



## Letter from the Co-Presidents



### Dear PCFINE Community,

Some 13 or 14 years ago, in an unguarded moment, Carolyn Maltas swooped in and talked me into joining a little fledgling organization dedicated to thinking about and maybe even teaching a little about couple and family therapy. This was the beginning of my association with PCFINE. Whatever hopes I had of playing a worker bee's role ended about 6 years later when I joined with my friend and colleague Arnie Cohen for what we both thought would be an interim shot at presidential leadership, assuming that someone possessing real competence and vision would step in for both of us.

What emerged over those years was an unrelenting power struggle between Arnie and me, each of us doing everything we could to get the other to take all the power. Somehow, despite our feckless leadership over the ensuing years, PCFINE has grown into a thriving community thanks to the invaluable contributions of a steadily growing, wonderfully vigorous, curious, generous and creative group of instructors, trainees and our membership as a whole.

During these years, and generally since PCFINE's inception, we have flown by the seat of our pants. We had fun. We made big decisions on the fly. Roberts Rules of Disorder was our playbook. It all could have collapsed. But when you get a group of good people together as

we have, people who have the right to take themselves seriously but don't, people without ideological axes to grind, people who can tolerate each other's nutty ideas (see: projective identification), people who embody Erikson's notion of generativity and Winnicott's notion of play, and people who can live with the implications of Lorentz's Chaos Theory, then good things will always happen.

And they have. Today, PCFINE is very much on the mental health community map. The respected training program has thrived, and gotten better and better. The Program Committee has been fantastic, and has served up one interesting event after another. Our Sunday brunches at the Abelson Lyceum have, without exception, been interesting and stimulating, thanks to the Brunch Committee. The fantastic PCFINE Newsletter that you are now reading has become a wonderfully classy production largely due to the fact that Eleanor Counselman and Dan Schacht would not let me get my hands on it. And last, but absolutely not least, none of this would have worked without having had the guiding hand, the eternal vigilance and the tolerant spirit of Alice Rapkin. Who knows where we would be today without her? This is not an exaggeration.

When it suddenly dawned on us a year and a half ago that PCFINE had never created any kind of succession plan, Sally Bowie graciously agreed to replace Arnie as Co-President. Sally has all the attributes that Arnie and I lacked, and her conscientiousness, organization and attention to detail have greatly enhanced our operation while simultaneously forcing me to come to terms with my many limitations (Arnie

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never had this effect on me). And now, and none too soon, I too am leaving as Co-President to be replaced by the estimable Mary Kiely. Aside from the fact that both of these folks are wonderful in every way, it is worth noting that they are both products of our Training Program. The torch, as it is, has been passed and it is this kind of "developmental" transition that we all hoped could be a template for PCFINE going forward. This may reflect some variation on the Oedipus or Electra Complexes, or maybe it doesn't. I just thought I'd throw that in. In any event, since it is Arnie and me that Sally and Mary are replacing

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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 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



Even as we spend our days in intimate connection with our clients, the day-to-day work life of a therapist is often isolating. We must develop and test treatment hypotheses as well as engage in the management/exploration of our thoughts and feelings on our own. I continue to be impressed by and grateful for the variety of creative ways that the PCFINE community provides opportunities to do this work in collaboration and connection with others.

I am excited by the content of this issue because it once again provides our community with a range of ideas, questions, and emotions as our authors seek to better understand their own relationship to the work and their clients. I appreciate the sharing and, for some, the vulnerability of opening up their thoughts and process with us.

In addition to our popular "What Now?" column, returning cartoon caption contest and other regular items, we have a number of special reports and features. Jerry Gans provides a discussion of some of "The Do's and Don'ts of Couple Therapy." Helen Hwang offers a thorough report on the Spring conference and panel discussion, and Belinda Friedrich has an engaging report on a Brunch meeting about shame and its many

manifestations. In anticipation of our October program with Janina Fisher, Carolyn Maltas describes her experience receiving supervision from Dr. Fisher.

Eleanor and I hope this issue of *The Connection* feeds your mind and leaves you feeling ever more a part of the PCFINE community.

**Dan (and Eleanor)**

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Co-Editors, PCFINE CONNECTION



## What Now?

The “What Now?” column is a regular feature in the PCFINE Connection. Clinicians in the PCFINE community respond to complex clinical questions about couple and family therapy. The cases presented are based on a variety of issues submitted by members and disguised and/or fictionalized to preserve the confidentiality of clients. If you have a question you would like considered for this column—or if you would like to become a respondent—please contact Randy Blume at [randy@tashmoo.com](mailto:randy@tashmoo.com). Case vignettes and responses range from 500-700 words.

### Dear What Now?

*I'm feeling frustrated and stuck with both the content and process a new couple has brought into treatment.*

*Jessica and Tim (professionals in their late 30's, married five years, parents of a three year-old daughter) came to see me a few months ago after Jessica returned home from yoga class to discover Tim dressed up as a woman. When she asked him if he and their daughter, Alice, had been playing dress-up, he said, “Yes, but it's more than dress-up.” He told Jessica he had recently realized he was “gender dysphoric” and had been thinking about “transitioning” to a woman. Jessica, in her initial phone call to me, said that she was “in total shock” and could not bear to even speak to Tim until a therapist was present.*

*Our first session was two days after Tim's announcement, and Jessica was full of questions. I was basically an observer while she grilled him on whether he was serious (he was), whether he intended to pursue hormones and surgery (he wasn't sure; maybe just hormones), where she fit in to his “new life plan” (he was a lesbian, so the marriage wouldn't be affected). Tim seemed to enjoy sharing the details of his fantasy with Jessica (such as his new name, how he would wear his hair, whether he should shave*

*or wax) while she shredded an entire box of tissues into her lap. When I asked if the shredded tissues were a metaphor, she said Tim had single-handedly shredded her life into flimsy pieces of what had once been whole. Tim countered with, “My life has been shredded forever. By becoming a woman, I'm finally weaving together who I am inside with how I look on the outside.” Given that the couple could speak in metaphors, I expected to enjoy working with them. We agreed that they would attend twice-a-week therapy for three months to give Jessica time to absorb Tim's news and for the couple to figure out its next steps.*

### “Jessica returned home from yoga class to discover Tim dressed up as a woman...”

*Because Jessica and Tim were so focused on “the problem,” it was hard to get much history, but I did learn that Tim is the youngest of three brothers. He was raised in a middle-class suburb by working parents. He described his family as “completely normal; we all get along.” He has a master's degree in computer science and works for a start-up software company. Jessica is the only child of a “single-mother-by-choice.” She grew up in Manhattan with her mother and maternal grandparents. She currently works in marketing for a large Boston hospital. The couple met while doing a charity bike ride. They dated for a year and lived together for two more years before getting married. When asked what drew them to each other, they both cited physical attraction, common interests (including wanting a house with a garden, a dog, two cats, and several children), and compatible temperaments.*

*Though Jessica had a tendency to shred things in subsequent sessions (a*

*gum wrapper, a copay receipt, more Kleenex), she was able to speak clearly about her feelings of loss and her anger about that loss. She was losing her husband, her life partner, her lover, her marriage, her lifestyle, and her dreams for the future as a family. Tim was making a decision that impacted her, Alice, and the marriage, and it was a completely one-sided decision. The marriage could not and would not sustain his “transition.” She refused to be married to a transgendered person. Either Tim got over his “crazy fantasy,” or Jessica took Alice and left. And, yes, leaving meant divorce.*

*Tim responded to Jessica's feelings by insisting his “gender dysphoria” was not a fantasy, that he had known something was missing his whole life, and that he had finally figured out what it was. He was, frankly, surprised that Jessica was so upset because he was so happy. His chronic je-ne-sais-quoi finally had a name and a remedy. Jessica couldn't just cut him out of her life. He was still the same person she'd married. He was still a partner and a parent. He would just have a different body. A body that matched his internal gender identity. There was no reason to get divorced.*

*Over the past few months, the sharing of points-of-view turned to bickering and then full blown fighting. The more Tim talked about his plans for transitioning to and living as a woman, the more enraged Jessica became, harshly and loudly belittling Tim and his plans. The more she belittled Tim and his plans, the more Tim talked in detail about becoming “Tiffany.” I have tried everything possible to keep them focused on useful work by offering interpretations and observations and pattern-identification, but neither has been able to shift out of battle mode.*

*I find this case fascinating on so many levels, but they will not let me work with them. Clearly their fighting is a defense—probably against abandonment by the other—but I*

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**What Now?**

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*can't figure out how to get in there and work through it with them. It's been three months at this point, and the fighting is only getting worse. I've been treating this couple just as I would any couple who came to me in crisis, but I'm wondering if I'm missing something unique to treating people in the transgender community.*

*What now, What Now?*

**Frustrated**

**Dear Frustrated,**

Thanks for asking for my opinion. First of all, a disclaimer: I have not personally worked with anyone in the transgender community, so my thoughts are only as an experienced couples therapist who has done some reading about the issue with which your couple is struggling.

Now that the first three months of therapy are up, I suggest updating the goals. This is an opportunity to stress that one important goal is for the couple to appreciate and understand the other person's point of view even if they don't agree with it. You will need to be fairly active to keep them in listening mode as well as to give your own frequent validation of what they each are feeling. It is also important for you to tell them that it is not clear that Jessica will be able to stay married to Tim. His transition is likely to shake up a lot of her core beliefs about herself and marriage. You might want to clarify that your goal is not to determine whether or not to save the marriage but, rather, to help them feel better about themselves. Jessica may feel less backed into a corner if she doesn't think that she has to stay married.

You may also want to give them some reading about other couples who have dealt with one partner transitioning to a different gender. Virginia Erhardt's 2007 book, "Head over Heels: Wives Who Stay with Cross-Dressers and Transsexuals," as well as Gary Bischof's (et al.) 2011 article (easily

found on Google) on the experience of wives who stayed with male-transitioning-to-female partners should be helpful in normalizing Jessica's feelings. Knowing that some other women have begun with reactions similar to her own and then been able to find ways to continue their marriages could be valuable. The Bischof article is geared towards couple therapy, so you, too, should find it useful and interesting.

Reading this literature may also give Tim an idea of what he might do to help Jessica accept what's happening with him. Tim does not yet seem to

***"No matter how they work things out, their marriage and family...will never be the same..."***

have a clue that it might be difficult, if not impossible, for Jessica to accept him as a woman. I found it surprising that he thought that because he "was a lesbian" the marriage wouldn't be affected — especially given Jessica does not identify as a lesbian. If you can help Tim become more sensitive to what Jessica is grappling with while, at the same time, validating how important the transition is for Tim, you will go a long way toward improving their ability to at least talk to each other without fighting.

I agree with your sense that much of the fighting is defensive—both against their feelings of abandonment and against the mourning that they each need to do. No matter how they work things out, their marriage and family as they knew them will never be the same. It could be that right now, despite all your hard work, they may not be able to do this mourning together. It might go better if you meet with each of them separately for a while.

Finally, they need to talk more about their daughter Alice. Out of anger, Jessica is saying that she will take Alice and leave if Tim doesn't "get over his fantasy." But, in fact, both of them will have to work hard to help Alice deal with her feelings about her father. Whether Jessica and Tim stay married or not, they will both remain Alice's parents. Jessica needs to understand that she cannot unilaterally "take Alice" and that Alice's feelings about Tim are likely to be different from hers. At the very least, and if only for their daughter's sake, the couple will hopefully be able to work together to find a way to talk with each other calmly.

Good luck, Frustrated! This is not an easy couple.

**Stephanie Adler, PhD**

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**Dear Frustrated,**

Well, yours is a thoroughly modern clinical dilemma. "Call me Cait" and the recent spate of social media attention aside, gender fluidity and the identity politics that surround it are complicated and disorienting. When this experience enters an otherwise "hetero-normative" couple, it can feel like a bomb going off. But take solace, you are not alone in your frustration. As any clinician who has borne witness to this experience will attest, there is great potential here for both partners to grow and change in unexpectedly positive ways. As you are witnessing, though, pain comes before potential.

To orient you to this gender disorientation, let's start by slowing things down a bit, clearing the manic air, considering what we mean by sex and gender, assessing the couple situation further, and then calling in some reinforcements.

Your ability to maintain a focus on this now highly reactive couple is

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**What Now?**

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exemplary. You are not — nor do you need to be — a “gender specialist.” It is not your job to move Tim through his experience of gender, though there may be attempts to pull you in that direction. You also do not need to know all the answers. Try to steer clear of a political correctness that constricts and an urge to empathically support when empathic confrontation might gain more ground for your clients. What you are experiencing in this couple is actually not all that uncommon. When a partner begins to reveal transgender feelings to his cisgender (someone whose gender corresponds to their biological sex) partner, a classic betrayal scenario unfolds. It’s painful and frightening. Loss and grief (and attempts to ward these off) come long before understanding. Gender is a conduit for self-cohesion, for connectedness to important others, to their most important early objects. Disclosure of transgender identity is extraordinarily challenging for the individual. The risks of social rejection, loss of loved ones, and even violence are high.

Creating transgender identity is both an individual and an interactional process. As you are witnessing, the disclosure experience is a personal, an interpersonal, and a systemic phenomenon. Though the transgender process usually starts in secret, one doesn’t “crossover” in private. In the context of a heteronormative couple, the revelation packs a punch for the unsuspecting partner. Like Tim, almost all transgender people report feelings of liberation or freedom after disclosing. The veil lifts, the weight of the secret lessens, and a period of narcissistic self-involvement ensues. We can thus understand Tim’s momentary lapse in empathic union with Jessica. There is a projective process afoot as Tim’s “enjoyment” of sharing the details of his future gender expression (you call it “fantasy,” but that word has so many complicated implications in our work

that I’ll steer clear) interacts with Jessica’s rapid “shredding.” Tim’s own “shredding” is not done quite yet, and he may be feeling just a bit too much premature psychological relief as his revelations cause Jessica to bear (and visibly express) the emotional brunt of this very serious situation. Jessica’s belittling of Tim’s detailed portraiture of “Tiffany” (the new “object” in the relationship) is understandable. I suggest keeping “Tiffany” in Tim’s individual therapy and gender support groups for now. It will be most helpful for Jessica to be introduced to these parts of her husband Tim before they become embodied as “Tiffany.”

We can’t yet know (but may hypothesize) that Tim has struggled

***“When a partner begins to reveal transgender feelings ...a classic betrayal scenario unfolds...”***

for quite some time (perhaps a lifetime) with this deeply felt and shamefully kept secret — his “forever shredded” existence. We don’t yet have a clear or complete theory as to the etiology and development of transgender. We know that biological sex and a gendered experience are far more fluid than most of our theories let on. Though he never mentioned gender per se, Freud infamously taught us that psychic bisexuality and multiple cross sex identifications form a foundation for our psychological (perhaps our gendered) experience.

Contemporary post-modern and post-structuralist theorists, steeped in relational, feminist, and queer theories, deconstruct the notion of gender as normative, consistent, fixed, or as a coherent identity. These theorists suggest that a consistent

core gender identity, a linear developmental model, is neither possible nor preferable. The bifurcation of gender into masculinity and femininity is an arbitrary act informed by cultural norms and/or defensive needs. We know that non-transgender children don’t have a sense of gender consistency until as late as seven years old and that developing one’s gender identity proceeds over many years. Non-Linear Dynamic Systems Theory now offers the most contemporary and useful theory for understanding the complex “soft assembly” of gender. It makes ample room for plasticity, ambiguity, instability, and for a process that anticipates no pre-determined outcome for one’s gender. In short, sex and gender do not have singular developmental pathways. It is more accurate to suggest that each person comes to an absolutely unique understanding of their biological sex and their experienced gender.

That said, I do wonder how this couple connected emotionally BTG (before transgender). Their attractions, common interests, and compatible temperaments seem to lack an emotional language, a passionate engagement. Perhaps the emotional distance between them has been greater than it seems, and this is part of the pain — and part of the dilemma in your work. Their facility with metaphor may extend to their relationship. No surprise here: the internal “dysphoric” feelings Tim has felt have no doubt been a barrier, though consciously invisible to Jessica, to an authentic connection. I wonder, too, how Tim’s decision to “become a woman” matches up with any feminist ideals that may be a part of Jessica’s internal world. She was, after all, raised by a “single mother by choice.” Does Tim “become a woman?” What does it mean to become a woman? Is transgender something different?

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## Everybody Loves a Parade

by Helen S. Hwang, Ph.D., MPH  
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Everybody loves a parade, right? On March 21, 2015, the PCFINE Program Committee, along with Joe Shay, Ph.D., as Master of Ceremonies, presented the organization's first ever spring conference entitled: "Couples on Fire: What Should I Say and Why Should I Say it?" Like parade floats that pass by, one after the other, captivating presenters each critiqued a film or television clip of couples in dramatic, if not extraordinary, distress. The following questions and concepts elaborated upon by Dr. Shay anchored each presentation: What is the understanding of the couple? What are the goals? How does one respond generally and more specifically? And finally, how can one make use of oneself?" In other words, what the heck do you do?!

The first clip was from the film "Before Midnight," the third in a trilogy which closely tracks a couple's (Jesse & Celine) interpersonal dynamic through their deep conversations as their relationship and marriage unfolds over ten years. Roberta Caplan, Ph.D., Mark O'Connell, Ph.D., and Diane Englund, LICSW, critiqued a clip in which the now middle-aged couple, with Celine resentful and bitter and Jesse detached, are in a hotel room attempting to rekindle something. A caustic argument slows to the denouement of Celine stating "I don't think I love you anymore"- a tired sigh of deflation.

Dr. Caplan noted the remarkable stabilizing power of core fights- that although being familiar and tenacious, they create opportunities to get to the heart of the matter. She stressed three important tools for the couple's therapist to possess: 1) empathy, 2) a nonjudgmental stance, and 3) an ability to slow down the action. Dr. Caplan stated that *through the*

*therapist's understanding, ownership of disowned aspects of self can break through the embeddedness of toxicity.* Moreover, she gestured, with raising her hands, that she "directs traffic" to decrease arousal, thereby allowing feelings to be metabolized and expressed.

Dr. O'Connell extended the issue of arousal by stating relationships are set up to be dysregulating, and that a couple's capacity to self-regulate creates security. In fact, the functional role of the couple's therapist is to regulate. Interestingly, Dr. O'Connell

***"...love does not end in disillusionment; rather, the idealized state we originally "saw" someone in is worth holding onto..."***

spoke of "loftier goals"- that there is a higher purpose to being with someone than simply "getting along better" - it can in fact be wonderful! He raised some rather existential points: that love does not end in disillusionment; rather, the idealized state we originally "saw" someone in is worth holding onto. Moreover, really being in love with someone is seeing how someone ought to be seen. Finally, he posed a question he would ask the couple: "What is so scary and risky about asking each other what you want?" as an example of creating a "mentalized" place to think.

In colorful form, Diane Englund announced that couples are "infinitely interesting" and that working with them is like playing three dimensional chess. She noted a goal of couples therapy is to encourage a movement away from conflict to curiosity, thereby decreasing a "talking at each other." That the husband may be stronger, or the wife more psychologically fluent is less important compared to understanding

how they talk to each other. Like Drs. Caplan and O'Connell, Ms. Englund spoke about slowing the action down, thereby offering a containment function for the couple.

The festivities continued with a clip from "In Treatment," which showcases the professional and personal life of Paul, a complicated man and psychotherapist. Paul and Kate have a heated argument in his home office about his apathy as a husband and father, that he is in fact "old and anemic at home, but most alive in the office." The argument hits a crescendo with Kate revealing she has been having an affair, whereby Paul, angry, finally wakes up.

David Goldfinger, Ph.D. and Susan Phillips, Ph.D. presented, with Dr. Goldfinger focusing his discussion on attachment needs and developmental issues, encouraging us to trust the tools of the trade, i.e. our theoretical formulations. Moreover, extramarital affairs can represent many things such as neglected attachment needs. In regards to using formulation to guide questions, Dr. Goldfinger pointed to Paul's father having left his mother for a younger patient, leaving a grieving suicidal mother behind. That affected Paul in his object choice of Kate, who unconsciously, represented the strong and independent woman who could now take care of him in his collapsed state. With thoughtful questioning based on our formulations and hypotheses, the creation of a reflective process and dialogue driven by curiosity and empathy develops.

Of all presenters, Dr. Phillips spoke most about the use of subjectivity to guide formulation and intervention. In empathic resonance to Paul and Kate with what she called "white heterosexual couple-dom," Dr. Phillips noted the seeking out of "watered down relationship affairs" with the job, computers, and children that occurs in long-term relationships. Relational

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**Everybody Loves a Parade**

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representations are formed in her mind as she links the material associatively to her own experiences. She noted that the frontal cortex goes offline in heated situations and in being able to ask for the state of mind of the other, each is eventually able to locate the actual pain beneath cruelty.

Well, what comes last in a parade? Depending on which one you're at, it can be Santa Claus or some extravaganza that really captures your attention and punctuates the festivities. Jennifer Stone, Ph.D., Carolyn Maltas, Ph.D., and Justin Newmark, Ph.D., were given the challenging task of critiquing the malignancy between Martha and George in a clip from "Who's Afraid of Virginia Wolf?" in which both are in the ring and in peak form ripping into each other. In the midst of a sado-masochistic maelstrom, the "safe word" has been violated, with the "imaginary child" being brought up outside of its agreed upon use.

Dr. Stone noted that Martha and George would never show up in couples therapy, as a perverse equilibrium with its foundation established in sado-masochistic calcification prevails. In a baroque way, the marriage is working "well" and thus therapy at least would be insignificant, at worst, threatening. So, she wondered: what would actually bring them in? One would have to be comfortable and adept at entering the maelstrom, which could be dizzying. Like Marsha Linehan who works with patients who are beyond the scope of more standard interventions and who uses irreverence, Dr. Stone stated she might say "You are each a master at taunting your partner so expertly. That's where the work is; are you interested?" Dr. Stone further stressed the need to slow things down in order to regulate affect.

Dr. Maltas stepped away a bit from psychodynamics. She stressed

systemic ideas pertaining to the self-perpetuating loops of behavior that have taken on a life of their own and have become impermeable to interpretation. She would focus on the stable power dynamic rooted in the game of who is up and who is down, who is villain and who is victim. She further stated that she would be in touch with her countertransference around ever hoping the couple would be better off at dismantling this carefully constructed system. At the same time she would hope that they paradoxically protest against her view

***"...a goal of couples therapy is to encourage a movement away from conflict to curiosity..."***

that things should stay the same.

Dr. Newmark noted that a couple like Martha and George may want to take their show on the road, and incorporate others into the way they play. If the therapist can be playful and even humorous and eventually act as translator in the midst of bloodsport, the disowned aspects of themselves could possibly seep out. Dr. Newmark further stressed that with a strong alliance, the therapist can say and do almost anything, creating freedom. With such a challenging couple, bringing in something good from the session prior creates security and safety. Finally, Dr. Newmark noted the therapist's authority and urged that with couples functioning at a borderline level who easily regress, boundaries, rules and simplicity should prevail.

Along with the tremendous amount of talent, skill, and experience of all presenters, a good dose of reality prevailed in how difficult and challenging this work is, that in fact, it can't be made to look easy. One of the more prevalent themes was the challenge in managing the arousal, whether it be through containment; or

holding, diffusing, or metabolizing projections; or "directing traffic" by putting your hands up and authoritatively stating "stop." Interestingly, the newer documentary about Amy Winehouse called "Amy" shows her struggles and how she could not slow her life down enough in order for her to actually live in it. Tony Bennett (age 88) with whom she collaborated, was interviewed after her death at age 27. He stated life eventually tells you how to live it; you just have to live long enough in it for this to happen. A skilled couples therapist can allow a couple in fiery distress the actual time needed for each to live more fully conscious in the unfolding relationship.



**What Now?**

*(continued from page 5)*

And, finally, calling in the reinforcements. Both Tim and Jessica need emotional support and factual information — as do you. Eventually the family will need a safe place to talk through this experience. Individual treatment and support groups for both partners is essential right now. Consider the following excellent sources of information and support: The world Professional Association for Transgender Health, the Massachusetts Transgender Political Coalition, the Stonewall Center (Western MA), Fenway Community Health, the Tiffany Club of New England (Waltham, MA). It takes a village to understand gender, to support a couple, and to support a couple's therapist.

Good luck, Frustrated. As therapists, we should all be buckling our seatbelts and preparing for a bumpy ride as gender fluidity more fully enters our culture and our consulting rooms — even before it has fully entered our theories and our clinical training programs.

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## Welcome First Year Students!

We have a very interesting and experienced first year class. We look forward to meeting them at the Orientation and welcoming them into the PCFINE community. Here are brief biographical statements received from 10 of our 12 new students.

**Fatima Aydin, Ph.D.**, I have been a Licensed Psychologist for the past 16 years. I obtained my doctorate from Boston University and underwent my clinical training at the Beth Israel Hospital, as well as various other clinics and hospitals in the Boston area.

I currently see clients in private practice in Back Bay, as well as part of a group practice in Brookline, the Boston Evening Therapy Associates. My approach is primarily psychodynamic, and I have over the years shifted over to doing more and more couples work, something I truly enjoy. I'm very excited to be taking part in the PCFINE training program, not only to enhance my skills in this area but also to connect with colleagues who share my passion for this work.

My name is **Andrea Bleichmar**. I was born in Buenos Aires and I did my undergrad and grad work at the department of Psychology of the University of Paris VII. Here in the States, I became a psychologist at M.S.P.P. in 1999. I finished the 4 years of training at MIP last year, and I'll graduate after finishing my 3rd control case. My current interests are in the area of memory and memorializing of catastrophic social events. I work with adults in my private practice in Brookline.

**Nina Carmel, MSW**, has had a truly eclectic background. Trained as a psychoanalytic psychotherapist she has worked in college counseling, mental health clinics and private practice settings and created the successful 'Therapy Center for Mind

and Body', LLC in the Boston area. As a professional dancer and artist, she has taught, exhibited and performed in Europe, the Middle East and the US and was Artistic Director for the dance company 'Terpsichore By The Sea'. As a dancer and clinician she has had extensive training and experience in contemporary, body-based treatment of trauma and mental illness and is a graduate of the Massachusetts Society for Bioenergetic Analysis. Nina has also had decades of experience with Eastern approaches to mental health and the alleviation of suffering. She was given formal, traditional meditation training as a child and has grown up to pursue formal training in Classical Hindu philosophy and practices, Buddhist Psychology and Theravada, Mahayana and Vajrayana Meditation practices. She is a certified senior Yoga and Meditation teacher and teaches widely both nationally and abroad and she is a graduate of the certificate program at The Institute for Meditation and Psychotherapy. Nina considers being a mother her primary work over the past fifteen years, the most profoundly satisfying and creative work and her greatest joy.

**Joe DeAngelis, LICSW**, is a seasoned clinician in private practice in Lexington. He has a background in Pastoral Counseling and was a graphic designer in another life. Deeply involved with NSGP and a relatively recent MIP graduate, he loves the vibe at PCFINE and looks forward to getting more involved.

**Melissa Kelly, LICSW**, is in private practice in Cambridge. Though she has had a private practice of varying size for 5 years, this past year is her first year going full-time. She has a clinical interest in Acceptance and Commitment Therapy and has been using this model in individual and group therapy for 7 years. Outside of work she loves traveling, reading, rock climbing and hanging out with her dog Olive.

**Louise Kenyon**, After years away from the field raising my family and working as a personal trainer I enrolled in the Boston Institute for Psychotherapy Clinical Fellows Post Doc Program in September 2011 and graduated in June of 2014. I opened a private practice in Back Bay in March, 2014 and currently work with both individuals and couples. I have just opened a second practice, which will be more full time, in Dedham. I have worked with couples on and off for the past four years and love the work.

**Kevin M. Kozin, MS, MTS, LICSW**, I am delighted to be joining the first-year training program at PCFINE. I've completed two postgraduate fellowships at MIP and currently work with couples utilizing mindfulness techniques, Imago therapy, and an array of psychodynamic techniques. I'm a practicing social worker, providing outpatient psychotherapy for children, adults, families, and couples in my private practice in Lexington, MA. Two of my specialties include working with grief and loss (dying, divorce, medical loss, etc.), and relationship work. In my previous career, I was an Information Systems Project Manager and have a master's degree in the management information systems. I also have a theology background (MTS) and work to incorporate people's faith traditions into the therapeutic work.

**Maya Reddy, LICSW**, is a clinician in the Community Reintegration Unit at McLean Hospital in Belmont, MA. She is also in private practice in Cambridge, working with couples and individuals.

**Elizabeth Spencer** is a clinical social worker with post-graduate training in British Object Relations theory and therapy from the Washington (D.C.) School of Psychiatry. She has worked in community mental health, college counseling, and in private practice in Cambridge and Natick. She has a

*(continued on page 11)*



## What Janina Fisher Taught Me

By **Carolynn Maltas, Ph.D.**

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I am delighted that the Program Committee is bringing Janina Fisher, Ph.D. to PCFINE for a day-long conference in October. I met Janina a few years ago when I decided to get some training in Sensorimotor Psychotherapy. I was looking for new ideas about dealing with physiological activation in couples (and in myself), during intense couple conflicts. I was also hoping to broaden my approaches for addressing the non-verbal elements of communication that are pervasive in couple therapy. Janina Fisher was my first teacher and I was dazzled by her ability to integrate non-verbal, somatic interventions into a verbal, psychodynamically-oriented talk therapy.

Though Sensorimotor Psychotherapy was developed as a treatment for individuals, particularly ones with trauma histories, many of the ideas and techniques were clearly relevant and useful for work with a broad range of issues in couples.

After completing the training I turned to Janina for help with the most difficult cases in my practice, those where both partners had histories of trauma, neglect and/or abuse. The individual partners in these incredibly volatile couples yo-yoed between states of hyper-arousal and alertness to danger, and complete emotional shut-down, avoidance or dissociation. The extreme rapidity with which things could fall apart was dizzying, and the difficulty maintaining a sense of safety in the therapy disheartening.

Enter Janina Fisher. With her long history working with trauma, as well as treating a wide range of issues in couples, she was a wonderful supervisor. She offered fresh ways of conceptualizing the couples' dynamics and interactions, and many new ideas for how to intervene. I learned to better

*(continued on page 11)*

## PCFINE June Party



Steve Krugman, Susan Abelson, Rachel Barbanel-Fried



Stephanie Adler, Belinda Friedrich, Ruth Chad



Marina Kovarsky, Arnie Cohen, Carolynn Maltas

## The Do's and Don'ts of Couple Therapy

By Jerry Gans, M.D., CGP, DFAGPA  
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I have developed this list of “Do’s and Don’ts of Couple Therapy” from my 44 years of treating couples, reading books, watching movies, and attending lectures and workshops on the topic, and from my 50 years of marriage to the same woman. Given the challenges of treating partners in distress, this list should be a guide, not a substitute, for this complex enterprise. A basic assumption of this article is that the ultimate goal for couples work is not the salvation of the partnership but rather that each of the individuals is able to live the fullest possible life. At the same time I take very seriously the enormous investment that partners have made in one another and I work very hard to help them resolve and heal their differences.

The do’s and don’ts of couple therapy presented here address the following topics: the working alliance, communication improvement, negative cycles, issues and emotions underlying negative cycles, taking sides vs. compassionate neutrality, dealing with here-and now material, marital strengths, infidelity, and countertransference. Limitations of space will allow me to expand on only a few of these topics.

### DO’S

- Establish a strong working alliance by being mindful of and proficient in providing the many diagnostic and therapeutic functions that contribute to its formation
- Through psychoeducation, help couples improve their communication
- Distinguish actual couple problems from longstanding problems of two individuals masquerading as a couple problem
- Identify Negative Cycles and

explore the painful emotions underlying them

- Develop compassion for each partner’s pain no matter how asymmetrically they present with regard to suffering
- Place couples’ difficulties in a developmental framework
- Remember that partners initially chose each other because they found positive qualities in each other
- Develop a differential diagnosis for

*“Don’t take sides and, WHEN YOU INVARIABLY DO...treat your doing so as data to be understood with the partners for their benefit.”*

infidelity

- Inquire about the couples’ sexual history, financial dealings, and substance use even if these three topics are not part of their presenting problem or mentioned as a concern
- Be aware of your positions on certain topics – e.g. abortion, secrets, religion, divorce, money, and infidelity – so that you don’t impose them on the couple
- Value equally historical and here-and-now material
- Be aware of your internalized view of marriage from your family of origin or your current relationship
- Remember, in conducting couples therapy, you have not cornered the market on the best way to live

### DON’TS

- Don’t rush the initial evaluation
- With certain couples, don’t mistake success for health

- Don’t lose sight of the important differences that exist when couples converse on the level of thoughts, feelings, and fantasies compared with when they speak on the level of action or intended behavior
- Don’t settle for generalizations. Ask for specific examples, which is where the feelings are
- Don’t take sides but, WHEN YOU INEVITABLY DO and, when the time is right, treat your doing so as data to be understood with the couple for their benefit
- Don’t try to promote closeness between members of the couple (when it is not there); instead, explore the factors that impede closeness
- Don’t assume that because (you think) you are being compassionately neutral that both partners are experiencing you that way
- Don’t neglect the exploration and honoring of partners’ strengths
- Don’t assume that infidelity equals infidelity equals infidelity
- Don’t shut down angry interactions between partners when doing so is more for your benefit than for theirs
- Don’t allow partners’ questioning of each other to turn into interrogations. One definition of trust is “not having to know everything”
- Don’t lose sight of transference, projection, and projective identification
- Don’t be afraid to speak the truth as you see it even if you think it will (temporarily) upset the couple or one of its members

The foundation of a successful couples therapy is a strong working alliance. Several therapist activities establish this bond. Clarify each partner’s goals. Help each partner feel understood,

*(continued on page 11)*

**The Do's and Don'ts of Couple Therapy***(continued from page 10)*

empathized with, and respected. Let each partner's story touch you emotionally; if you are not affected, try to understand why. Collaborate with the partners rather than doing something to, for, or on them. Ask questions that are calculated to uncover important information. Use language that helps the couple feel that you "get" them. Make clear the way you structure the initial sessions, and state the fee that you charge. I like to ask the following question at the end of the first session: "Will either of you leave today's session feeling that something important has NOT been addressed?"

Our expertise can help couples improve their communication. Encourage "I" vs. "You" statements. Favor subjective over objective reality. Slow down intense, unrestrained conversations in the service of accessing feelings. Oppose name-calling and sarcasm. Discourage using as ammunition material disclosed in confidence. Distinguish between real questions — ones that can be answered as freely with a "No" as with a "Yes" — and demands, which involve coercion, that don't allow for real choice. Ask, "What are each of you prepared to change in yourself to improve your relationship?"

Help couples understand how their co-constructed negative cycles — recurring, unproductive, upsetting, distancing interactions — operate and prevent them from acknowledging and sharing their respective, underlying vulnerabilities.

Expect that you will take sides and change sides. For several reasons, don't allow these inevitable vacillations to devolve into calcified favoritism. There are often unconscious dynamics at play that you can't or don't yet comprehend. Partners sometimes consciously and deliberately withhold important information. Spouses are more likely to be unwitting co-collaborators than current enemies.

Don't ignore marital strengths. Ask questions that explore the positive aspects of the couple's relations. For example, "What led you to decide that this was the person you wanted to marry?"

Think of infidelity as a physician would think of fever, a symptom of an underlying disorder. Put moral issues aside and develop a differential diagnosis for infidelity. Some items on that list include: yearning for emotional connection, assurance, self-discovery, novelty, or freedom; a quest for individuation, an antidote for feelings of deprivation, disappointment, emptiness or constraint, revenge, or a dry run for divorce.

Keeping in mind the elements of a healthy couple relationship can guide your efforts to be useful to couples in conflict and distress. Healthy couples are able and desire to hear each other. They care about each other's feelings. They are able and willing to compromise (rather than take turns with a vengeance). They give each other the benefit of the doubt. Each partner owns his/her part in creating conflict. They are kind to and respectful of one another. They are grateful to have each other and generous in their interactions. They realize and take in stride that in intimate relationships people periodically disappoint one another.

Dear PCFINE reader, I know you appreciate that a list of rules cannot do justice to the complexity of conducting couples therapy. I trust you will take my "Do's and Don'ts" as guides, not rules, and that you will lend your voice and clinical experience to their application. And feel free to discard any that don't resonate with your personal style or clinical practice.

**What Janina Fisher Taught Me***(continued from page 9)*

track states of arousal in the couple, and in myself, and teach the partners to identify physical experiences as a new source of information. She suggested ways to help them inhibit habitual responses to these body experiences and emotional states, to expand their tolerance, and to develop new responses. Not all of her suggestions fit my style of conducting therapy but many did. Even the ones that I was not able to integrate showed me a different way to think about what was going on between the partners, which I could then address in various other ways. I would add that her warmth and sense of humor helped me lighten up about my work with these very difficult and stressful cases. In understanding better what was going on when things fell apart, I could keep from being traumatized myself while addressing the ways they inadvertently re-traumatized one another.

I hope you can come to the conference and learn from this gifted teacher new approaches to some of our most difficult experiences as couple therapists.

**Welcome First Year Students***(continued from page 8)*

longstanding interest in the overlap of creative process in psychotherapy, art making, and art viewing. Most recently she has conducted "Learning to Look" workshops at the Museum of Fine Arts (MFA). She is interested in the clinical application of attachment theories in couple therapy.

**Ash Turnbull, LICSW**, treats adults, teenagers and couples in private practice in Brookline, MA. She is a fifth year candidate at The Massachusetts Institute for Psychoanalysis and on the faculty at Harvard Medical School.

## The Many Faces of Shame in Couple Therapy”

By **Belinda Friedrich, LICSW**  
bfriedrichlicsw@gmail.com

On June 14, 2015, PCFINE members gathered for the Brunch Committee’s final brunch of the season, as it continued its series on working with affect, entitled “The Many Faces of Shame in Couple Therapy.” The presenters were Jerry Gans, M.D. and Steven Krugman, Ph.D. with Rachel Barbanel-Fried, Ph.D. as moderator. Susan Abelson served as host and Alice Rapkin helped everything run smoothly. The 21 attendees engaged in a lively clinical discussion in the final hour of the two hour event.

Jerry Gans began by introducing a conceptual framework around shame, partnered with an extensive literary bibliography on the subject now available in the PCFINE archives. Jerry started by sharing an experience of his own shame, thereby indirectly introducing the idea that we should all include ourselves in the questions: When have I felt shame? What defense did this shame elicit in me? What were the effects of this shame on my defenses? Did something about my defenses keep me from staying truthful? How can I stay honest with myself? Did my defenses cut myself off from supports that I know would have been there for me? Jerry spoke of the struggle between the grandiose professional ego ideal versus the realistic professional ego ideal in the navigation of shame. The use of one’s own experiences to journey into the subject of shame demonstrated an essential tool in shaping the morning to be a “safe” discussion for all those present.

Jerry highlighted the elusive nature of shame, how it easily recedes into a place that is overlooked, successfully avoiding label and attention. The detection of shame is the first step, as it often masquerades as other things:

bullying, neglect, disdain, contempt, perfectionism, envy, retreat and self protection, reaction formation, compulsive care taking, blaming behaviors, addictions, somatic complaint, body issues and sexual issues, just to name a few. Jerry spoke of negative cycles that couples create where they become locked in a self-protective mode of shame. Issues of infidelity, disloyalty, moralizing, confidence breaking, compulsive behaviors and blame were some of the ways shame can be bound within a couple dynamic.

Jerry noted the importance of attending to early childhood memories of shameful experiences. Examples were given: critical statements from parental meanness (you’re stupid, you ruined my life, you’ll never amount to anything, why would anyone want you as a friend?), peer bullying, and hurtful comments directed at sexual orientation. Fairbairn was referenced with regards to how early hateful interactions with important childhood figures are internalized as introjects. The activation of these toxic or critical internal introjects results in feelings of shame that are both hidden and at the heart of many couple difficulties.

Jerry then referenced a specific couple’s issue around shame. A spouse is self absorbed as he returns home from work. His inattentiveness activates his wife’s internal introject, causing her to feel “he doesn’t miss me,” though she previously had been looking forward to his arriving home. She then begins blaming her husband, and the Negative Cycle escalates as the activation of her husband’s introject makes him feel “that she doesn’t care for me anymore.” This intensification can occur before either person realizes they have engaged in a cycle of shame and vulnerability. While as a child one could not process such focused hate that gives rise to the introject, the internal relationship with the introject serves as an eternal

source of opportunity to heal in the course of future relationships.

Jerry also referenced shame within the therapist that can manifest as embarrassment and mortification. Areas of vulnerability for the therapist can include over-identification, fee issues, derogatory comments, personal difficulties, discomfort or fear around self-disclosure and exposure. Finally he highlighted some of the greatest fears imbedded in shame: the fear that no one will want to have anything more to do with us, the diminishing of self, unbearable isolation and self condemnation and a dearth of human relationship.

Steve Krugman followed this conceptual framework with a compelling case presentation, of an ongoing therapy with a middle aged couple, who are striving hard to remain together. This case narrative further detailed three categories of shame, and how they can overlap: shame shared by the couple, shame experienced by an individual member of the couple, and shame experienced by the treating clinician. A therapist’s labeling their own shame, was explored as a technique that could help carry the pain of the shame within a couple. A particular example was shame surfacing within Steve around a client’s felt impasse in treatment from issues that reoccurred and proved hard to resolve. Steve explored the therapeutic value of holding this shame within the treatment frame, as he spoke of his own shame to the couple directly. “I realize that this treatment has not been as helpful as you would have liked, and I share your disappointment.” There was some thought that moments of impasse, can be tied to moments of breakthrough or important healing. Discussion about divorce was identified as another vulnerable area of shame in couples treatment. In discussion, questions were raised as to whether there could be a correlation between case  
*(continued on page 13)*

## The Vulnerability Cycle

By **Rivka Perlmann, Ph.D.**,

[rivkayp7@gmail.com](mailto:rivkayp7@gmail.com)

&

**Michele Scheinkman, L.C.S.W.**

On March 4 and 5, 2016, Michele Scheinkman, L.C.S.W. will be coming to us for a two-part program on the Vulnerability Cycle. Many of you have read her papers which are rich, clinically useful, and practical. In her day and a half with us she will do an in-depth presentation of the concept of the vulnerability cycle. She will demonstrate how to use it as an anchor in the therapeutic work, especially in diverse clinical situations, to understand and transform entrenched impasses in couple relationships.

In our first day together Ms. Scheinkman will present a collaborative multi-level approach,

intended as a map to orient the therapist in how to move through the therapeutic process step-by-step. She will focus on how to create a safe holding environment to help couples contain their anxiety and escalation. Then through case presentations and video clips she will demonstrate how to work with interactional, structural, intrapsychic and intergenerational layers of the couples' problems.

In our second day we will explore the many clinical challenges we face as we work with impasses of intimacy, sexuality, infidelity and jealousy in couples therapy. Taking into account the transformation of intimacy in the last fifty years and the multicultural diversity of couples we are seeing in our practices, she will explore how to help couples rekindle and sustain intimacy in their relationships in spite of these contemporary social changes.

Applying the concept of the Vulnerability Cycle we will examine how to help couples move from reactive defensive positions to expressions of vulnerability and yearning that can ease self-reflection, choice, dialogue, and negotiations of a better intimate fit between them.

Michele Scheinkman, L.C.S.W. is originally from Brazil, and she brings a multicultural perspective to all aspects of our clinical work. She is presently a faculty member of The Ackerman Institute for the Family and is in private practice in New York City. She has been consulting and presenting workshops throughout Europe, Latin America and Asia, and her papers have been translated into several languages.

## The Many Faces of Shame in Couple Therapy

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consultations and the negotiation of shame within a treatment. Might some clinicians who find themselves seeking case consultations be enacting shame that had heretofore escaped notice or label within the treatment frame?

Steve referenced avenues where shame experiences revealed themselves in the treatment of this couple. Examples included: shame triggered by family of origin reunions, shame felt when identifying negative qualities of a parent in oneself, shame felt if an "identified patient" emerged within the couple, shame felt with initiation of a medication evaluation, and shame felt not being able to meet a spouse's needs. Other areas discussed by the group included shame felt in sexual disorders and the

inherent role of shame within deep grief and unresolved losses. The group discussion illustrated how shame resonated within the caseloads of those present.

Steve further highlighted areas of clinician shame such as concerns over making mistakes in the clinical choice points in treatment and exposure to judgment by other therapists. Steve gave a specific example of clinician differences in theoretical framework; such as varying beliefs about whether to consider conjoint individual and couple treatments by a single provider. The moderator, Rachel Barbanel-Fried did a great job of keeping time and guiding discussion.

A wrap-up note from the morning was on the importance of having a safe

professional community in which to explore issues of shame. PCFINE was appreciated for its role in fostering community and supporting clinical conversations

It was announced that the current theme of use of affect in our clinical work will continue in the next PCFINE Brunch series.

**Addendum:** As I was writing up this synopsis, I noted in my couple cases the frequency of emotional sensitivity at the moment of first contact between the members of the couple at the end of their day. The genders can be swapped, and the example can hold true.

## Cartoon Caption Contest



Cartoon by David Goldfinger

Submissions for this cartoon should be sent to David Goldfinger at [davidgoldfinger@gmail.com](mailto:davidgoldfinger@gmail.com). All entries received within the first 14 days after publication of this newsletter will be posted on the PCFINE listserv at the end of that time so that the PCFINE community may delight in one another's cleverness. The next issue of The PCFINE Connection newsletter will announce the winning entries as selected by the newsletter staff based on the creativity, humor and originality of the submissions. Have fun, be creative and enjoy!



Cartoon by David Goldfinger

## Spring 2015 Cartoon Caption Winners

- #1 **Donna Morgan:** "So George, you're longing for more pillow talk?"
- #2 **Nancy Cahan:** "Seriously Doctor, I just don't know where his head is at."
- #3 **Tie between**  
**Randy Blume:** "So there seems to be a pattern of you biting his head off."  
and  
**Helen Hwang:** "He does make some sacrifices to be with me."

The judges (David Goldfinger, Dan Schacht, and Eleanor Counselman) found it very hard to decide and appreciate the many witty entries!

### Letter from the Co-Presidents

(continued from page 1)

it probably has more to do with the Pre-Oedipus Complex, assuming there is one, which I don't think there is.

I could not be more tickled that two people who began their couple and family training with us years ago will now be running the place. And a matriarchy to boot. I am sure that all of the original folks who were around in the early days share my pleasure in this fact. To the many of you who have also come up through the Training Program, or have joined us through some other route, we also hope you will find a place in PCFINE over time. It's a place where you can make a difference if you want to. There's room for you and we welcome you.

As I leave my Co-Presidency, I'm afraid I can't individually acknowledge the many people who have played significant roles in making PCFINE what it is today. It probably would have been a good idea to communicate that along the way, and to those who feel their contributions have been taken for granted, I apologize. I do want to just thank all of you for having been my friends, playmates and co-conspirators during these years. I can't think of a nicer community to have been part of.

**Justin (and Sally)**

**Sally Bowie, LICSW**  
[Sibowie@aol.com](mailto:Sibowie@aol.com)

&

**Justin Newmark, Ph.D.**  
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Co-Presidents, PCFINE



## Member News

■ **Theresa Bullock Cohen** — I have recently achieved certification in Emotionally Focused Therapy (EFT), an evidence-based form of couple therapy that is based on attachment theory.

■ **Eleanor Counselman** — In February I co-taught a workshop called "Affect in Supervision" at AGPA in San Francisco and also chaired a panel called "Group Psychotherapy of the Future." In April I gave a workshop for PCFINE called "Affect-Based Couple Consultation," and in June at NSGP I gave a workshop called "Affect in Supervision." I am co-author, along with Robert Schulte and Yavar Moghimi, of an article called "Reading Plays to Enhance Group Therapists' Learning and Wellbeing" that will appear in the *International Journal of Group Psychotherapy*. My husband and I took a very interesting trip in May along the Rhine River in Germany and the Netherlands, visiting a number of WWII sites.

■ **Holly Friedman Housman** — I was a panelist with **Justin Newmark**, **Steven Cooper**, and moderator, **Sally Bowie** on May, 4, 2015, at the BPSI seminar "Widening The Lens: Adventures In Psychoanalytically Informed Couples Therapy." I am the co-chair of Explorations In Mind Program, BPSI's community education program which offers a wide range of courses for professionals. I am also an Admission Co-chair of BPSI's Fellowship Program for 2015-2016.

■ **Marina Kovarsky** — On November 14th I will be moderating a presentation by Darlene Bregman Ehrenberg, Ph.D., ABPP entitled "On Love and Coercion and the Tyranny of Vulnerability" with our own **Mark O'Connell, Ph.D.** as a discussant. The presentation will focus on working with patients who cannot bear the vulnerability of desiring, and who, as they begin to "care" or to "love" find their feelings escalating to proportions that feel unbearable and unmanageable and who, when they "care" and "love" feel so desperate

and so vulnerable that they behave in ways that seem to be anything but "caring" or "loving." Please consider joining us for this exciting event, which will take place 9:30 AM to 12:30 PM at Macht Auditorium in Cambridge.

■ **Carolynn Maltas** — In addition to presenting at PCFINE's Couples on Fire Conference, I also taught a course to the Harvard/Longwood psychiatry residents on Working with Couples. Unfortunately, due to an injury, I was unable to participate in the joint panel on Couple Therapy with BPSI that Sally, Justin and I had been planning for more than a year. Fortunately, it happened on the way back from a wonderful family vacation, not on the way there.

■ **Robin Ohringer** — I had an intensive experience away from psychotherapy and mental health activity this summer when I attended CelloSpeak, a week long cello camp for adult cellists of every level of experience. Attended by people from 30 to 90 and from all over the country, the week was full of classes, informal playing together, and nightly concerts. It was truly inspirational on multiple levels.

■ **Dan Schacht** — In anticipation of my daughter entering Kindergarten, I am excited to enter the world of being a parent of a student. I am also looking forward to teaching a Couple and Family Therapy course for The BU School of Social Work this coming winter.

■ **Joe Shay** — I presented "'Why Should I Believe You?' What Does Trust Have To Do With It?" at the annual PCFINE dinner. At the annual AGPA conference in San Francisco, I chaired a panel entitled "Mapping Theory to Technique," and then chaired a panel of PCFINE faculty who presented at a conference entitled "Couples on Fire: What Should I Say and Why Should I Say It?" I also led a weekend Experience Group in

Portland, Maine for a group of senior clinicians who have been meeting for more than 25 years. I then was a panelist in an AGPA teleconference discussing the topic of "The Courage to Explore: Solitude and Group Therapy," followed by leading a workshop at the annual NSGP Conference entitled "Couples Gone Wild: The Top 10 Complications in Couples Therapy." Finally, my book *Complex Dilemmas in Group Therapy* (co-edited with Lise Motherwell) was translated and published in Korean.

■ **Lisa Sutton** — I presented "Privileging Affect: Why and How" in March and June at Grand Rounds at the Boston Institute for Psychotherapy, and at BIDMC Social Work Grand Rounds.

■ **Amy Taylor** — I just completed the PCFINE Year 1 training program. I received the Division 39 Scholars Award from Section VIII, Couple and Family Therapy and Psychoanalysis. Here's the announcement:

Please join me in congratulating Amy Taylor, PhD, for recently receiving the APA Division 39 Scholars Award from Section VIII, Couple and Family Therapy and Psychoanalysis: <http://www.apadivisions.org/division-39/about/awards/couple.aspx>, for her interest and experience in systems work and psychoanalysis. In her application, she wrote about the work she does at the Austen Riggs Center, her training at the Psychoanalytic Couple & Family Institute of New England (PCFINE), and her dissertation which is partly about how individual experiences are more embedded in an imaginative relational world than one might think (i.e., at the level of sensory perception). The award includes a travel grant and year-long mentorship, and is intended to

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**Member News***(continued from page 15)*

encourage early career psychologists with interest in a given area to attend the conference and deepen ties with the division and section.

I also have opened a small private practice in Stockbridge, MA, and hope PCFINE members will think of me when they think of Western Mass. More info about my practice at amytailorphd.com and on Psychology Today.



## PCFINE Program Committee: Red Well Theater Group Presents “Dinner with Friends”

**By Susan Phillips, Ph.D.**

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&

**Paul Efthim, Ph.D.**

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During our tenure on the PCFINE Program Committee, there have been some dramatic moments. There was the mad dash through the corridors of Cambridge Hospital to locate our audio tech support person, as our speaker and audience waited expectantly, only to learn he was not on site. Then there was the time, 48 hours before our largest to-date event, when we learned that Esther Perel would have to share the stage with the fully configured set of Romeo and Juliet. Though we could imagine a more incongruous pairing, it had not been in the contract!

None, though, have foreshadowed the exciting and playful side of “drama” as much as our e-conversations with Robert Schulte, LICSW, the Founding Director of Red Well Theater Group, as we collaboratively worked to locate a play with suitable resonance for an audience of PCFINE members and other professionals. As Bob emailed Susan in February, 2015, “struck gold, won the lottery, found true love, got

hired by Apple. Take your pick as a metaphor for “good news”. I HOPE I have our play.”

The play, “Dinner with Friends” by Donald Margulies, a Pulitzer Prize Winner for Drama in 2000, does indeed seem remarkably well suited to PCFINE. As Bob described it, “it’s all couple”. In its tale of two married couples who have been best friends for years and are now facing the rippling effects of one couple’s marital dissolution (this happens early; we are not giving anything away), there is much that strikes at the heart of couple therapy.

Founded in Washington DC in 2008, Red Well Theater Group has performed to rave reviews at a number of national psychotherapy conferences. After a brief introduction to a play and its thematic relevance to psychotherapy, the performers (who are all psychodynamically-oriented clinicians) work in a theater-in-the-round arrangement, surrounded by the audience. With no props, nor stage movement, the presentation is akin to ‘a radio play’, with the actors interactively portraying their characters for full dramatic effect. Following the play, there is a facilitated discussion that allows plenty of room for shared audience reflection and learning.

On Saturday afternoon, May 14, 1 to 4 p.m., the play will be the thing!



## PCFINE Calendar of Events

- |                 |  |
|-----------------|--|
| Oct. 24, 2015   | <b>Day-Long Conference.</b> <i>“When Intimacy Feels Unsafe: Healing the Trauma Legacy in Couples Therapy”</i> with Janina Fisher |
| Nov. 8, 2015    | <b>Brunch.</b> <i>“Affect-based Couples Case Consultation”</i> with Eleanor Counselman   |
| March 4–5, 2016 | <b>Two Day Conference.</b> <i>“The Vulnerability Cycle”</i> with Michele Scheinkman  |
| May 14, 2016    | <b>Performance.</b> <i>“Dinner with Friends”</i> a play and discussion with the Red Well Theater Group                           |