PCFINE
Psychoanalytic Couple & Family Institute of New England



CONNECTION

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Letter from the Co-Presidents


Dear PCFINE Community,

We are in the dog days of summer. The Red Sox are surprising us with their late inning heroics. Whitey Bulger is refusing to testify (big surprise there), Boston is recovering from the Marathon Bombings and Justin is nowhere to be found. After his newsletter article he disappeared, ashamed of his inappropriate ramblings. Rumor has it he is hiding out in the woods of New Hampshire.

On a different note, I am happy to report that the end of the training year went very well. Both the first and second year classes reported that they were very pleased with their training experience. Most of the first year students have committed to come back for the second year(we could have twelve second year students). The training committee met in June for its annual review of the program. In addition to evaluating this year's experience, we look forward to next year's class. As a result of low enrollment we decided not have a first year class this fall.

Although we are concerned we are not overly worried about not having a first year class. This has happened in the past and we have rebounded with large classes and terrific students. It is hard to know the reasons for the lack of applications. However, as a result of not having a first year class, we have time to be creative and plan some new educational programming for this coming year. The way we are planning this administratively is that Sally Bowie, Mary Kiely, Andrew Compaine and Luanne Grossman will serve as coordinators for the second year class. This will allow Carolynn Maltas, Joe Shay, Justin and myself to form a committee to create the additional programming for this year. We have one event in its formative stages (to happen in the spring). Information will be forthcoming as the plans get further along. We are all excited about this event.

An additional change to the training program is that Roberta Caplan will be taking on the role of coordinator of the consultation groups. She will be taking over from Andrew Compaine. Last year was a particularly challenging year organizing the groups and we appreciate Andrew's efforts.

Other odds and ends to share. We are planning a retreat for the spring of 2014. For those of you who have attended prior retreats, we hope that you will join us again. For those who have not attended one, it is an opportunity to come together as a community and shape the direction of PCFINE. We will keep you informed of when and where this will take place.

Also, we are in the exploration stage of creating a referral service. Lou Chagnon has agreed to do some preliminary investigation. We feel like this would be a valuable addition to what we provide to our students and members. He could use some help so anyone interested in joining him please let me know and I will put you in touch with him.

I want to give a special appreciation to our committee chairs and committee members for all the work they are contributing to the organization. Without you none of what we do could happen.

In our continued obsession with the theme of sex we have more to offer you this year. On October 27th the brunch committee has put together a presentation by Judy Leavitt who will talk about her book "The Sexual Alarm System: Women's Unwanted Response to Sexual Intimacy and How to Overcome It." Then on Saturday November 16th the program Committee will present Esther Perel, the author of "Mating in Captivity," who will be offering a full-day workshop entitled "Rethinking Couples Therapy: An Innovative Approach to Love, Sex

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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 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

It's hard to believe this is our fourth issue! We're grateful to the members of PCFINE who have contributed to the newsletter so far and hope to hear from more of you. Our newsletter committee is expanding, thanks to the addition of Randy Blume and Rachel Segall, who joined the PCFINE last year. We welcome them! Each issue of the newsletter is a little like a new therapy session. We have some history and some ideas about where to take it, but we also let it evolve. We experience the support and encouragement to do this as a core PCFINE value, analogous to a good therapeutic holding environment, and are appreciative.

This issue is rich and varied with Andrew Compaine's thought-provoking feature article and the poignant What Now? dilemma. We invited Year I students to write about their training experience, and are continuing our series of PCFINE members' continuing education experiences with this issue's focus on IFS training. After reading Member News, we asked Alan Albert to send us one of his poems that we hope you will enjoy. But please, don't wait to be invited to contribute. This is *your* newsletter, and we are always eager for new writers.

Some of the fun of editing this newsletter is that we get a bird's eye view of the whole organization. There is a lot of activity! As you read the committee reports, announcements of coming events, and member news you will see what we mean. PCFINE is a welcoming organization. If you would like to get more involved, please contact one of the committee chairs.

Creativity in organizations depends on the safety to express different viewpoints, to go out of one's comfort zone, and to find new paths in the face of changing circumstances. In the absence of a First Year class, this is a year of reflection and discussion about the training program. We look forward to a creative outcome of those discussions and applaud the PCFINE leadership for seeing this as an opportunity to get even better.

A final note: due to illness, we have lost two fine PCFINE teachers, Gerry Stechler and Steve Zeitlin. We will miss them greatly.

Eleanor (& Dan)

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Letter from the Co-Presidents

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and Infidelity". I have been to a few of her presentations and they are lively and creative. It should be an educational and fun day.

Finally, if anyone sees Justin, please tell him it is time to get back to work. I think that all this talk about sex may have been too much for him.

We hope everyone enjoys the end of summer!

Justin and Arnie

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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. The cases presented are fictional or based on an amalgam of cases and clinical issues 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 Schacht at DanSchachtMSW@Yahoo.com and please remember to preserve the confidentiality of all the clients described.

Dear What Now?

I have been seeing Matt and Mara, a heterosexual professional couple in their early forties, for about four months. They have two school-aged daughters and a (now) one year-old son who they bring to therapy. The presenting problem, as they described it, was "a communication breakdown." The baby, Sam, had been diagnosed with a fatal genetic neurodegenerative disorder, and they could not agree on how to handle his care. Matt had been to all the doctor's appointments with Mara, researched the disease extensively, and accepted the fact that the only treatment would be palliative. Matt clearly understood that Sam was already experiencing progressive muscle weakness, would soon require a feeding tube (and then a ventilator), had been put on anticonvulsants for his seizures, and would most likely die of the first infection he contracted. Matt did not want to prolong his son's suffering. He wanted to let him go as peacefully as possible without life-prolonging interventions. Mara had also done her research, but she was convinced that a cure would be found if only they could keep Sam alive long enough. She had heard about some promising research in Sweden and was considering taking Sam there to meet with the researchers.

Needless to say, this was wreaking havoc on their relationship and that of the family system. Mara had moved into Sam's room and barely saw the girls, and the girls had started acting out in ways that yielded almost daily calls from their school. Matt was overwhelmed, sad, and confused and felt unable to comfort Mara, the girls, Sam, and/or any of their very upset friends and relatives. Mara had extended her maternity leave indefinitely, refused to see friends and family, and didn't even get dressed most days. She wanted to spend every precious moment she could with Sam. Though her PCP had offered her an antidepressant, she refused to take it because she was breastfeeding.

In my office, Matt cries throughout every session while Mara holds Sam on her lap and alternately breastfeeds and rocks him. She listens politely to Matt, states that she disagrees, and returns her focus on the baby. Voices are never raised, but the helplessness and anger they each feel is palpable. Matt's fists are usually clenched while Mara sits as far away from Matt as the couch allows and makes eye contact only with Sam.

I am at a loss. I desperately want to be supportive and helpful to this couple, but I can barely keep myself from crying while these poor people are in my office—and I burst into tears the minute they leave. I am a parent, and I can (and do) identify with them both, but I have come to dread their appointments. I don't know whether to try to problem-solve, offer tools for coping, interpret their enactments, or to just be with them in their grief.

Too Sad

Dear Too Sad:

A lack of information in this scenario makes it difficult to comment about the couple's dynamic or to choose from the therapist's list of interventions without uncomfortably creating my own fiction. We have no history of this couple (separately or together), no sense of any strengths or what they really want from therapy. A dramatic downhill course is described, propelled by the contagion of overwhelming affect.

What stands out is "Too Sad's" reported high and continuous level of distress and identification as a parent. This raises questions which we all confront: How does a therapist use his/her own emotions to further the therapy? How do we recognize when our emotions are not serving the interests of our patients?

This therapist experiences an emotionally overwhelmed couple, caught in a nightmare of projection,

"A therapist's job in a crisis is to help steady affect to a tolerable level..."

polarization and recrimination. Postpartum biology could be relevant. This crisis could evoke strong emotion in anyone and specific emotional associations in each individual. There is much that could evoke tears. However, whatever arises in a particular therapist, how that is contained (or not) has crucial implications for the likelihood of moving the therapy forward. The therapist needs both access to his/her emotions and steady ego resources, especially when patients are in crisis.

The couple are portrayed as overtaken by "palpable…sadness and anger" and anxiety; feelings clearly have been too intense for their ego resources. A therapist's job in a crisis is to help steady affect to a tolerable level, help them experience it in manageable chunks, and shore up ego capacities so that they can regain perspective, work together and problem solve. But in this maelstrom, is the therapist also overwhelmed, ("at a loss") with the

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What Now?

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couple? Is crying after every session more than sadness? Is it also an expression of despair, frustration, helplessness—paralleling the patients' affects and yielding no relief? In this over-aroused state, a therapist's reflectiveness will not easily be engaged either about the couple or his/her own reactions. Hampered in using his/her own observing and planning capacities, the therapist is hampered in supporting the couple in re-establishing theirs. A therapist can be inadvertently communicating the affects s/he is hoping to conceal, potentially intensifying the couple's contagion and shortfall of coping resources. What would it mean, after four months, that there is no sense of direction for treatment, no adjunct resources enlisted, no specific efforts described to stabilize this couple? Is the therapist unfamiliar with how crises can be addressed or so caught up in problematic affect that he/she isn't able to put knowledge to use?

Our work calls for us to be empathic, to resonate with patients' dilemmas and pain. Sometimes we cry. But there is a line between empathy and contagion. The therapist needs to be able to experience painful affect, reflect on its personal meanings and relate them to the meanings of the patients' dilemmas, returning to a mindful, observing position. The therapist needs both affective presence and reflectiveness. When significantly thrown off our game in either way, we cannot shore up a couple's capacities. If the therapist remains embedded in the affect and loses reflectiveness, it's not therapy anymore.

In using ourselves as the instrument in therapy, we need to ask ourselves not only "How am I affected, what pain, loss, trauma of mine are evoked?" but also "What do I need to deal with in order to be useful to my patients?" In all cases, certainly in urgent situations like this, the follow-up question has to be "Can the patients afford to wait for me to do that work?" If there is time, the therapist's working through higher emotional response can lead to some of the most important understanding and connection. An emergency situation may not allow that time.

At some time every therapist experiences affects stirred by case scenarios that we cannot handle alone or cannot handle well enough to serve the patient. Couple/family therapy, with its myriad of overt and covert stimuli for the therapist's affect system, especially calls for our mindfulness about our own vulnerabilities. With a "relaxed psychodynamic" and systems focus, there should be no shame in recognizing what snags us, and then reaching out or referring out if needed. My pronounced bias is in favor of consultation and collaboration.

Rather than choosing from a "what to do" list and this therapist proceeding solo, I would advise that it is imperative and professionally responsible to seek consultation, preferably with those experienced in critically ill children, postpartum psychobiology, PTSD, etc. It is also imperative that "Too Sad" finds a place to assess his/her own arousal and whether it is something that realistically can be learned from in a timely way to further this therapy.

Roberta Caplan, Ph.D.
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Dear Too Sad,

This is truly a heart-wrenching case, and there are few of us who wouldn't find it very painful to be in your shoes. The possibility of losing one's child is too awful to contemplate—what could possibly be worse? This family is suffering enormously, and there is still a long road ahead. They will have to find a way to cope together with the child's progressively failing health, potential treatments that either give hope or not, his possible death, and, if he dies, the long aftermath of grieving. And the family system as a whole is already showing clear signs of the impact of this situation, and there is, and will continue to be, a need for the care and holding of the older children around this.

So how do you sit with them when you feel so overwhelmed with sadness? And, more concretely, what does this couple need?

At this stage of your work, there are two primary (and related) issues to keep in mind. The first involves taking care of your own emotional response to this couple: recognizing and understanding what is being evoked for you given your own view of the child's condition, your identification with the parents, and your personal history (and history of loss)—all while seeking the most compassionate path to follow. The second involves building a strong alliance with this couple because they are likely to need you for the long haul. You've been seeing them a while, so an alliance has been established, but how you proceed—how you invest yourself in getting to know all you can about each of them, their process, their thoughts, their feelings—will signal to them that what they are coping with will be an unfolding process, that there are many changes ahead, that there is a road for navigating through this and an offer of and possibility for help.

"They need help getting access to the range of feelings they are experiencing so they don't get stuck in opposing positions..."

At a minimum, they need you to be able to tolerate the intensity of affect they bring to treatment. They need help getting access to the range of feelings they are experiencing so that they don't have to be stuck in

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The Relational Cost of Masculinity

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How often in our consulting rooms are we faced with a couple wherein a male partner is seen as disconnected from his affect and emotionally distanced? This paradigm is common in the distancer/pursuer dynamics well described in couple work. I would argue that the relational difficulties some men experience in making authentic affective connections with their partners are not biologically determined. Rather, we must look at the early processes of male gender development for clues to elucidate these later relational difficulties.

Much has been made of the "patriarchal dividends", i.e. the institutional power that is kept for men, and of the interpersonal power that they wield. Yet, we haven't, in turn, looked critically at the toll that this patriarchal order and the prioritization of autonomy take on the developing male psyche. In our culture, gender difference is seen to be at the bedrock of all differentiation. Our very way of "knowing" relies on fundamental dichotomies, including the either/or formulation of sexual difference. This dichotomy joins others such as activity/passivity, reason/passion, control/helplessness, autonomy/dependence, subject/object, to name a few, all of which have become gendered. Our "knowing" arises in an either/or fashion and not within a healthier dialectic where one would be aware of the tension between simultaneous opposites. This system of dualities works in the interest of maintaining male privilege, and it sets the stage for the normative sexual outcome of heterosexuality. It defends against a nature that may be more inherently bisexual. In her 1975 essay, Gayle Rubin wrote: "Far from being an expression of natural differences, exclusive gender identity is suppression of natural similarities." In fact, gender polarity is both the result of intrapsychic defenses against dependence as well as socially transmitted normative values. A cultural matrix sustains the illusion of two coherent and binary gender identities and which prohibits gender-incongruent behavior, impulses, or states.

In early childhood development, during the rapprochement phase, two paradoxical processes occur for the growing boy: the need for attachment and security, and the need for recognition and agency. This basic human duality ends up becoming gendered and morphs into the axes of masculinity and femininity. Masculine identity provides for a subject with agency—a subject who can "want" and get those "wants" fulfilled. This is in contrast to femininity which is seen only as the "source" of nurture—the mother is not seen as a subject with her own agency and power. Goldner (1991) writes that boys "manage the separation crisis of rapprochement by exaggerating the importance and meaning of the sex difference between mother and son." The boy's masculine identity is born out of a "not-me" experience of difference from his mother. She calls this a "magical solution to a profound human crisis of interdependence," a "strategy for separating without feelings of loss." The boy is no longer permitted to have his identifications with his mother and her traits of caretaking and nurturance, of tender emotions and caring, come to be seen as "feminine."

In repudiating his mother to escape his feelings of infantile dependence, the boy repudiates parts of himself. There is a strong push, probably both internally and externally mediated, to cast his babyhood behind him since he associates this with being helpless, needy, and weak. Developmentally, this quest for autonomy becomes merged with a repudiation of the "feminine" mother and of the mother/infant dyadic relationship. The only way back to his feminine identifications is to feel, once again, infantile and risk the threat of engulfment and corresponding feelings of helplessness and dependency. The boy counters this fear with an often fierce assertion of his difference from his mother and his masculine superiority.

Thus, at its root, the masculine self is an insecure formation bolstered by omnipotence, splitting, and projection, and this construction bears a load of vulnerability, shame, and neglect, with a concomitant terror of object loss. In later life, this more brittle structure of masculinity can clearly become a hindrance in establishing and maintaining intimacy. The defensive cornerstones of masculine gender identity can make it nearly impossible for men to find an authentic self that can then, in relationship, create an intersubjective space for mutual sharing. We cannot do justice to many of the couple issues we encounter if we don't understand the powerful role of gender identity in shaping a man's character. In the childhood separation process, boys have experienced a loss that can never be metabolized and, instead, they establish a tenuous and provisional security that comes at a great cost, that of locking the male psyche in 'solitary confinement'. The boy complies with building a gendered self in order to defend against helplessness and powerlessness. But, in doing so, he can cut himself off from the possibility of intersubjective experiences such as true intimacy. As it stands, masculinity in our culture is often anti-female, anti-gay, counter-dependent, foreshortened, omnipotent, and brittle. It can be a caricature emphasizing self-reliance and replete with hostile dependent feelings towards women (and feminine gay men) since it is women who hold the key to the male's self-worth.

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The Relational Cost of Masculinity
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Masculinity can demand a false-self construction and the splitting off of tender caring feelings and dependency. Autonomy is over-valued while the road to interdependence is blocked.

In our binary gender system, there is an asymmetry to the emotional labor: women and effeminate men carry a variety of vulnerabilities, shames, affects, mysteries and contradictions that are intolerable to heterosexual men. Men have a terror about being perceived as feminine since they regard it as a degraded, subordinate position. Often, they will resort to a defensive sense of phallic potency which they use to shore up their uncertain and vulnerable self-states. Relying on omnipotence, masculinity has been cobbled together to cover feelings of neglect. As Adrienne Harris (2005) says, "the gender divide continues the cultural work of sequestering frightening aspects of humanness." I argue that a deeper study of male gender development is necessary in untangling the dynamics of many of the couples we treat.

References

Goldner, V. 1991. Toward a critical relational theory of gender. *Psycholanalytic Dialogues* 1:249-272.

Harris, Adrienne (2005). *Gender as Soft Assembly*. Hillsdale, NJ: The Analytic Press.

Rubin, G. 1975, The Traffic in women: Notes toward the political economy of sex. In: *Toward an Anthropology of Women*, ed. R.R. Reiter. New York: Monthly Review Press, pp. 157-210.

Register Now for Esther Perel, MA, LMFT

Rethinking Couples Therapy: Innovative Approaches to Love, Sex and Infidelity

Saturday November 16, 2013
9:00 am to 4:30 pm
Ellsworth Theater, Pine Manor College, Chestnut Hill, MA

PCFINE welcomes Esther Perel as she shares her unique approach to couple therapy. In Ms. Perel's view, effectively addressing issues such as intimacy, sexuality and infidelity requires couple therapists to create separate spaces where each partner can explore his or her feelings and experiences along with larger relational dynamics. Participants will learn to alternate working with the individual in the presence of the other, and working with the couple in the absence of the other. Through case examples, Ms. Perel will show how to navigate privacy and secrecy, honesty and transparency. She will demonstrate how to intervene around sexual impasses and structure a safe, flexible, therapeutic environment in which to explore infidelity.

By inverting traditional therapeutic priorities and using the sexual relationship as a lens into the couple's interpersonal dynamics, Ms. Perel will address common blocks to eroticism including the fear of abandonment or entrapment, the connection between an individual's attachment history and erotic blueprint, and the familial feelings that lead to the de-sexualization of partners.

The workshop will consider infidelity from a dual perspective of growth and betrayal, as an act to balance emotional and erotic needs, and as a bid to stabilize the primary relationship. Within this context, we will examine both the impact of affairs and the motivations behind them, as well as their differentiated meanings in relationships, both heterosexual and gay. Ms. Perel will discuss effective clinical interventions for couples struggling in the aftermath of infidelity.

This program will draw on attachment and psychoanalytic theory as well as on family systems, psychodrama and body-oriented approaches. The model applies to married and unmarried, heterosexual and same-sex couples.

To register: visit the PCFINE website (pcfine.org)
or call the office at 781-433-0906.

My IFS Training Experience An Interview with Judi Zoldan, LICSW

By Eleanor F. Counselman, Co-Editor

(This is the third in a series of interviews with members of the PCFINE community about their ongoing pursuit of further training in couples therapy. We are truly a community of lifelong learners.)

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

JZ: The name of the training is "Intimacy from the Inside Out: Basic Training in IFS Couple's Therapy." This was an intensive, primarily experiential, 5-weekend training over the course of a year. The material was delivered didactically, with hands on experience, video and case presentations. We spent time in practice groups that were supervised, with opportunity for feedback and consultation.

EC: What made you decide to enroll?

JZ: I have found my training in the Internal Family Systems model so satisfying and effective for individual work, that I wanted to find out what an IFS-based couple therapy training could add to my work with couples.

Additionally, I couldn't resist. I have a passionate interest in couples therapy and an ongoing pursuit to be a better couples therapist. As a result, I've enrolled in several different trainings including PCFINE, Emotionally Focused Couple Therapy and couple training through the Gottman Institute. In addition, I have found that learning about the latest findings in neuroscience has been an immense resource in my work with couples. Basically, this means that I bring into the consulting room a solid psychodynamic and attachment theory understanding, neuroscience discoveries on what helps to create lasting change alongside the most important ingredient of all—seeking to forge a strong alliance—to guide my couple work. All helps to ground me when situations inevitably heat up!

EC: What did you like?

JZ: I deeply appreciate the shift in perspective offered in the IFS couple therapy training. The shift is toward asking couples to first be the primary caretaker of their inner experience before looking to their partner—while also recognizing the importance of inherent attachment needs.

IFS couple therapy involves helping the client to connect inside to his/her Self energy (similar to the good parent), soothing the frightened inner child. Here is where IFS and the latest neuroscience findings meet. As we've learned from Steve Porges, a neuroscientist, Allan Schore, a neuropsychoanalyst, and many others, regulation of emotional arousal is the key factor in close relationships. John Gottman, the nation's foremost researcher on couples, makes clear that the first order of couple therapy is learning to manage acute and chronic upset. IFS couple therapy has a focused, nonpathologizing way of helping people handle relationship distress and return to baseline more quickly by embracing a U-turn.

This U-turn occurs when clients begin to focus on their own inner experience, as the therapist validates the feelings of both individuals. Toni Herbine Blank, senior trainer who translated the IFS model into work with couples, encourages therapists to invite couples to imagine what life might be like with less internal reactivity toward one another. It is often a stretch for people in pain to believe that they can change from the inside out, and that in so doing, they will change their experience from the outside in.

IFS can be differentiated from other models in its belief in the universal presence of an undamaged "Self" that exists in everyone and can be identified by a core of valuable leadership qualities that are our true nature—compassionate and loving. It views multiplicity of mind as our natural state with our "parts" as subpersonalities. These parts are experienced in any number of ways—feelings, thoughts, sensations, images, behavior - and are described as "managers", "firefighters" and "exiles" that may be healed and transformed by bringing the Self into its rightful role as leader of the internal system.

A critical aspect of IFS couple therapy is learning to speak for "parts" instead of from them, in a way that is nonthreatening and effective. Protective "parts" get frightened when they hear an invitation to stop focusing on changing the partner and instead to move inside. Here, wording is crucial and goes far beyond the scope of this interview. The suggestion to turn inward is about self-empowerment in service of less reactivity and more choice. Of course, it's important to be careful not to condone bad or abusive behavior and to clarify that we are seeking to ameliorate suffering.

Couples begin to understand each other's stories and how their inner protectors created a cycle of conflict between them. IFS couple therapists work to help couples understand their protectors' interplay and eventually foster a mutual empathy for their own and the other's vulnerability.

Also, the IFS approach offers practical ways for therapists to work with countertransference, to access Self energy and work with the "parts" of themselves that arise continually. This is especially helpful in working with couples. In the IFS Model, countertransference is broadly defined as the parts of therapists that increase their reactivity, skew perception and constrict compassion, patience and curiosity. Therapists who are

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My IFS Training Experience
An Interview with Judi Zoldan, LICSW
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successful in maintaining some degree of Self-energy will be able to draw upon the wisdom that their parts hold in the service of helping the couple. The feedback that therapists' parts provide, when the parts are not extreme, can be invaluable. Before speaking for a part, a therapist must try to determine whether the part is extreme and distorting in its perceptions and be mindful about any feedback that is offered. Because our parts lead all of us to make moves that may hurt of confuse our clients, IFS describes a respectful and compassionate process of repair and apology that models for partners how to do the same for one another.

EC: Was there anything that you didn't particularly like?

I am not a fan of the "parts" language: managers, firefighters, and exiles. I often get the same message across by using different words and ways of relating.

Additionally, I am not a purist. I understand the need to adapt and, above all, relate in a way that supports my alliance, rapport and effectiveness with folks brave enough to enter couple therapy. I draw upon many models and approaches I've learned along the way.

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

JZ: The tenets of IFS couple therapy integrate well with attachment-based therapy, body-oriented psychotherapy and the latest findings in neuroscience, all vital aspects of my clinical work. Internal Family Systems Couple Therapy draws upon bodily experience, fosters the development of healthy attachment within and between, and highlights emotional and dyadic regulation.

EC: Anything else?

JZ: In my experience and that of others whom I know, the IFS Model can initially be difficult to understand and appreciate. I encourage folks to find a way to experience the training in this model first-hand. I welcome any questions about integrating IFS into couples work. How lucky we all are to have the PCFINE community as a resource for one another.
Judi Zoldan (judiz@usa.net)

What Now?
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opposing positions. Your letter suggests that you believe Matt has accepted the impending, inevitable loss (Sam is dying, let go) and that Mara is, albeit understandably, in denial about it (Sam can be saved, keep trying). Is it possible that Matt is protecting himself from his grief by coming to a rational conclusion too quickly? Or that Mara's willingness or ability to stay open and hopeful for her child's survival isn't denial, necessarily, but rather part of a more flexible emotional response?

You will need to be mindful of whether you've adopted Matt's perspective. To do so would result in an empathic failure—not just with Mara but with Matt, too, as his feelings as well as hers are likely to be much more complex than what you currently see. I'd be curious about their apparent polarization, and I'd want to understand how each of them arrived at their conclusions. You must assume that there is much below the surface expression of the stances they're taking, that there are affects being held that are more complex, contradictory, and conflicted than are being presented. It's also important to bear in mind the strong likelihood that you will be pulled to places in your own thoughts and feelings that protect you, too, from the sadness and helplessness of this situation. They need you to be open to the range of feelings this situation arouses in you because, if you can do this, you will be going a long way toward diminishing the polarized positions they're taking.

The path to opening up to complexity, to encouraging a fuller exploration of feelings, will be delicate and slow-going, but it's one of the ways you'll build their trust in you and their trust in each other. Acknowledge what you see—which is that each of them loves and wants what's best for their child, that in extreme situations it's natural to have different views of what that means. Ask what it was like to hear Sam's diagnosis. How did they each come to their conclusions about the way to proceed? Did Matt ever feel more hopeful? Mara, less optimistic?

Finally, help them construct a narrative that can respectfully encompass both perspectives: Sam was given a fatal diagnosis that would make any parents feel helpless, angry, hopeless, hopeful, paralyzed, desperate, isolated, and alone with their feelings. Look for signs that they have many shared feelings that are too difficult to acknowledge right now. If Mara can hear that Matt is also grieving, she may not feel she has to carry all the hope for the family. If Matt can understand the meaning of her hope, perhaps he will feel less alone.

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Editors' Note: Two PCFINE First Year Fellows volunteered to write about their experience for the newsletter. Thank you, Randy and Belinda!

My PCFINE Year One

Randy Blume
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I never planned to be a couple therapist. I was good at being an individual therapist. I connected best one-to-one. I had a full practice with a waiting list. My clients were interesting, insightful, motivated, and appreciative. I felt confident and competent working with them.

But I wasn't long into private practice before my oh-so-cooperative clients began showing up with their boyfriends, girlfriends, spouses, partners, parents, children. No one seemed bothered by the fact that I had neither training nor experience as a couple/family therapist. No one even asked. And certainly no one knew that I went into crisis/survival mode when I opened the door of my office and saw more than one person in the waiting room.

Maybe I'm being dramatic because I've actually always performed well in crisis situations. So, with the couples who appeared in my office, I was able to contain and maintain safety. I could reflect and translate and frame issues from systems and developmental perspectives. I could explain communication styles and teach "I" statements. I could defuse tension with humor. No one knew how much I was sweating and willing the session to be over before anything was hurled across the room.

Because I have this one little problem: I don't like conflict, especially relationship conflict. Especially conflict in which people say loud, angry, hurtful things to each other—not to mention decide to separate or divorce or relocate or upend the lives of their children and then hold me, the therapist, responsible.

However, the writing was on the wall. Couples were going to be part of my practice whether I advertised myself as a couple therapist or not. And if I was going to see couples, I wanted to actually help them move forward in as informed and empowered ways as possible. I wanted to know what I was doing. And I wanted to be calm about it.

Enter PCFINE, the perfect opportunity to learn couple therapy skills and become part of a community of friendly, intelligent colleagues. I committed to Year One. It couldn't start soon enough.

In an effort to get as much out of the course as possible, I ventured forth into the land of counterphobia and put out the word that I was available to see couples. I expanded my evening and Saturday hours and (because I take insurance) was soon deluged. That was a positive thing, I had to keep reminding myself. It made the reading more relevant. It made the classes more interesting. It made consultation essential. It left me exhausted and anxious.

Plus, my couples weren't exactly like the cases I read about in the homework assignments or which were presented in class. They weren't necessarily married or even committed. They had insurance, and they had expectations. They expected me to "fix" their partners so they could stop "fighting."

And fight they did. Insults were spewed. Threats were brandished. Walls were punched. Doors were slammed. I practiced my diaphragmatic breathing until I was quite good at eliciting the relaxation response. The year flew by.

I bookend Year One this way: In the first class, the guest instructor presented a clinical vignette that left me terrified. I remember thinking: OMG, what if that couple walked into my office? What would I do? I would be paralyzed. I would be exposed as a fraud. I don't know anything about treating real couples.

Then, in the May class, the guest instructor started with a role play and asked us how we would proceed if we had that couple sitting in our offices. And, lo and behold, I was awash with ideas. Solid and creative ideas based on my experience with all those couples and my year of PCFINE training. Ideas that were not necessarily even the same as the instructor's. And options. So many options—any of which would be reasonable places to start. I was excited about the thought of treating that couple—excited instead of anxious.

I realized that sometime during the year I'd actually become a couple therapist. .

I still don't like conflict. But maybe Year Two will help me with that.

My PCFINE Year One

Belinda Friedrich, LICSW
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When entering into a new training experience, it is hard to separate or temper expectations from wishes PCFINE is no exception. My catalyst to join the program was a nudge from a colleague and friend, who also was thinking of entering the program, along with my own desire to explore the unique complexities of defining what makes successful couples' therapy. Over the years of my own private practice, more questions lingered about couple's therapy technique and measure than with my individual work with clients.

One of my first aha moments in the PCFINE experience was the validation that there is an inherent "sitting in more anxiety" as a therapist that is

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My PCFINE First Year
(continued from page 9)

normative in couple's work. Being a seasoned clinician, does not eradicate this feeling state. What a relief, to know that was not a goal or measure! However, I find greater comfort sitting with this anxiety, now that I am clearer that it is inherent to the work!

A second aha moment was to have such a terrific open and continuing dialogue about the inherent tensions between theoretical frameworks when working with couples, systems and intrapsychic, and the shifting sands of diagnostic clinical thinking between seeing and evaluating the individuals and keeping the focus of treatment on the relationship.

Seeing diversity of technique within the PCFINE community is also helpful, as it recognizes the importance of an individual voice for each clinician. One of my most unexpected, but most appreciated outcomes, so far, of the PCFINE experience is the sense of community and lack of hierarchy. The core of what creates the best couples' work; mindfulness, flexibility of thinking, humility and curiosity, are felt within the PCFINE training community. Over my career, I have felt strongly about the parallel process between trainers, trainees and clients, and the PCFINE community gets high marks for their high professionalism and technique, while maintaining the message that we are all students of learning, sharing in a growing understanding together. Kudos to PCFINE for bringing this fine program to us, and for successfully applying tenets of couples work to the training program: to build understanding while in egalitarian relationship. I am happy to report that wishes have, so far, met expectations. Thank you, thank you.

June Faculty/Student Party

Alice Rapkin, Joe Shay

Amy Kavadlo, Cheryl Ebenstein

Andrew Compaine, Luanne Grossman, Roberta Kaplan

As a service to our members, the Listserv committee offers this reminder about the guidlines for use of the Listserv.

PCFINE Listserv Guidelines for Use

We would like to orient you to the purpose of the PCFINE listserv and some rules about usage, (adapted, with gratitude, from NSGP guidelines). At present, the listserv serves primarily as a place to disseminate information about couple and family therapy training and practice, and to refer patients to and from PCFINE members.

As more than 100 members receive the listserv, information posted there cannot be considered confidential and great care should be taken to avoid presenting identifying information about anyone being referred. Membership in PCFINE and access to its listserv does not imply an endorsement of anyone's therapeutic skills or level of training. PCFINE functions as an interest group for couple and family therapists, as well as a training program. Please do not allow non-members access to the list, as it is a privilege of membership.

Do not post commercial messages, i.e. any communications whose primary purpose is to advance the business or financial interests of any person or entity. For example, you may not advertise that you are looking to sublet your office but you may inquire if anyone has space to sublet and others can respond to such a query. Except for first-year students, you may not announce via the listserv that you are looking for cases or offering a professional service. You may ask if anyone is available for a particular referral and you may answer a query about availability for a referral. You also may not use the listserv to advertise a fee-based course or conference not related to PCFINE.

Two further rules will help the community's experiences with the listserv:

1. A concise statement of content (e.g. "looking for a therapist in Portsmouth, N.H.") in the subject line will allow people to ignore messages that are not of interest to them.
2. ***Only send responses to the entire list if they benefit the entire list***, for example, book suggestions or identifying clinicians with specialized training or skills. As the listserv is currently configured there is no longer an automatic Reply-instead you have to type in an address-either to one person, or to the whole group, if you think it might be of interest to more than the person originally posting.

Questions around usage should be sent to Alice Rapkin who can then forward them to the appropriate committee member. Other emails about the listserv, like asking to be removed, should go directly to Alice at pine1@rcn.com.

Brunch Committee Event

Steven Krugman
stevenkrugman@gmail.com

The Brunch Committee is pleased to announce that on October 27, 2013 Judy Leavitt will talk about her book *The Sexual Alarm System: Women's Unwanted Response to Sexual Intimacy and How to Overcome It*. She will talk about her ideas and their clinical application. Alice will be sending a "save the date" notice.

The Brunch has been a popular event. Recent meetings have been oversubscribed and folks who would have liked to attend have been turned away. At the same time, some people who said they were definitely going to attend did not. Going forward we would like to emphasize that your RSVP needs to be a true statement of intention. If last minute changes in your life mean that you can't come, please let us know so that some one from the waiting list can have a place.

The Above Average Tree and the Below Average Tree

Alan Albert
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Then it was that the bark was jealous and couldn't look
at the color of the other trees. It felt below average
and wanted to stay home at night and not go to a party.
I want a branch just like that one. I want more green at my top.

It was clear from the beginning about the pollen
getting to one flower and not the other (much pollen,
some better, some worse). Inside the horrible stump rings
it was the most painful there, seeing how others

were more golden and rounder. Good intentions
couldn't change any of the distributions
of the elm or oak. Some taller, some shorter,
fuller, sweeter in a breeze. One elm or another.

Member News

■ **Alan Albert** will be attending an artist residency at the Banff Centre for Creative Arts in Banff, Alberta Canada during the week of October 12. This is a competitive residency granted to applicants after submitting writing samples and associated information to the admissions panel. From the Centre's description: *The Banff Centre is the largest arts and creativity incubator on the planet. Our mission is inspiring creativity. Over 8,000 artists, leaders, and researchers from across Canada and around the world participate in programs at The Banff Centre every year. Through its multidisciplinary programming, The Banff Centre provides them with the support they need to create, to develop solutions, and to make the impossible possible.*

■ **Eleanor Counselman** was the invited small group leader for the Mid-Atlantic Group Psychotherapy Society Spring conference in April 2013. In June 2013 she led a day long experience group based on attachment theory for NSGP (Northeastern Society for Group Psychotherapy). She had an article on peer supervision groups published in the *Psychotherapy Networker* in May and has had an article on group therapy accepted in *Introduction to Psychiatry: Preclinical Foundations and Clinical Essentials* (2014, in press). She is a candidate for President of the American Group Psychotherapy Association.

■ **Barbara Kellman** is a social worker and attorney who has recently become a PCFINE member. Barbara practices family law, mediation, and collaborative law in Brookline/Chestnut Hill MA. She joined PCFINE for continuing education around working with couples in conflict and to share her expertise in law and mediation with other members and their clients. If anyone would like information or help in choosing the right process for clients who are considering separation or divorce or have ongoing parenting issues with a divorced spouse, Barbara would be happy to consult with you at no charge. She has done one presentation about the different options at a PCFINE brunch and would be glad to come to small group meetings to share this information also at no charge. Barbara has been practicing law since 1983 in three different areas over time—civil litigation and employment law, health care law, and most recently family, divorce, child support and child custody. She also has trained to be a GAL and Parent Coordinator, has taught mediation skills, and has worked with GLBT couples as a mediator. Barbara is a member and Vice President of the Massachusetts Council of Family Mediation and earlier in her career was Counsel to the New England Deaconess Hospital and the Massachusetts Board of Registration in Nursing.

■ **Marina Kovarsky** moved her practice to the Back Bay and is very much enjoying the beautiful neighborhood. She is now on the faculty at the Boston Institute for Psychotherapy and is looking forward to teaching Psychopathology: A Developmental and Dynamic Approach to an incoming group of post-graduate fellows.

■ In March of 2013 **Carolynn Maltas** presented "An Integrative Model for Change in Couples" to the Psychotherapy Fellows at the Cambridge Health Alliance and in April she made a presentation to MAPP on "Impasses in Couple Therapy: Individual and Systemic Barriers to Change." She also visited Cuba and felt that, despite great poverty and deprivation, their commitment to care for their most vulnerable and needy citizens has much to teach us, in addition to their quality universal health care and higher education.

■ **John Rosario-Perez** is now certified in Level One of Accelerated Experiential Dynamic Psychotherapy (AEDP) and continues to train in this attachment/affect-based model of treatment. This July he visited Cartagena and Bogota, Colombia, and was transfixed by the architecture, history, culture, and people.

■ When not expanding his group practice Aurora Counseling Associates with his wife, **Daniel Schacht** has been enjoying teaching his daughter how to ride a bike and has become addicted to hot yoga. He is also looking forward to his third semester of teaching a Family Therapy course for the BU School of Social Work in the winter.

■ **Joe Shay** led the first year of a two-year Experience Group at the NSGP Annual Conference. Also at NSGP, he chaired a workshop (with Scott Rutan and Annie Weiss) entitled "What Was I Thinking?: Therapist Errors and How We Can Learn From Them." In July, Joe presented "Formulation & Interpretation in Action" to the incoming psychiatry residents of the McLean/MGH Training Program. In October, he will lead a three-day experience group for a group of therapists in Maine who have been meeting for more than 25 years. Finally, in November, he will present "Formulation & Interpretation in Action" to the Boston Health Care for the Homeless Program.

■ **Elizabeth Spencer** will be leading a 4-part seminar on Saturdays at local museums this academic year entitled "Learning to Look: Potential Space and Visual Thinking Strategies (VTS) A Museum Workshop for Clinicians." VTS is a method and tool used to develop observation skills and deepen our experience of art. Experiencing art in these new ways can help us as clinicians to refine our ability to see, to open ourselves to ambiguity, and not rush to judgment. It can help us learn how to be more present in the moment, to tolerate and even enjoy the unknown, and not have to nail it down.

Updates from the Committees of PCFINE

PCFINE has a number of different committees that meet to plan and implement the activities and offerings of the organization. These can be a great way to get to know other members and feel more a part of the community. The following are summaries from some of the more active committees in PCFINE about their current projects. Please consider reaching out to the contact people listed if you would like to learn how to get more involved.

Update From the Listserv Committee

Members of the listserv committee met in the Spring with the goals of reviewing listserv guidelines and brainstorming about potential uses of the listserv. The general feeling is that there are as yet unexploited potentials for the listserv including:

1. The posting of clinical dilemmas and vignettes from members who are seeking input about how to approach various clinical situations —this has already begun, and we hope members will contribute their thoughts.
2. The posting of articles that may be of general interest to the PCFINE community which can then be discussed by interested members on the listserv. This will begin in the future.
3. The archiving of resources that are suggested by members in response to specific member needs, such as mediators, specialized treatment facilities, books and articles. etc. We are in the process of exploring how this can be done, and hope to have it up and running in the near future.

New or interested members are encouraged to contact Justin Newmark at justinnewmark@gmail.com

Update from the Program Committee

The Program Committee organizes and presents professional education programs for both the PCFINE membership and the wider professional community. Typically we offer two events per year (spring and fall) and often invite presenters from outside the Boston area. Recent presenters have included Christopher Clulow (London), Ed Shapiro (Austen Riggs), and Suzanne Iasenza (NY). The committee meets Tuesday evenings at 8 pm in Brookline approximately every 6-8 weeks. Tasks for committee members outside of meetings relate to communicating with prospective speakers, 'shaping' the program content, reading papers for programs, helping case presenters hone their presentations, and advertising events. We welcome new members. For more information, please contact co-chairs Susan Phillips (sphillips1@aol.com) or Paul Efthim (pwefthim@verizon.net).

Update from the Education Committee

The Education Committee met twice in 2013. The first meeting was to evaluate the current two years of classes and plan for the next year. Feedback has mostly been very positive and there were few issues raised about changing anything in the current arrangement of classes, consultation groups etc. There continues to be discussion about trying to facilitate students picking up couple cases and the ideas was again raised to explore developing some kind of referral service that could benefit our students as well as the community's need for low-fee services.

In early summer a decision was made, because of a lower than usual number of applicants, that we would not take a first year class for next year. Instead a subgroup of the Education Committee is meeting to plan some different educational offerings for next year that would involve many of the first year teachers, consultants and coordinators. One program that is in the development stage for next Spring would involve panels of therapists discussing video vignettes of couple therapy developed by Joe Shay. Another possible idea is to offer some classes for previous students who might like some ongoing learning experiences beyond the supervision/consultation groups that often go on for a number of years after the two year program. We would be delighted to have input from anyone in the community with suggestions for new kinds of educational offerings for next year.

New or interested members are encouraged to contact Carolynn Maltas at cmaltas@comcast.net

Update from the Writing Group/Committee

The writing group meets roughly every 6 weeks. It offers members an opportunity to share their written work in a supportive environment. One member has already had a paper accepted for publication, and another member has one being reviewed. Meetings are from 9-10:30 on Monday morning at the home of Jerry Gans. Please feel free to contact him if you would like to attend the next meeting or have any questions. He can be reached at: jsgans@comcast.net

PCFINE Calendar of Events

Oct. 27, 2013 **Brunch.** Judy Leavitt will talk about her book *The Sexual Alarm System: Women's Unwanted Response to Sexual Intimacy and How to Overcome It*