evolved certain core concepts about couples therapy. They are our truths with a small *t*. We welcome your reactions to these ideas.

1. In all but the rarest of cases, each member of a couple in chronic conflict contributes approximately 50% of the difficulty, despite how asymmetrical their initial presentation. Keeping this in mind lessens the *therapist's* inclination to take sides. Apparent devils and angels turn out to be unwitting co-conspirators; and blaming, which strives to draw the other into the hurt with the intent of mitigating solitary suffering, is an unhealthy way to share pain. For example, a husband's passivity, meekness, and low self-esteem emerge as facilitators of his wife's chronic sense of entitlement and resulting affairs. Simply blaming her constricts his own capacity to grow and change.
2. One of the first tasks of the couples therapist is to assess whether the members of the couple have convergent or divergent goals. If the wife wants to work on civility and cooperation in raising the children after separation and divorce, and the husband wants to preserve the marriage at all costs, it is imperative for the therapist to clarify these important differences from the outset.
3. The very attributes that initially attracted members of the couple are invariably the ones they complain about when, years later, they seek couples therapy. For example, the expansive husband who was attracted to his wife's

constricted sense of entitlement can't understand why she is upset when he doesn't call to say he will be three hours late to dinner. The long-suffering wife who was attracted to her husband's sense of boundless possibility now resents his selfishness and insensitivity.

4. With regard to subjective, as opposed to objective, truth, each member of the couple is right. However, the persistent, uncompromising need to be right is a consolation prize, a poor substitute for being deprived of needed love. It is also a frequent impediment to the willingness and/or capacity to listen, and poor listening skills are an impediment to productive communication. The resulting impasse often does respond to the therapist's empathy for the underlying feeling of deprivation that fuels each partner's need to be right. Conversely, failure to grasp the existence of such "an emotional deficiency disease state" leads to an often fruitless exploration of each partner's insensitivity to the other's emotional pain.
5. Couples that cannot agree on the most basic facts—let alone what the facts might mean—either occupy the sicker end of the mental health spectrum (trait) or are temporarily immersed in overwhelming emotional pain (state). It is often an exercise in futility for the therapist to pursue more complex matters until the couple can agree on the facts. Their persistent inability to agree on such facts might indicate that dual individual therapies are indicated before couples therapy can be profitably resumed.
6. It is more valuable to the couple for the therapist to help them see how they regulate closeness and distance than for the therapist to promote an agenda of intimacy.

Indeed, the therapist may even become vilified when trying to convince two unconsciously terrified members of a couple to become more vulnerable in each other's presence. If the therapist is continually surprised or frustrated by the amount of distance between them that the couple maintains, the therapist should re-evaluate his/her understanding of the couple. In the laboratory, if the animal generates data at odds with the researcher's hypothesis, the researcher discards the hypothesis, not the animal.

7. In the overwhelming majority of cases, the couples therapist cannot know and should not state a preference about whether the couple should stay together or end the relationship. Rather, with neutrality and compassion, the therapist can more helpfully assist each member of the couple in exploring the difficulties as thoroughly and deeply as possible so that, ultimately, the couple can make the best decision possible. Many a therapist has been surprised by a chronically belligerent couple's ability to cease and desist hostilities, while some seemingly more superficially troubled couples have gone on to divorce. That being said, suggesting a temporary separation that allows each member to work more effectively on the decision to divorce or not is occasionally useful.

8. Processing here-and-now transactions often yields more reliable and useful information than focusing exclusively on historical material because all involved were present to experience the behaviors and transactions. However, integrating historical and here-and-now material is optimal.
9. There are always more than two people in every couple: parents or parent-like role models of each

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## My Infant-Parent Mental Health Training Experience An Interview with Susan Phillips, Ph.D.

**By Eleanor F. Counselman,  
Co-Editor**

**EC: What is the full name of the training program and what did it involve?**

The full name is “Infant-Parent Mental Health Post-Graduate Certificate Program” (IPMHPCP) at UMass Boston, really a mouthful! When I participated (2010-2011), the program consisted of nine monthly weekend sessions, usually full days Fridays through Sundays, spanning September to June. The following November there was a weekend during which each of the 24 “fellows” gave presentations to the group about special projects we’d undertaken during the year. (They have since changed the structure to make it a more than two year program.)

Each of the weekends involved presentations on topics in the field of infant-parent mental health (“infant” actually covers pregnancy through pre-school aged children and their parents) with a core conceptual thread of theory, research and clinical practice linking the very earliest of relational events to the process of human development, all in the context of a dynamic systems model. The core faculty who were always present and involved in the teaching process included Ed Tronick, Ph.D. (google his “still-face experiment”), Dorothy Richardson, Ph.D., Marilyn Devallier, LCSW and Alexandra Harrison, M.D.. During each weekend, there were also visiting international scholars/clinicians/researchers, such as Peter Fonagy, Ph.D. (on mentalization-based therapeutics), Daniel Siegel, MD , Bruce Perry, MD, PhD. (on “neurodevelopmental models”), Alice Carter, Ph.D. (on

autism spectrum disorders), Charles Zeanah, MD (on attachment based interventions and the “working model of the child”), and PCFINE’s own Gerald Stechler, Ph.D., to name only some.

The philosophy of the program is to bring together a group of participant “fellows” who reflect the interdisciplinary nature of the evolving field, and thus our group included social workers, early intervention clinicians, pediatricians, parent educators, an infant-parent massage specialist, nurses, a research psychologist, and even a law student specializing in child/family law. A doctoral student in clinical psychology and I were the only representatives of our discipline in the fellowship group (more about that later).

**EC: What made you decide to enroll in it?**

Since completing PCFINE’s couple training program, I’d been on the lookout for ways to gain additional education which would allow me to build both on my interests in relational psychoanalytic theory/practice (without becoming a psychoanalyst) and on my original training as a child clinician. Additionally, I wanted some grounding that would allow me to branch out of my role as a private practitioner and become involved in areas of social/political interest, such as efforts to address the achievement gap. I felt that this program might provide opportunities to do some or even all of this.

**EC: What did you like? Was there anything that you didn’t particularly like?**

I love being a student and found the atmosphere of learning established by the core faculty and the interdisciplinary group of fellows extremely stimulating. Add to this the material taught by the visiting scholars who were with a very few exceptions truly “luminaries” (the promotional

material for the program refers to them as such, but I had been skeptical at first), and I felt each weekend that I’d been fed an intellectual feast. The program also nudged me to develop some rudimentary skills, such as those required to put together a short power-point presentation for which I’m grateful.

On the down side, the richness of the weekends was at times overwhelming with insufficient time to digest the material (even though there were always small groups to reflect on how the more didactic material related to participants’ work). And while I valued the interdisciplinary nature of the group, the lack of other experienced clinical psychologists among the “fellows” left me feeling isolated at times.

**EC: How do you expect to integrate this training and what you have learned into your ongoing clinical work?**

Although I have resumed some of my former clinical work with children/parents, now with pre-school aged children as a specialty, along with parenting/family work with parents of adolescent patients, the most exciting outgrowth of my experience in the program has not been in my private practice. I have found a role as a pro bono consultant to a Cambridge City parenting program called Baby U. This program targets low income parents with at least one child in the “0-3” age group, and provides them with an integrated series of parent education classes, play groups, and home visits. Baby U has been loosely patterned after Geoffrey Canada’s Harlem Children’s Zone which I chose as the focus for my IPMHPCP special project. In addition, the IPMHPCP’s emphases on early attachment patterns and disruptions, self-regulatory functioning and Peter Fonagy’s focus on “mentalization and reflective function” reverberates in new ways in my

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## What Now?

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often balk at some parts of this speech. We then discuss what they would prefer and I make sure that one parent doesn't try to load all the blame on the other, since this could damage their future relationship with the child for both parents!

Then, I suggest that the parents make an arrangement with a "child guidance therapist" who will meet with them weekly in order to keep the channels of communication open and give advice when necessary. I emphasize that communication between them is extremely important for their children's sake, and since they will experience the whole gamut of negative emotions during the divorce, it is best to have a wise referee to help them through this difficult time and allow them to do right by their children. This usually takes lots of discussion but is well worth the time.

This strategy doesn't always alleviate their despair, but it does give them a plan for the near and distant future. There's also one thing I want to add. The above speech is more comprehensible to kids when the parents have been conspicuously "not getting along." However, many parents "for the children's sake," act like everything is fine around the kids; thus, the kids are even more shocked! If that is the case, the parents should say something like, "We've tried not to fight in front of you, but that means you might not have noticed that we're not happy with each other any more. Maybe it was our mistake to pretend that everything was OK between us. It was very hard to pretend, but, now we're telling you the truth: we really aren't getting along at all." This part of the speech will need much discussion with the parents as well! And many parents will decide to give a speech which is quite different from the one I've elaborated. At least it gets them

talking about the real issues from a child's point of view.

Thanks for these very valuable questions that come up far too frequently.

**Jacquie Olds MD**

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## Dear How to Make the Best of a Bad Situation,

Slow Things Down! That's usually my first response to a situation like this. Since you already have a relationship with this couple, they probably won't walk out the door if you question whether it really is time to break the bad news to the children. The welfare of four people is at stake here, and two of them are dependent children. Eleven months is actually not a very long time to get over such a traumatic betrayal or for the wife to believe that she could ever feel trusting and safe again with her husband. You can be very sympathetic to the wife's current feeling that never again will she let herself be so vulnerable, and yet still not agree with her that it is impossible to move beyond that feeling. Unless you really believe that the marriage is beyond repair, I would challenge that as a fact, having seen much worse marriages recover from betrayals.

I'd ask myself several questions. Do I really think the husband and wife have come to an understanding of what drove the affair? Have I fully explored with the wife all the meanings of the affair, including betrayals in her past that might be fueling her defensive rigidity? Does it feel like her decision is coming from a mature, reflective assessment of the overall situation or from a younger part of her that feels emotionally overwhelmed and sees no options other than flight?

Now, maybe you've already done this, but I would still stress that eleven months is not a long time for a marriage to recover from an affair. My

next step would be divorce "brinksmanship," i.e. taking the wife to the brink of the abyss to really look at what life will be like as a single woman of her age with two highly distressed children, having to still collaborate closely with her ex-husband around

*"...failing as partners  
need not mean also  
failing as parents..."*

parenting decisions. It's surprising how often betrayed partners don't picture life beyond the expectation of immediate emotional relief. I would probably push for some period of separation before starting the divorce process, to get a real flavor of what it will be like, including the effect on the children. The children can get used to the experience of the two parents living apart, and at that point need only a general explanation that the parents have not been getting along (often obvious to the kids) and that they are trying to work things out.

If divorce is indeed the outcome, an assessment of what the children need can then be made. What children often need most is to be shielded from too much exposure to their parents' conflicts and intense negative feelings, usually exacerbated by the divorce process itself. If the children show a lot of distress they might each benefit from having someone of their own to talk to, particularly given the difference in age and developmental needs. Rather than starting with family therapy, my first inclination is to work with the parents and not include the children. I underscore that failing as partners need not mean also failing as parents and I try and ally with the most mature, responsible parts of their personalities. I will offer resources and parenting advice around developmentally appropriate ways to talk to their kids, how custody arrangements must be responsive to (continued on page 10)

## "The Family as a Social Organization: An Interpretive Approach to Treatment"

**Edward Shapiro, M.D.**

(lecturer and discussant)

**Diane Englund, LICSW**  
(case presenter)

**Saturday, April 28, 2012**

**Macht Auditorium**

**Cambridge Hospital**

**By Jody Leader, Ph.D.**

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"It's the return of the repressed!" Ed Shapiro thundered as he took the podium on April 28th at Cambridge Hospital's Macht Auditorium, after being warmly introduced by PCFINE faculty/founder Carolyn Maltas. Maltas was a staff psychologist who worked at McLean's Adolescent and Family Treatment and Study center when Shapiro was the director in the 1970s. Maltas referred to Shapiro as one of the unacknowledged founding fathers of PCFINE because of the peerless training she and several of her PCFINE colleagues received from Shapiro in couple and family therapy. Recently retired as the Medical Director of Austen Riggs Center in Stockbridge, MA, Shapiro was in town that morning to talk about his model for family therapy based on the idea of the family as an open system and a social organization. He was also here to discuss a case presented by PCFINE faculty Diane Englund. Englund was assigned the case in the late 70s as part of her job as staff social worker on the unit.

Before we heard the details of a case spanning three decades and three generations, Shapiro briefly explained his theory of family organization and offered some techniques on how to apply it to clinical practice. Shapiro applies Bion's theories about groups to families, asserting that for most

families, the "work task" it pursues, on behalf of society, is raising children. Healthy families facilitate each family member's mastery of successive developmental stages. When transgenerational transmission of trauma and regression, combined with projective identification, is present in a family, irrational dysfunctional behavior gets in the way of mastery. Shapiro believes that all families are actually trying to be competent in raising their children. He states that if therapists adopt that stance, they will not get caught up in the heavy countertransference feelings that often accompany this work. "Families just need perspective," he said, offering a detailed clinical example from his work at NIMH. "They need to see the ways they are caught up in irrational roles." Shapiro encourages therapists to listen carefully, providing interpersonal interpretations, not unconscious and intrapsychic interpretations.

After an animated question and answer period and a break, Diane Englund presented a case study illustrating transgenerational transmission of trauma and techniques of working with multi-modal couple and family treatment. Most recently, Englund's interventions helped the family in her case more fully engage in the task of grieving the matriarch's death, accepting the adult daughter's new role as matriarch, and helping the youngest grandchild accept his grandmother's death. Through many anecdotes, Englund showed us how she courageously worked to move family "from conflict, to curiosity, to compassion." over the past six months. Finally, Shapiro used the case to emphasize his theory: "If you provide the frame, it enfolds . . . You have to follow the family's lead. You have to think of them as delegates of a family system working hard to address a family problem."

### Reflections on Working with Couples (continued from page 4)

couple take up significant space in the therapist's office. Indeed, many problems from each partner's past masquerade as couples' issues. For example, the full-time financial consultant who becomes furious that her partner refuses to eat her laboriously prepared meals is likely channeling her mother who was inculcated with the notion that the only role that made her worthwhile was as the family chef.

10. Falling in love involves an element of idealization that invariably ignores imperfections. Successful marriage involves the capacity to tolerate acceptable levels and rates of disappointment. Two abilities facilitate the tolerance of acceptable rates of disappointment. The first is maturational: the realization that in intimate relationships periodic disappointment in one another is inevitable. The second entails the ability and willingness to understand, embrace, and have compassion for the life events that have contributed to the other's limitations. For example, a young married couple's relationship may falter when the wife's mother dies shortly after their wedding and she becomes depressed and emotionally unavailable to her husband.

11. Dealing with secrets challenges the skill of every couples therapist. The most common secret involves a hidden affair. While secrets are usually corrosive to relationships, bringing their details out in the open is not always therapeutic. There can be a variety of motives in the disclosing of a secret: to hamstring the therapist now in possession of information not known to the partner; to relieve guilt; to help in deciding if the therapist is trustworthy, to obscure other problems in the relationship; or

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## PCFINE Faculty Retreat

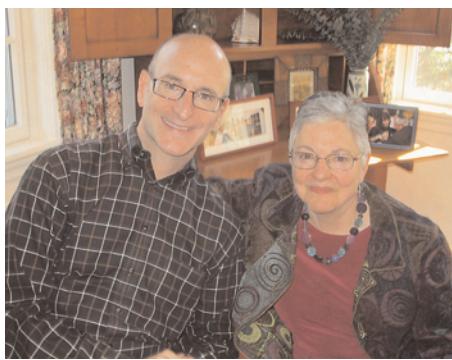
**By Diane Englund, LICSW**

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On March 18th the PCFINE faculty gathered at Susan Abelson's home to review and strengthen the teaching experience in this tenth year of PCFINE.

Carolynn Maltas led the initial discussion that focused on the PCFINE Clinical Theory and Model. This statement of PCFINE core concepts, now posted on our website, is the product of two years of work by a small faculty task force. The discussion showed that the statement is both clear and complex in explaining and defining our overarching theory and practice—what we do. Having a defined clinical theory and model that will be used among classes and within curriculum units promises increased curricular coherence.

Andrew Compaine moved the conversation from theory to practice by leading a discussion of the teaching experience. Using suggestions for the PCFINE faculty based on students' feedback, Andrew presented a number of strategies intended as scaffolding for effective class presentations and preparations. In an effort to create a more integrated curriculum, we discussed how to use readings and consultation groups. The problem of trainees who don't have couple cases was discussed and



Andrew Compaine & Susan Shulman



(from left to right) Sally Bowie, Deb Wolozin, Carolynn Maltas, Diane Englund, Ruth Chad, Jennifer Stone, Steve Zeitlin, Jerry Gans



(from left to right) Justin Newmark, Richard Schwartz, Eleanor Counselman

interest was expressed in developing consultation to students to develop couple cases.

Sally Bowie led the third hour's discussion of ways to expand teaching and learning opportunities for the faculty. Consultation groups, the program committee, the brunch committee, and unit teaching are among many ways for PCFINE faculty to participate. Several suggestions emerged—writing groups, reading

groups, movies, the development of book lists related to couples and family issues, and a scripted teaching video—to broaden PCFINE resources.

The afternoon ended with a summary by Susan Shulman highlighting the need for heightened communication among teachers, consultants, and coordinators.

## PCFINE Brunch with Mark O'Connell

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On April 1, 2012, members of the PCFINE community attended a brunch with Mark O'Connell, Ph. D. who presented: "Truth is a Big Place: Individual Therapy, Couple Therapy and the Question of What is 'Really' Happening With Our Patients."

A New York Times article recently described couple therapy as a place no one wants to be, including therapists. O'Connell, an "untrained," passionate and instinctive couple therapist, presented an alternate view. He reports that while difficult and trying at times, couple therapy is a modality in which he loves to work. He is inspired, he says, by the concept of relationship and the possibilities of what relationships can do and contribute to individual exploration and growth.

O'Connell says that in order for him to practice and feel effective he likes to have an active method of working. He feels that as a therapist he will not help people to grow by being a passive presence watching them fight and then trying to direct them in getting along. Rather, he says the job is to draw out more and more of what's missing from inside each member of the couple. He explains that dyadic structures pull for complacency while triadic structures pull for more dynamic energy; couple therapists don't change people but unlock organic natural processes such as transference that are stuck.

Unlocking these essential processes then allows for the power and possibility of intimate relations that can produce creative repairs to the dynamic difficulties within a couple.

The therapist must actively work to observe how couples unconsciously organize around ways of disavowing what each does not want to know or feel about his or herself. O'Connell likens this to watching Kabuki, repeating dances that obscure even as

they repeat. He says we choose dance partners who bring out things that are deep and unconscious in ourselves. In order to understand the dance he will actively push for a couple to imagine a separation and to hold open the possibility that either partner could leave the relationship if they want. Using both individual and couple sessions, O'Connell allows two parallel narratives to evolve. By doing this he is able to learn more about how each individual formed a construction of the other that is facilitative in the disavowing of things they don't like about themselves. It is a complementary unconscious process until the therapist uncovers and teaches them how their criticisms of each other are actually criticisms of what they feel or fear in themselves. O'Connell says it our job to get them to see and alter their "angles of repose," the places where a couple collides or becomes stagnated with each other and which are constructed by emphasizing and omitting parts of themselves. These are dangerous and exciting places and what we think might be fatal to the relationship may not be or isn't. The therapist must create the necessary preconditions where it is safe to have collisions caused by disavowed parts. It is the metaphor of separation that allows the safe space for us to think about who we are and to see that the truth about a relationship is a big place involving conscious and unconscious motivations as well as undiscovered complexities and territory.

Therapists listening to O'Connell gave positive approval to the idea that couple therapy is about enhancing the relationship by making what is unconscious conscious so there can be much more access to the subjective reality of the individuals and the possibility for growth. In seeing a couple both individually and together, there is likely to be greater success in finding out what is missing for each

person and for the relationship as a whole. Through holding all the different parts, the therapist gives the message that the clients and all their emotions and impulses can be held and tolerated as well.

## PCFINE Professional Writing Group

Are you interested in developing your writing skills, perhaps with the aim of being published? Is there a topic that you would like to write about? Have you put off writing because of self-doubt or unfamiliarity with being published?

Jerry Gans and Roberta Caplan would like to start a writing group comprised of PCFINE members. We envision a group in which members develop ideas and offer feedback to each other's written work in a supportive atmosphere. Whether you want to write something for the PCFINE Newsletter, an article or a memoir, we invite you to participate. Please contact us and we will set up a planning meeting to get acquainted, discuss guidelines and topics of interest. We envision combining a modest time commitment with achievable goals with the group in place to inspire and to help.

Please respond if you are interested or send any questions to:  
[jsgans@comcast.net](mailto:jsgans@comcast.net) or  
[rkaplan@brandeis.edu](mailto:rkaplan@brandeis.edu)

**My Infant-Parent Mental Health Training Experience**  
**An Interview with Susan Phillips, Ph.D.**  
*(continued from page 5)*

thinking and work with my couples (!) and individual adults.

### **EC: Anything else?**

As you can see, I have no shortage of things to say about the program, and I welcome any interested parties to get in touch with me to learn more!

[Shphillips1@aol.com](mailto:Shphillips1@aol.com)

## End of Year Party



(from left to right) Keith Irving, Bob Waldinger, Jennifer Stone, Linda Camlin



(from left to right) Roberta Caplan, Gerry Stechler, Toni Halton



(from left to right) Jacquie Olds, Andrew Compaine, Amy Friedman

### Reflections on Working with Couples (continued from page 7)

even to destroy the therapy. Focusing exclusively on the secret in question often misses the point that multiple deceptions often permeate the relationship.

12. The couples therapist's challenge is to help the couple realize that the emotionally polar positions taken by each of them actually reside in both of them. For example, couples often present with a classic paradigm: one spouse feels the threat of abandonment while the other suffers the anguish of engulfment. The former desires the preservation of the relationship while the latter looks toward the promise of freedom. A deep exploration often reveals that the spouse seeking freedom formerly felt abandoned while the spouse now feeling abandoned sought the illusion of freedom through an affair earlier in the marriage.

### What Now? (continued from page 6)

the needs of the children rather than the parents' demands for fairness, etc. But in my experience, unresolved feelings about the failed relationship and about the other partner get in the way of their being able to utilize advice and to parent effectively post-divorce. It may be even harder to get past the feelings engendered by the divorce than to get past those from the original betrayal and they will need a lot of help.

**Carolynn Maltais, Ph.D.**  
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## Professional Resources

Members were asked to share resources they find useful when working to help couples improve their sex lives. This is what people had to say:

**Wendy Caplan** uses an exercise which she asks the couple to feed each other. "The only guideline is that they may not put food into their own mouths. It can be a meal or a snack, of their choosing. The exercise evokes many of the same dynamics as their sexual relationship, especially issues of misattunement, while freeing people from the judgment and anxiety that accompanies their conversation about sex. I don't use the exercise with people who have a history of abuse unless I have been working with them for some time and it seems appropriate. I also don't use the exercise with people who have eating disorders. I have used this exercise for about 15 years and would be happy to act as a resource if anyone wants to hear more about it."

**Arnie Cohen** recommends "Esther Perel's book: *Mating in Captivity* for couples struggling with maintaining passion in their relationship. It highlights the dilemma of the wish for safety vs the need for mystery to maintain passion."

**Steven Krugman** notes that "Sue Johnson's *Hold Me Tight* is an easy read that underscores how basic emotional security is in all our lives and how essential emotional safety is for intimacy of every kind."

**Carolynn Maltas** recommends Jacquie Olds and Richard Schwartz's book: *Marriage in Motion*. "I also always suggest one of the John Gottman books, with the explanation that they all say pretty much the same thing. Most popular is *Why Marriages Succeed or Fail*. Janis Abrams Spring: *After the Affair* is a good book also."

## Member News

■ **Gwyn Cattell** will be moving at the end of the summer from Tufts Medical Center and the Walker Home and School to a private, outpatient practice in Littleton, the New England Center for Mental Health. As a child psychiatrist, she will be doing a combination of medication management and family and individual work.

■ **Eleanor Counselman** presented at the Networker Symposium in March in Washington DC on "Therapy in the Round: Attachment Theory and Group Therapy." In April she gave a Grand Rounds at BIP called "Longing to Belong." In June she gave a workshop with Kathy Ulman at the NSGP Annual Conference on "Affect in Supervision." An article she wrote called "Treating the Older Couple" will appear in the Eastern Group Psychotherapy Society Fall 2012 newsletter. Eleanor is also looking forward to being a Year I PCFINE co-coordinator in the fall.

■ **Vanessa Gamble** is excited, after 20 years, to be moving her office from Beacon Hill to Back Bay where she will be renting a suite.

■ **Steven Krugman** wrote to recommend the new John Irving novel, *IN ONE PERSON*. It is the "well drawn portrait of a bisexual boy becoming a man, coming of age in a small Vermont town. Irving, in the style that is so familiar from many of his other novels about people's lives (e.g., *The World According to Garp*, *Widow for a Year*) invites the reader to see the world of sexuality, gender, family

dynamics and social history through the eyes of an emerging gay man who will become (surprise) a novelist. Some laugh out loud parts and great sadness as well. I enjoyed it a lot."

■ **Ken Reich** presented "The Four Horseman of Change; Therapeutic Action of Hope in Psychoanalytic Couple Therapy" at a Grand Rounds at The Boston Institute for Psychotherapy in October of 2011 and again as a workshop in June of this year in Jerusalem, Israel. He was also appointed Co-chair of the International Relations Committee, Div (39) Psychoanalysis, of the American Psychological Association.

■ **Daniel Schacht** has been enjoying watching his daughter learn to swim. He has also discovered the joys of ice tea, a pleasant surprise given years of finding it too bitter — encouraging proof that change is possible!

■ **Joe Shay** made two presentations to the staff and trainees of the Boston University Danielson Institute: "Formulation and Interpretation in Psychotherapy" and then "Couples Gone Wild: The Top 10 Complications in Couples Therapy." In the fall, he will be the featured speaker at the Brattleboro Retreat where he will present an extended version of the "Couples Gone Wild" offering. In November, he will be the featured speaker at the annual conference of the Northern California Group Psychotherapy Society where he will present "Projective Identification Goes to the Movies."

## PCFINE Calendar of Events

Sept. 29, 2012

**Full-Day PCFINE Program**, Christopher Clulow, Ph.D., Senior Fellow from the Tavistock Centre for Couple Relationships will be presenting a paper and discussing a case in a full-day PCFINE program at the Macht Auditorium, Cambridge Hospital.

Dec. 2, 2012

**Brunch**, at home of Susan Abelson.