PCFINE
Psychodynamic Couple & Family Institute of New England

CONNECTION

Volume 5, Number 2 Fall 2016

Letter from the Co-Presidents

Dear Friends and Colleagues,

We begin this edition of the Newsletter on a melancholy note, with two endings to recognize. The first is the winding down of gorgeous summer days (if a little too hot and dry this year for our gardens), as the ease and beauty of the season makes way for fall. The consolation in this is the vibrant color of the season to come, and all the new beginnings autumn brings, such as the start of the Training Program year, the excitement of new colleagues to be met, and new conversations to be had.

The second ending to note, one that will be more sharply felt by our membership as it comes with no ready consolation in sight, is that this is the *last* edition of this wonderful Newsletter. That's right, folks, it's really happening — this is the last edition — at least in its current incarnation. Eleanor Counselman and Dan Schacht, our stalwart Editors, have decided that five years is enough for now; they are stepping down from their posts. Since spring of 2012, Eleanor and Dan have brought us ten newsletters, each fall and spring. They have developed and nurtured this publication, as it is stated in the masthead, "To promote the objectives of PCFINE" and "To be a forum for the exchange of information and ideas among members." They have accomplished that and so much more. Eleanor, Dan, and their staff (Randy Blume, editor of "What Now?"; Rachel Segall, editor of membership news; David Goldfinger, cartoonist and cartoon-caption editor; and more recently Helen Hwang, staff writer) have reported on and reviewed PCFINE events and programs, entertained and challenged us with cartoon contests and clinical dilemmas, cajoled some of us — many of us, in fact, it turns out — into contributing our own writing, and they've done it all with grace and skill and unwavering editorial encouragement for those who agreed to get on board. I can attest to this: I'm completely depending on them to edit this letter, and I know they're going to make me sound so much better than I am.

This newsletter, under their guidance, became an indispensible part of the culture of PCFINE, a bonding element of our community. It wasn't always easy to do this job. And we know it's not easy for them to see the newsletter end. They would like nothing more than to pass it on to other willing hands. (So consider yourself invited to become an editor!)

Thank you, Eleanor and Dan, for your invaluable contribution and for your generosity and dedication — we are deeply grateful. And grateful thanks go also to Randy, Rachel, David, and Helen.

PCFINE continues strong, and as we approach our 15th anniversary next year we find ourselves moving developmentally toward greater complexity and definition in our identity, in our opportunities for learning, and in the ways our membership comes together. As participants in the training program ourselves, Sally (who began in PCFINE's first year, 2002) and I (2007) cannot believe PCFINE is only 15 years old. It feels like it's been our professional home forever. We look forward to celebrating this milestone in some way next year. Our Program and Brunch Committees continue to bring us stimulating, intellectually and clinically relevant conferences and brunch presentations. So far this year we've had Michele Scheinkman, the Red Well Theater Group performance, and a series of brunches on working with affect in couples. The Red Well program was an entertaining and fascinating departure from the norm of conferences and real life cases. And who knew we had three actors of such talent in our midst? Barbara Keezell, Justin Newmark, and Belinda Friedlich, along with Ron Goldman, were truly

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The goals of this newsletter are two-fold:
- To promote the objectives of the Psychodynamic Couple and Family Institute of New England.
- To be a forum for the exchange of ideas and information among members.

PCFINE Mission Statement

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

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

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Letter from the Co-Editors

As many readers may know, this is the last issue of the PCFINE Connection in its current form. Eleanor and I will be stepping down as co-editors after this, our tenth issue. The next incarnation awaits the creativity, interests and inclination of a future editor or co-editors. Eleanor and I and the Board are eager to support and assist anyone who wants to learn more about this opportunity.

With this issue, we are pleased to once again provide a number of articles and features that highlight the many activities of our organization and discuss some of the challenges and rewords or working with couples and families.

We have an engaging feature from Eric Albert on the importance of and challenges inherent in working with couples who present with issues of domestic violence. We have a report from K.C. Turnbull on the presentation by Michele Sheinkman, a summary by Jennifer Stone of our recent brunch meeting and a discussion of the PCFINE Red Well Theater Group presentation in May by Helen Hwang.

In addition to our popular "What Now?" column edited by Randy Blume, our creative Cartoon Contest, and our other regular columns, there is a report on a presentation about Reflective Spaces also by Helen Hwang. While not a PCFINE event, we thought it would be of interest to the PCFINE membership.

This and each issue of the Newsletter has been a collaborative effort. Eleanor and I are very grateful to the members of our committee as well as all of the other contributors to the newsletter over the last five years. They and our designer Karen White have populated these pages with creative, thought provoking, insightful and humble explorations of the work that binds us all together. Eleanor and I have also been fortunate to receive unqualified support and enthusiasm from the PCFINE Board that has made our work easier and more fun.

Lastly, I want to thank Eleanor for being a wonderful partner in this endeavor - someone who was generous with her counsel, humor, insight and vision. I have learned much from her and had a great time doing it.

We hope that you enjoy this issue and look forward to a resurrection of the newsletter when The PCFINE Connection 2.0 is ready to make its debut.

Dan (and Eleanor)

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Co-Editors, PCFINE CONNECTION

Errata

There was a misprint of the author's name in promotional materials for the PCFINE presentation of Dinner with Friends. The author of Dinner with Friends is Donald Margulies (not David Margolies).

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. Case vignettes and responses range from 500-700 words.

Dear What Now?

I'm not sure what to do about a couple I've been seeing for six months. Marvin and Caroline, professionals in their early forties, came to see me just after their tenth wedding anniversary because Marvin wasn't sure if he wanted to stay married to Caroline. He was, in fact, "pretty sure" he didn't want to stay married. But they had two kids together, and he worked long hours as a business consultant. He felt he owed it to himself, Caroline, and the kids to see if he and Caroline could work things out.

The problem, he explained, was Caroline's anger. Before kids, she'd been an accomplished musician with a lucrative career. She was a bit of a "party girl," but she managed her hangovers well and was always cheerful and fun to be around when she was with Marvin. They had met in a hotel in Chicago where she'd been playing a concert and he'd been on a business trip. Because they lived on opposite coasts, their courtship had taken place mainly on the road. When they decided to get married and have children, Marvin took a job in Boston with less travel, and Caroline gave up touring. They bought a house in Lexington.

Caroline got pregnant quickly four times, and each pregnancy ended in a miscarriage. Finally April was born in 2011, followed by Alexander 18 months later. "We have two great kids," Marvin said. "But Caroline is not happy. She complains about them constantly. She yells at them. She yells at me. This isn't good for the kids — or good for me. I don't want to be married to someone who yells at her kids and husband all the time. I don't find it attractive."

Marvin is the only child of older parents, apparently a "surprise" when they were in their late forties. He described the New York apartment where he'd grown up as "silent." His parents were always reading, and he had been encouraged to either read or play quietly in his room. He'd made friends with kids who had "messy, noisy families" and often spent weeks at a time staying at their houses. Once he started college, he never lived at home again. His parents are now in an assisted living facility in Florida, and Marvin visits them twice a year.

> *"...the children might be 'acting out their anxiety' about the anger in the household"*

Caroline is the third child of seven. Her parents, both musicians in their late 60s, met in high school and have been together ever since. Her father plays for the BSO; her mother gives private music lessons in their sprawling Brookline home. All seven children are overachievers, but Caroline is the only one to have a career in music. One of the things Marvin first loved about Caroline was her family — the sheer number of them and the volume of noise that filled their house. He wanted to create that kind of family for himself.

From Caroline's perspective, she'd never wanted her mother's life. Yes, she'd wanted children. And, yes, she'd wanted to be home with them. But it hasn't worked out the way she'd expected. She's been out of the professional loop for eight years and feels she has "no career to go back to." And she desperately wants to go back to music because she isn't "successful" at her current "job" of wife and mother. Marvin, apparently, no longer finds her attractive, and they haven't had sex in months. She can't seem to get meals on the table, stay on top of the laundry, or relate to other moms in such a way that the kids get invited on playdates. And the children are perplexing and frustrating. April has always been a "Daddy's girl" who treats Caroline with "contempt and scorn." The preschool director suggested that Caroline take April to a therapist because she has hit and pinched other girls in the class numerous times. And Alexander, at almost four, is still in diapers. Though he can read and write, he speaks in an imaginary language that only he understands. He is content to build complex worlds out of Legos, but he will have a tantrum if anyone touches them. Neither child likes to eat, and every meal a battle. So, yes, Caroline gets angry. And when she gets angry, she yells. She's sorry if nobody likes her yelling, but it is the only way she is heard.

For six months we've plodded along exploring both spouses' disappointment and resentment. We've worked on intimacy and connection. We've worked on common goals and a shared future. We've worked on parenting, on being on the same page, on time-outs for Caroline before she lets loose on the kids and Marvin. I've expressed my concern about the family system and suggested (as gently as possible) that the children might be "acting out their anxiety" about the anger in the household. I can't say we've made a lot of progress, but they do seem committed to the therapy. I considered them to be just another unhappy couple on my caseload.

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What Now?
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Then, last week, we were dissecting a fight they'd had over the weekend that initially sounded like every other fight they've reported. Caroline had made chicken fingers for the kids' dinner, but the kids wanted hot dogs, and there weren't any hot dogs in the house. Marvin offered them cereal. Caroline dumped the cereal in the garbage, yelling that the children needed to learn to eat what was served. The children screamed. Caroline grabbed her purse and stormed out of the house. Marvin made grilled cheese, gave the kids their baths, and put them to bed. Caroline came home several hours later drunk and belligerent. Marvin had also had a few drinks while cleaning up the kitchen, and a nasty fight ensued. Caroline reported that Marvin put his hands around her neck. Marvin reported that Caroline threatened him with a kitchen knife.

My question, What Now?*, is what do I do with this information? There are so many issues. Is this domestic violence, and, if so, who is at risk? Do they have substance abuse problems, and, if so, should I stop seeing them until they get treatment? How do I ignore the "content" and focus on the "process?" They, of course, denied the severity of the situation and said they had just had "too much to drink and gotten silly." Naturally I pointed out that they were finally in agreement about something, and everyone laughed, but…still. Can I continue to do therapy with this level of risk?*

Any advice would be greatly appreciated.

Sincerely,

OCZ (Outside of my Comfort Zone)

Dear OCZ,

The situation you are presenting is complicated because it brings into play legal and ethical issues that could impact and limit your clinical choices. How do we determine if a situation warrants an acknowledgment of abuse? This area is fraught with subjectivity because each person has their own level of tolerance for verbal and physical abuse. What is unacceptable to one person may not be a big deal to another. Is a push abuse? Is a threat abuse? And what of the countertransference? How do our own feelings, experiences, and histories impact our emotional tolerance and, therefore, our clinical choices? This is especially complicated in the arenas of aggression and sexuality — arenas in which we are already challenged with when we work with couples.

"…you don't want…the physical abuse problems… to prevent you from addressing the underlying issues for which they are symptoms."

If you determine that there is abuse and/or someone's life is in danger, then you need to immediately intervene. You will have to decide if it is serious enough to warrant reporting it to the authorities. On one hand, you are a mandated reporter and have an obligation to report threats of harm to the police if you determine a life is in danger. On the other hand, there is significant data that suggests that reporting abuse often creates problems for the victim in the form of retribution. In addition, reporting the abuse can seriously erode the therapeutic alliance that you have worked hard to develop with your patients. No easy choice here.

The information that Marvin put his hands around Caroline's neck and that she threatened him with a knife is concerning and means we have to take this situation very seriously. However, I am not inclined to determine this is abuse just yet. As far as I know this is the first reported incident. Neither of them was seriously injured. Additionally, they both seem to be engaged in the therapy — meaning you have an alliance with them that will allow you to have influence on their behavior. I suggest exploring with them in detail and at length how and why the situation got out of control. Try to help them see the places where they could have deescalated it. Then make it very clear that their behavior is unacceptable, and warn them that if it continues you will need to take action. Discuss with them what action you might take (whether that is informing authorities, seeing them separately, more frequently, not at all, etc.). I suggest a firm but not punitive stance that will hopefully get their attention and help them curb their behavior.

Another question you raise is whether they have substance abuse problems. While we don't have enough information yet, it seems clear that alcohol had a role in the escalation of their behavior. Therefore, the seriousness of their drinking needs to be addressed. This includes frequency of drinking, amount consumed daily/weekly, behavior issues when drinking, etc. Once I found out the extent of their alcohol problem I would determine what type of help they need. There are a variety of options (AA, Smart Recovery, etc.). In the meantime, I would set some clear limits with them around their use of alcohol and let them know it is a problem that needs to be taken seriously.

One thing you don't want to happen is for the physical abuse problems and the alcohol abuse problems to prevent you from addressing the underlying issues for which they are symptoms. Clearly this couple is in trouble. Caroline seems depressed. I suspect her miscarriages along with her difficulty with the children are

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What Now?
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significant contributors to her depression. Having given up her professional life for the role of wife and mother has impacted her sense of self. She feels like a failure in these roles, and her lack of connection with her husband adds to her unhappiness. Marvin also seems very unhappy in the marriage. I suspect there are many contributing factors to Marvin's unhappiness, and it will be important for you to explore with them the roots of his unhappiness and not assume it is solely because of Caroline's anger.

Finally, OCZ, it is crucial that you address your comfort level working with a couple in which substance and physical abuse are present. You need to feel safe doing this work so they can feel safe working with you.

I hope this is helpful.

Sincerely,

Arnie Cohen, PhD
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Dear OCZ,

In therapy and in life there is nothing like a crisis to sharpen focus and potentially mobilize a system to confront ongoing difficulties in a more serious way. But there is also a real risk of Marvin and Caroline minimizing or blurring the significance of the incident ("we had gotten silly") which will ensure that nothing changes except to get worse. You are in a unique position to assert that the couple is revealing this incident for a vital reason and to name it as a highly risky, frightening loss of control that is, in fact, domestic violence. With this action, it is essential that you attempt to function as a container by making efforts to align firmly and empathically with the couple's sense of failure and shame about their marriage. If they then object, there is an opportunity to clarify a framework for violent behavior (throwing things, pushing, grabbing) and reiterate the deep impact of this behavior and the accompanying implicit threats. As you suggest, the drinking surely requires an in depth review of the history and current level for each partner as well as for their families of origin. Also, this is a time to outline the dire impact of their behavior on the children, particularly since they are already showing signs of stress as well as delays in developing self-regulatory capacities that will not magically disappear.

In taking a strong stand about the line that they have crossed, you can easily reaffirm the compassion you have demonstrated for Caroline and Marvin's profound disappointment and shame that the reality of their life together falls far short of their wished-for warm and lively family. If the couple can accept you naming and calling them on the behavior, there is then a place to return to explore the beginning of their marriage and transition to parenthood. Within a very short time they made many large life decisions to support their plan to have a traditional delineation of roles and to have children. There is a strong likelihood that their internal and relational processes of becoming a "we" with a vibrant "third" did not evolve sufficiently prior to their years-long effort to have children. Expanding on what you've already done, exploration of their process during this transition to better understand and support each other's fantasies, decisions, and their changing connections to aspects of themselves and important others is key. Similarly important is an exploration of the meaning for them of the multiple pregnancy losses with the presumption that there was a great deal of anguish as well as a possible sense of damage and defectiveness for both — but especially Caroline. This transition is a pivotal time when relationships can deepen and consolidate a sense of "we-ness" (a shared couple identity that supports each partner's sense of self) or become a lonely, depleted battlefield. Any complication to the whole process of pregnancy and successful birth of a healthy child further stresses all the issues of attachments, nurturance, and core identity.

"...this is a time to outline the dire impact of their behavior on the children..."

OCZ, you have obviously been laying the groundwork with them that understanding and reframing the deeper affects that fuel Caroline's anger is crucial to helping them regain control for their family. Her assertion that the only way she gets heard is by yelling is undoubtedly a lifelong experience of being in the middle of a large boisterous sibship of high achievers. Despite his wish for a lively family of his own, it seems possible that Marvin is quite ill-equipped to help create this — or even to remain present in the relationship when the affective "volume" rises — and so he retreats into a more intellectualized, contemptuous detachment modeled by his parents. As you describe, Marvin was a surprise child who was given little opening to claim a place as a loveable, lively being in his family. During the miscarriages, did he struggle with a reactivated sense of loss and helplessness while leaving Caroline alone with the physical and emotional messiness of the reality of the multiple pregnancies? Does he overidentify with his children as burdens to Caroline and then see her as the rejecting, disapproving parent? As she endured the years of nearly constant hormonal dysregulation and losses, Caroline was undoubtedly not her "cheerful and fun" self, and a resulting prolonged postpartum depression persisting into the present should be considered and addressed. As you mentioned, the relinquishing of her performing career has heightened

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Reflective Spaces/Material Places — Boston

By Helen Hwang, Ph.D., MPH
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At the 2015 Division 39 Spring meeting, members of San Francisco's "Reflective Spaces/Material Places" group, founded in 2013, presented their project as Section IX's (Psychoanalysis for Social Responsibility) invited panel. The Section IX board then decided that an ongoing social justice project would be the establishment of local chapters of Reflective Spaces/Material Places.

A Boston steering committee, some of whose members are Section IX and/or Division 39 members, formed in January 2016 and we held our first meeting on April 23, 2016. Our topic was *Life in Community Mental Health*, and the material conditions of that first meeting well illustrated the kind of problem that this project seeks to address: the meeting was held at the Boston Institute for Psychotherapy (BIP), and it was held just days after it was announced that the site would have to close for financial reasons.

Community mental health practitioners are under enormous pressures to deliver more services with fewer resources, while the problems faced by the majority of those they serve, those with few resources themselves, are becoming increasingly complex. Those who believe that the psychoanalytic/psychodynamic paradigm best serves their clients are also feeling pressure to abandon that paradigm and replace it with CBT and manualized treatment modalities. Striving to provide meaningful, psychodynamic interventions that address the social, psychic and justice demands of those who struggle the most requires a greater need to create physical places and sanctuaries for the kind of thinking and reflection central to the psychodynamic/ psychoanalytic ethic. The Reflective Spaces/Material Places project is meant to provide a communal, non-hierarchical bi-monthly experience for those who serve underserved populations.

The project is built on the assumption that having a space to reflect on their work will be an important resource for community mental health providers in Boston. Such a space will become both a container for the daily stresses and difficulties these practitioners face as well as an opportunity to elaborate together ways of thinking about the relationship between the intrapsychic and the social in a way that will help their patients.

These worlds are often split in the field of therapy and psychodynamic psychotherapy, which privileges exploration of the inner world while often ignoring or making secondary our embeddedness in the social world. The aim of our project is to bring these worlds back together. A physical space for reflection, a "material space," is established to allow for psychodynamic thinking and reflection on the social, political and cultural systems within which we and our clients struggle and live. We aim to establish a safe, supportive and consistent physical space in which a mental place, a "reflective place," can take form, expand and become more complex.

Through meetings held every two months, with speakers and facilitated discussion on timely socio-political and cultural topics affecting the populations that community health workers serve in Boston, a holding environment for the membership is created. Our goal is to offer a model of community psychotherapy that helps providers return to their places of work with more hope and with an affirmed and deeper understanding of the vulnerable populations they serve and the systems in which they live and struggle.

Our program in June: *"Why Therapists Should Talk Politics,"* also held at the BIP, and the next in September, *"Working With Immigrants in an Increasingly Xenophobic Culture"* held at East Boston Community Health: Education and Training Institute, were well attended and sparked lively conversation and a sense of community. If anyone is interested in learning more and attending upcoming events, or being put on the mailing list, please contact Helen Hwang, Ph.D., MPH (helenhwa@verizon.net).

Letter from the Co-Presidents

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compelling performers in this drama about the friendship between two couples. What fun to see them at play, and what an exciting way to talk about couples dynamics.

Coming up soon, an October 16th Brunch is scheduled with Jacquie Olds and Richard Schwartz who will talk about long-married couples (what do they know about that?); and, later that month, Suzanne Iasenza, a favorite of ours, will return for the third time.

Additional opportunities for learning continue with the Ongoing Learning Committee; see the Save the Date box elsewhere in this newsletter.

We extend a warm welcome to our new trainees, and to our returning second year group. And we wish you all a wonderful start of the new season!

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Couples Therapy for Domestic Violence

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The idea of working with violent relationships can feel frightening, even overwhelming, so it's understandable that we therapists would want to run the other way. Realistically, though, we can't: roughly half of all couples who seek counseling have experienced at least one incident of physical aggression in their relationship during the past year.

If this seems like a shocking statistic, it's because couples rarely volunteer this information and we avoid asking questions when we don't know how to deal with the answers. Ignorance is not bliss, however, and we need a coherent approach to effectively assess and treat domestic violence. This article offers some basics.

It's crucial to grasp that many violent couples don't want to separate; they just want a safe relationship. When we ignore their goals and say we "don't work with abuse," recommend they break up, or refer one partner to a batterer intervention program and the other to a domestic violence advocate, we encourage these clients to conceal their violence from the next therapist. This makes a dangerous situation more dangerous.

A better alternative is to provide the therapy these couples seek so we can help them decrease the abuse while maintaining and improving the relationship they desire. A high level of violence is not, in itself, a reason to put off couples therapy. There's no universal hierarchy of abuse; for example, some clients find contempt more objectionable than being hit.

Still, counseling may not immediately reduce the danger of injury or death. This raises the daunting prospect that, while under our care, *clients may hurt or kill each other.* Be frank with clients about this, and get their acknowledgement of that risk in writing. Remember, though: this danger exists whether we see them or not, and research shows it's not increased by conjoint therapy. Furthermore, since successful therapy saves lives, these are exactly the clients who can most benefit from our help.

Treatment starts with assessment. The gold standard is a questionnaire, specifically Straus's Revised Conflict Tactics Scale, filled out in private. In individual sessions, oral assessment is also an option. Encourage disclosure by saying "Many couples get physical from time to time," then ask about specific behaviors from the Straus list, such as "How often do you two end up pushing, shoving, or grabbing?" Avoid vague terms like "abuse" or "violence."

> *"If couples with a history of low-level violence were excluded from couple therapy, couple therapy would rarely be used."*
>
> ***Integrative Couple Therapy*** by Jacobson and Christensen

Some therapy approaches require that all sessions be conjoint. In that case, ask an open-ended question at the first meeting such as "In your worst fights, how bad does it get?" Follow up on any verbal or nonverbal hints of abuse by completing an assessment later in private with each client.

There are cases when couples therapy should be postponed. These include a partner's expressing fear that speaking openly in sessions would increase violence; partners reporting significantly different amounts or kinds of violence; the refusal to remove weapons, especially handguns, from the home; and serious untreated substance abuse. Until these issues are resolved, parallel individual sessions can be useful.

Share resources such as a domestic-violence hotline number, local shelter addresses, and information about restraining orders. Enlist family, friends, colleagues, and religious community members in treatment. Leverage their help in keeping clients safe and on track outside of sessions.

Be aware of the power of relationship dynamics to influence behavior and don't, for example, confuse insecure attachment with sociopathy. Clients who use violence have the same legitimate relationship desires as everyone else. Once we help them develop more constructive strategies to get these desires met, they are likely to present quite differently.

Develop and draw on a varied therapy portfolio, including Motivational Interviewing (collaborating with reluctant clients), Solution-Focused Therapy (co-creating preferred futures), Cognitive-Behavioral Therapy (training communication and problem-solving skills), and Dialectical Behavior Therapy (managing emotional dysregulation).

Learn and practice specific interventions for domestic violence, such as those described in the books *Couples Therapy for Domestic Violence* by Stith, McCollum, and Rosen and *Treating the Abusive Partner* by Murphy and Eckhardt.

Treat any existing depression or substance dependency, since there's a large correlation between these issues and higher levels of violence. In particular, addressing alcohol abuse can be enough to end violence.

Work collaboratively in order to promote good faith. For example, a client is more likely to respect a restraining order if we include them in the process and present it as a temporary measure within a larger plan to improve their relationship.

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Couples Therapy for Domestic Violence
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Keep a systemic frame. Viewing interactions as co-created does not reduce a client's responsibility for their own behavior. Both partners in a violent relationship often display cognitive distortions, difficulty regulating emotion, and deficits in communication skills. Insisting that all changes be made by an abusive client leaves their partner with no options but crossing their fingers. In fact, there may be much they can do, and we want to increase agency for all clients.

Allow both partners equal say in therapy goals. Many clients who act abusively see themselves as victims and have their own list of relationship complaints. Validating and attending to their concerns strengthens the alliance and increases their willingness to show up, buy into therapy, follow through, and change.

Treat violent clients with warmth and affection to foster self-acceptance: they need to like themselves more, not less. Avoid interventions such as confrontation, breaking through denial, and holding the client accountable. These techniques provoke defensiveness, guilt, and shame, which research shows *increase* undesired behaviors. For example, clients who are made to feel bad for driving drunk do it more often.

Similarly, only use pejorative terms like "abuse" if both partners agree; otherwise, stick to neutral descriptions by referring to behaviors that, say, "increase distance" or are "hard on the relationship." This is the common therapy paradox that the quickest path to change often starts with accepting things as they are. Later, as the relationship improves, clients may be more open to acknowledging responsibility and expressing remorse.

Actively manage countertransference, a common challenge with these couples. Remember that we're in the accepting business, not the judging business. Reconceptualize violence in any way that humanizes the client. Possible reframes include: a strategy that was adaptive in the family of origin, a conditioned behavior, a form of attachment protest, or a knowledge /skill deficit.

"Abusers don't change" is a myth but can become a self-fulfilling prophecy. Be optimistic!

In the future, we need to work toward more effective and sustainable treatments for domestic violence. One strong possibility is a model similar to comprehensive Dialectical Behavior Therapy, where clients would participate in weekly couples therapy, individual therapy, skills training groups, and telephone check-ins, while therapists meet biweekly in peer consultation groups.

For now, working with violent couples is challenging and at times exhausting. With so few resources available, we're bound to feel isolated and unsupported. To fend off burnout, self-compassion is a must. So is recognizing and accepting the limits of our power.

Working with violent couples is also incredibly rewarding. With our help, partners can move from abuse and fear into safety and connection.

What Now?
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her loss of identity as a viable, successful person as she struggles to evolve her role as an effective mother— but with the complicated mission of NOT being like her mother. While their daughter's behavior seems an expression of the systemic forces in the couple, their son's developmental delays present the possibility of intrinsic issues that suggest the need for an assessment.

So OCZ, with so many layers of dynamic and practical considerations, it seems there is a place to meet with each member of the couple separately a few times to further assess some of their individual issues and determine the possible need for concurrent individual treatment. I would be inclined to suggest to them that Caroline is holding and expressing much of the pain for both and that it is important to attend to her greater burdens of grief, drastically changed roles, and high levels of distress by considering a significant increase in supports for her. I think you are holding a great deal of concern for them and the welfare of their children — which always raises the weight of our responsibility and makes us vulnerable to feeling we aren't enough. However, you clearly have established a strong and promising alliance with them, and they are open to continuing. Assuming they will accept the requirement that they dig deeper, I say take a deep breath and game on.

Linda Camlin, PhD
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PCFINE Welcomes First Year Students!

As this issue went to press, we had biographies from ten of the eleven enrolled students:

Kristie Adloff, PsyD. Prior to becoming a psychologist I had varied experiences. I obtained an MPH and worked in research at Dana Farber, worked for a non-profit and did AmeriCorps*NCCC. I am a therapist in a solo practice in Brookline. Over the past seven years my practice has focused on adolescents and adults. I have little experience working with couples and look forward to the additional dimension this will add to my career.

Pamela Brennecke, LMHC, DMT-R Long ago, I began work as a Registered Nurse. I was inspired by interest in the human body and healing. Unexpectedly, the focus of my interest developed in the direction of theatre and performing. Performing opened up a deep interest in expression and dance. After completing decades of work in the theatre, I discovered a new path that combined my interests in dance, psychology, and healing. I enrolled in Lesley University's graduate program of Expressive Therapies with a Dance-Movement Therapy Specialization and Mental Health Counseling. After graduating, I completed a three-year Fellowship in Psychodynamic Psychotherapy and two years as Associate Staff at the Boston Institute for Psychotherapy in Brookline. Recently, I began a private practice in Brookline.

Elizabeth Cronin, Psy.D. I have a varied background which includes prior work in human resource management, a brief experience in research (at the Wellesley Centers for Women), and my current work as a licensed psychologist. In 2012 I established a private practice in Brookline where I now work with individuals and couples. My training includes group work using DBT at McLean Hospital, home based treatment through Jewish Family and Children's Services as well as completion of their one-year infant observation training, family therapy experience through Wediko Children's Services, and more recently the completion of The Mindfulness Without Borders group facilitator certification training. I am currently working with couples and am eager to develop my skills in a group environment.

Lisa H. Davis, LMHC I have a private practice in Arlington Center seeing couples and adult individuals. After graduate school at Lesley, I worked with Lahey Behavioral Health Services in Ipswich, before becoming a Clinical Fellow at the Boston Institute for Psychotherapy. Professionally, I am very interested in learning more about the process in therapy that helps people, whether that help is to bear difficult parts of reality, develop options for change or to become acquainted with parts of themselves or others worth knowing. I am currently training in Internal Family Systems. Personally, I love theatre, music, reading, hanging out with my peeps and tending to my extensive colony of composting worms. I'm pretty sure I'm getting chickens in the Spring.

Kimberly Jackson MSW I am an AASECT-certified sex therapist with a practice in Providence, Rhode Island, and a pro bono consultant for The Center for Sexual Pleasure and Health, where I develop socially conscious, queer-inclusive continuing education programs. I have a Master's in Social Work from Case Western Reserve University and obtained a post-graduate certificate in sex therapy from the University of Michigan.

Prior to establishing my practice I worked internationally with the Peace Corps on human sexuality education and HIV prevention, and supervised clinical social workers at AIDS Care Ocean State and the Providence Center. I am fluent in Spanish and a competitive distance runner.

Justin Marchese , M.A. I am a licensed Marriage and Family Therapist. I have a B.A. in literature and M.A. in Education from the University of Connecticut, and an M.A. in Family Therapy from Southern Connecticut State University, where I studied with Family Therapists Ed and Barbara Lynch. At Southern, I also trained for two years and was certified in Gestalt Psychotherapy. In 2014, I trained in the year-long Family Constellations workshop at the new England Institute of Systemic Constellations. In 2015 I trained in the post-graduate clinical fellowship in Psychoanalytic Psychotherapy at the Boston Institute for Psychotherapy (BIP).

I work primarily with adult individuals and couples who seek relief from various symptoms such as anxiety, depression, infidelity, life cycle issues, anger, and career or educational issues. I also provide family therapy, and group therapy. I have experience working in adolescent and adult residential psychotherapy programs, and for three years I was the primary therapist in a clinic-based intensive outpatient program. Since 2013 I have operated my private practice, at first in Connecticut; in April 2015 I began to migrate to Boston, where I am now in full-time private practice in Back Bay and Brookline.

Penelope Moore, MSW: My work with couples began in the late 1970's when I was a nursery school teacher; I met with the parents of young children for all sorts of reasons reflecting their concerns about their children, their parenting, adoption, divorce, sexuality, etc. From 1983-1986, I trained at the Boston Institute for Psychotherapy and was introduced to therapy with couples. Following BIP graduation, I met with psychiatrist Paul Russell, M.D. in individual weekly supervision for nine years. I spent some years at the Fielding Institute but did not complete the Ph.D. program. Now, I

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PCFINE Meets Red Well

By Helen Hwang, Ph.D., MPH
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On May 14, 2016, the PCFINE Program Committee, in collaboration with the Red Well Theater Group presented a production of Donald Margulies's 2000 Pulitzer Prize for Drama play, *A Dinner With Friends*, to a sold out PCFINE audience. As in a Greek tragedy, a Red Well Theatre Group production uses few props or stage movement. Perhaps the PCFINE audience that day was the Greek chorus, who although not singing, was experiencing and absorbing the thematic feeling which could later be expressed in the discussion, in couples therapy work, and in our own relationships. The play is well-suited for a couples therapy audience; it's about two married couples who have been longtime best friends and who hoped to grow "old and fat together," but who are now facing the seismic effects of one couple's marital dissolution in part, from infidelity.

Typical of Red Well theatre productions, the performers are psychodynamically-oriented clinicians. Belinda Friedrich as Karen and Ron Goldman, Gabe — a mensch, play the protagonist, if not "perfect" couple. They are caring and loving, and, as food critics, sublimate passions into food and orgiastic gustatory jaunts to their vacation home on Martha's Vineyard. They are also the deer in the headlight-stunned bystanders to their friends' imploding marriage. Back from Italy, with luscious memories of "oh, the Pomodero!,"and the "buttery, soft red tomatoes," you see them feeding and regaling Beth, played by Barbara Keezell, with their pastas and lemon almond polenta cake. Ironically, they start to feel a hunger for something that has long been missing in their relationship, a painful but perhaps necessary development if their relationship is to deepen, progress and become more intimate. Being the more "vanilla" couple, the experience of their friends' marital combustion is the vehicle through which the audience processes the strong feelings and experiences presented to us through the other couple's passion, volatility, and rawness.

As couples therapists, we often ask: "How did you meet?" Act II begins twelve years earlier, when "they all had more hair," with Tom, played by Justin Newmark, and Beth being introduced and fed at Gabe and Karen's Martha Vineyard home. Tom's sensuality and provocative nature is immediately noted in initial communications to Beth asking her if the "beautiful men and women" she saw at the beach were naked and stating he is single and ready for marriage and children. He is experienced by Karen as "a good guy waiting to happen," just needing the right woman. Beth is experienced as being "high-strung" and like her painting style ("expressionistic neo-psychotic"), her identity is diffuse. They feel Tom could "bring her down to earth." This is the rationale Gabe and Karen use to introduce them. Do they really know Tom and Beth? Do Tom and Beth really know who each is?

In unexamined life, what one unconsciously missed, wanted and yearned for gets projected onto relationships and marriage. Could Tom and Beth really know how to build a marriage together in which there is authentic emotional communication and creative collaboration? We discover that eventually, Beth gives up her "art" immediately after Tom leaves her, suddenly feeling "unburdened." Tom had never wanted to be a lawyer, nor ever wanted marriage and children, but was doing what he was "expected to do," and realizes how "inauthentic" he has felt.

Interestingly, after so much time together, both Karen and Gabe had no idea there were serious marital problems in their best friends' lives. How could this be? There is a hint of the denial when Beth eventually tells them of Tom's affair, but only after they have been going on and on about their lush trip to Italy, oblivious to Beth's sadness. Clearly, Karen and Gabe "needed" Tom and Beth to be a certain way, perhaps as the "f-ck up couple" so they could remain idealized and envied as "perfect," or the stable "parents" who have endless supplies to give. In a poignant interaction between just Karen and Beth, after Beth reveals she has found a new-old love and wants to remarry, she is met with judgment and recrimination by Karen, she states: "You need me to be a mess; you're *invested* in it. Every Karen needs a Beth." The most devastating break-up is between Gabe and Tom, whose meeting is similarly marked not only by tension, but with a sting of betrayal Gabe feels for Tom exiting the fantasy he had of them all having been happy together, of growing old together, and for challenging his own strong ideals and values related to marriage: you don't leave.

Tom's need for a woman to make him feel "worthwhile," virile and vigorous is met through "the other woman" Nancy, whom Karen in particular reviles and dubs the "lowly, squalid stewardess." Concretizing, Tom speaks of Nancy as the "delightful woman who makes him feel worthwhile" whereas Beth is the "wife" who makes him "feel like shit." There is little character development of Nancy in order to leave her objectified as the clichéd younger woman who "resuscitates" Tom. Now Tom is the one regaling Gabe about their 6 a.m. five mile runs and great shower sex after, just as Beth is regaling Karen about her newfound youth and hope with her new partner, all to Karen's dismay. The tables are turned and with the heartfelt loss of Beth and Tom and what they represented, Karen and Gabe must now face their own relationship and find they are "lost."

In a poignant last scene, Karen is now able to have a dream about two

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BRUNCH REPORT — MAY 1, 2016

Working With Contempt in Couples

by Jennifer Stone PhD
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Contempt between partners can send chills up our therapeutic spines. Whether it's sneering sarcasm or damning with faint praise, displays of contempt make us uncomfortable. We know it's a bad prognostic sign for couples and we want it to stop. How can we help such a relationship, given our discomfort and the risks to each partner?

Eric Albert, LMHC and David Goldfinger, PhD treated PCFINE to a stimulating brunch discussion on "Working with Contempt in Couples" on May 1 at the home of Alice Rapkin. Under the skillful direction of moderator Magdalena Fosse, PsyD, Eric presented an overview of his work with contemptuous couples, and David presented an in-depth case example.

Contempt is defined as anything someone does that puts oneself on a higher plane than the other. Eric invoked the research of John Gottman in identifying contempt as the single best predictor of divorce in couples. Contempt does not appear in satisfied relationships, whereas other negative interactive styles do. Contempt can be displayed hotly (mocking generalizations about the partner) or coldly (eye rolling, yawning when partner is upset), with words or with behavior. Contempt should be noted as a red flag when we see it in couples.

Eric finds the concept of "sentiment override" — a partner's general emotional disposition toward the other — useful in his work with couples. A positive sentiment override gives the partner the benefit of the doubt. A negative sentiment override gives the worst possible interpretation. Contempt is a potent expression of negative sentiment override, a corrosive filter for any interaction.

Contempt is hard on therapists, and evokes in us the urge to fix things. It can be tempting to try to control client behavior, which risks shaming the person displaying contempt, making the behavior covert but unchanged. When we are activated in this way, we need to calm ourselves and have a plan.

As with all family systems, intervention can begin anywhere. Eric recommends eliciting the positive in the initial session by saying "It would help me to know what you value about each other and about the relationship." Later, when sentiment override leaves the contemptuous partner unable to express positive feelings, it can be powerful to recall his or her positive perceptions and wishes for the relationship. Eric coaches partners on accurate listening and validation skills, along with making eye contact and speaking slowly and softly – skills which shape new, satisfying behaviors that do not allow for contempt.

In his case example, David countered his own impulse to defend the recipient of contempt by reminding himself that what he's seeing is nothing new for the couple. He "swims in the waters of contempt," following the current, heading for shore gradually. His bilateral alliance is essential given the ever-present risks of alienating the contemptuous partner and failing to protect the recipient. The therapist must bring curiosity and compassion to the contemptuous interaction. Why is the partner displaying contempt saying such hurtful things? What is the person feeling and wanting? With whom does that partner identify? Has the partner ever been on the receiving end of contempt? What does the recipient feel? Rather than pointing out the injurious impact of contemptuous behavior, David tries to make it safe for the recipient to talk about the experience of receiving contempt. He encourages partners to express feelings in ways that invite compassion, using "I" statements and avoiding characterizing the other's motives or character. These are all components of "non-violent communication."

Eric noted the usefulness of talking in terms of tactical effectiveness, especially for many men. What do you hope to get from speaking to your partner in this way? Did you get what you wanted? What might work better to achieve what you want? Referring back to positive wishes, Eric offers alternative, more satisfying ways of behaving that bring greater success. The worse the circumstance, the more structure Eric offers, including fine-tuned coaching during in-session exercises.

David sees contempt as a defense against narcissistic vulnerabilities, where devalued aspects of the self are projected onto and into the other, whereas Eric does not use psychodynamic concepts. The two concurred on ways of working with contempt. Both take care to avoid shaming the partner displaying contempt; both attend to the bilateral alliance; both focus on replacing contempt with compassionate communication.

One of the liveliest parts of the group discussion was speculation by brunch participants about the psychological benefits the recipient of contempt may derive from the interaction.

This wonderful presentation concluded the PCFINE Brunch series on Affect in Couples.

"Deconstructing Impasses: A Road Map for Couple Therapy" and "Rekindling Intimacy in Couple Therapy: An Integrative Multicultural Framework"

by K.C. Turnbull
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Michele Scheinkman was warmly welcomed for her two-day program March 4-5, 2016: "Deconstructing Impasses: A Road Map for Couple Therapy" and "Rekindling Intimacy in Couple Therapy: An Integrative Multicultural Framework" Her paper, "The Vulnerability Cycle: Working With Impasses in Couple Therapy," is a mainstay in the couple therapy training program and has been enthusiastically embraced for its comprehensive framework and easy applicability to clinical work. Ms. Scheinkman, who is a native of Brazil and currently works at the Ackerman Institute for the Family in New York City, has also earned admiration for her work highlighting differences in how infidelity is treated clinically cross-culturally. Each of the two programs was stand alone, but together they offered an integrated model as Friday's program laid the groundwork for Saturday's. Most of the audience attended both days.

Friday Program

Friday's afternoon program, "Deconstructing Impasses: A Road Map for Couple Therapy," focused on mapping out Scheinkman's construct of the Vulnerability Cycle. Scheinkman defines vulnerabilities in the context of this cycle as emotional pain, fear or yearnings that we all acquire as the outcome of our life experience. To manage and protect these vulnerabilities, we develop survival strategies — defensive beliefs, assumptions and behaviors that we typically adopt unconsciously and use to help us manage our feelings and navigate the world. These survival strategies, while initially helpful, tend to outlive their usefulness and become frozen in the past. When applied in the context of intimate relationships they prevent recognition of opportunities for new ways of relating. People experience anxiety about giving up their survival strategies, even when they acknowledge they aren't working.

Couples may have a misfit in their survival strategies, with the strategies of each person tending to elicit the vulnerabilities and ensuing survival strategies of the other, creating a cycle, or what Scheinkman alternately described as a "boomerang effect." She presented numerous diagrams charting out these specific cyclical dynamics in the various couples she was presenting. Trauma in the course of development only serves to accentuate these vulnerabilities, she emphasized. Vulnerabilities can also stem from injuries in the history of the couple, disparities in power between them, from social conditions such as poverty and oppression, and from illness or disabilities.

"Couples may have a misfit in their survival strategies, with the strategies of each person tending to elicit the vulnerabilities and ensuing survival strategies of the other, creating a cycle, or what Scheinkman alternately described as a 'boomerang effect.'"

In her clinical application of the vulnerability cycle, Scheinkman's first task is identifying each couple's embedded interactional pattern, ideally eliciting a specific example. She wants to understand this pattern before she explores the history of either partner or of the relationship, viewing the couple's core impasse as the gateway to the therapeutic process. Her hope is to contextualize and normalize the behavior of each partner within this embedded dynamic. Her goals are to help the couple move from reactivity to self-reflection, from defensive behaviors to expressions of vulnerability and yearning, and in general shift each partner from a self-protective stance to one of greater empathy for the needs and vulnerabilities of the other.

Interestingly, though in her article Scheinkman demonstrates in great detail how the vulnerability cycle could be visually mapped out directly with couples, her videos demonstrated (and she herself confirmed) that she does not do this directly in session, nor even necessarily use its language. Instead, she speaks in terms of "Do you see how when you do x she does y, and this doesn't get you what you want?" She uses the construct more as a personal guide, or as the title of her presentation suggests, a road map, which she updates throughout the therapy, filling it out as the treatment progresses. She also demonstrated how she integrates mapping out the vulnerability cycle with constructing a genogram, so that she has a single condensed pictorial representation of the couple's family histories along with a model of their interactional dynamics to direct her treatment.

Saturday Program

Saturday's full-day program, "Rekindling Intimacy in Couple Therapy: An Integrative Multicultural Framework," began with a whiteboard experiment, eliciting from audience

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"Deconstructing Impasses: A Road Map for Couple Therapy" and "Rekindling Intimacy in Couple Therapy: An Integrative Multicultural Framework"
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members what comes to mind when they think of intimacy. Scheinkman noted with interest that some of the responses she received were different from what she typically hears from a NYC audience in their focus on separateness in the context of togetherness. This set the stage for her message of not assuming in our clinical work what intimacy means to any particular couple, and the importance of routinely asking each member of the couple, "What's most important for you to get in this relationship?"

To demonstrate differences in common cultural concepts of couple intimacy, Scheinkman displayed Venn diagram figures: ideal couple intimacy in the U.S was represented by two ellipses with virtually complete overlap, capturing prevalent cultural expectations that intimate partners should be all things to one another. In France, in contrast, optimal intimacy might be construed as ellipses with only about a one third overlap, and in Japan, these two ellipses might ideally be envisioned as separate but connected by the surround of community and family.

Before the lunch break, Scheinkman fielded questions about the importance she ascribes to attending to affect in her work. She responded that this is not a major focus for her. She suggested that because of working at the Ackerman, where her clients are aware of being watched behind a one-way mirror, she is sensitive to affect but also protective of it. She worries that zeroing in on affect too directly could feel coercive to couples. Her preference is to watch where couples go on their own, facilitating the creation of each couple's specific kind of intimacy and seeing what gets evoked in them without attempting to deepen it. But she also acknowledged that for her, personally, an intense focus on affect might feel uncomfortable.

Scheinkman showed videotaped segments of both couple and individual sessions with several couples over the course of the two days, incorporating both modalities into her treatment model. An added bonus was a video of adjunctive visualization work done with one of her couples by Ackerman colleague Peggy Papp. During this session Papp asked this couple to imagine and discuss their relationship in symbolic form, and the imagery that emerged from this exercise created powerful metaphors that Scheinkman, who was observing behind a one-way mirror, then used to enhance her own work with the couple.

The afternoon focused on sexuality, and how activation of the vulnerability cycle can taint sexual dynamics within a couple. Scheinkman understands the goals of her work in this domain as restoration of playfulness, generosity and safety to help rekindle sexual intimacy. She spent some time addressing the cultural divide between the way affairs are thought of in couple treatment in the U.S, where a model of "trauma and betrayal" dominates, and many other countries in which there is greater tolerance and latitude in how affairs are regarded. Scheinkman ascribes to the view that it is not up to the therapist to insist on transparency or decide if the person having (or who has had) the affair must tell, or how much they must tell — that in fact it can be dangerous to have full disclosure. Using a combination of individual and conjoint sessions, she attempts to "hold" the relationship while the couple has time to reflect and review. Her goals are to help the one who has had the affair to reflect on his or her motives and how to proceed, possibly mourning the loss of the lover, while simultaneously helping the hurt partner not to make reactive decisions. She stressed that in working with disclosed affairs she wants to help the couple address the meaning of the affair, not the details. She also warned of the "idealizing assumptions" couple therapists in the US make, such as marriage ideally serving as a "shelter." Paradoxically, she stated, awareness that marriages are vulnerable and fragile and cannot be counted on to provide protection can motivate partners not to take each other for granted and to exercise greater care in the cultivation of their bond.

Scheinkman's open, flexible, unpretentious manner, both as a presenter and a clinician, was well-received by the audience, as was the way in which her multicultural focus challenged common assumptions about fostering intimacy in couples and about how to work with affairs in particular. She offered a practical, problem-focused model to supplement more conventional psychodynamic ways of working with couples, one that many felt could enhance their clinical work going forward.

Member News

■ **Nina Avedon** — A poem I wrote about grieving and its aftermath is going to be published in the September issue of *Oberon*, an annual print poetry magazine.

■ **Rachel Barbanel-Fried** — I presented at the Division 39 meeting in Atlanta with Carolynn Maltas and Roberta Caplan on a panel on Parenting and Psychotherapy. In addition, I chaired the Boston Jewish Food Conference which drew over 200 people and was held in Newton Center in April.

■ **Andréa Bleichmar** — I'll be presenting a paper "The Function of Memorials in the Aftermath of Political Trauma, A Personal Account" at the Trauma conference in DC, this coming October.

■ **Phyllis Cohen and Debbie Wolozin** — We presented papers on the Section VIII (Couple and Family Psychotherapy and Psychoanalysis) Division 39 Panel: To tell the truth? The whole truth? And nothing but?: Secrets and Couple Psychotherapy, last April in Atlanta, GA. A bike tour of Atlanta, which included Roberta Caplan, was a great end to our time in Atlanta!

■ **Eleanor Counselman** — I've got two articles coming out in the January issue of the *International Journal of Group Psychotherapy*. One is "First You Put Your Chairs in a Circle: Becoming a Group Therapist." That article is based on my Presidential Plenary which I gave at the AGPA Annual Meeting in February. The other is "Reading Plays to Enhance Professional Development," co-authored with Robert Schulte, MSW and Yavar Moghimi, MD. I very much enjoyed serving as discussant for the PCFINE presentation of *A Dinner with Friends* in May. It's been great co-editing this newsletter along with Dan Schacht, and I'll miss working with the newsletter committee and the many PCFINE writers.

■ **Jerry Gans** — I was the invited guest speaker at a conference co-sponsored by the San Antonio Group Psychotherapy Society and the local analytic society. I spoke on Money Matters in Psychotherapy: A Very Rich Topic and Recognizing Shame and Acknowledging Courage in Group Psychotherapy. I've had two papers accepted. The first, "Our Time is Up: A Relational Perspective on the Ending of a Single Psychotherapy Session" was accepted by the *American Journal of Psychotherapy.* The second, "The Leader's Illumination of Group Phenomena Hidden in Plain Sight: An Important Leadership Function" was provisionally accepted by the *International Journal of Group Psychotherapy.*

We are expecting our fourth grandchild in early September.

■ **Marina Kovarsky** — I am delighted to be joining Justin Newmark as coordinator for the Spring semester for the second year of PCFINE's training program. I am very much looking forward to learning from and with Justin and the group.

In the Fall I will be co-teaching Psychoanalytic Technique I with David Raniere in the psychoanalytic training program at MIP.

■ **John Moynihan** — Last year I presented a paper entitled "'I look just like my mother' the body as landscape of the symbolized and unsymbolized in the experience of some transgender patients" for RIAPP. In October I will be presenting a paper entitled "Inscribed: Thinking at the body's surface" at the annual conference of the IFPE. In the Spring I'll be presenting a paper for the AAPCSW entitled "The skin as interface between mind and milieu" and one for the PEFB Speaker Series with the working title "Trans-challenge: Can gender fluidity bring psychoanalysis back to its bisexual roots?" I was recently appointed Visiting Lecturer at the Chicago Institute for Clinical Social Work where I'll instruct on the topic of gender and sexuality. I continue to teach group therapy at the Boston College Graduate School of Social Work and, in addition to my practice of psychoanalysis, psychotherapy and couples therapy, I continue to lead a weekly group for Gay Men in my Brookline office.

■ **Stuart A. Pizer, Ph.D., ABPP** — My chapter, "'Put down the duckie': Vigor, rigor, and relinquishment in psychotherapy" was published this spring in A. Ben-Shahar & R. Shalit, (eds.) *When Hurt Remains: Relational Perspectives on Therapeutic Failures* (Karnac Books). Two other chapters are forthcoming this fall: "Catharsis and Peripeteia: Considering Kearney and the Healing Functions of Narrative," is in publication for E. Severson, B. Becker, & D. Goodman (eds.), *In the Wake of Trauma* (Duquesne University Press); the other, "The Analyst's Generous Involvement: Recognition and the 'Tension of Tenderness'," is in press for R. Barsness (ed.), *Core Competencies of Relational Psychoanalysis: A Guide to Practice, Study and Research* (Taylor & Francis). And, from another realm of my life, I have just been informed by *The Harvard Lampoon* that a cover I drew in 1966 while I was Art Editor has been selected for inclusion in a special anthology coming out early this fall from Simon & Schuster, *The Best of the Harvard Lampoon.*

■ **Rachel Segall** — A documentary about my close friends (and their two daughters that I carried for them) and me & my family called "The Guys Next Door," with the tag line "a film about family, friendship and gay rights," premiered at the Sarasota Film Festival in March and is being shown at a number of other film festivals. In February, I delivered twins for other close friends — the babies are now six months old and they and their dads are doing great, and since I didn't need to take care of the babies, I was able to return to my practice within a

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Member News
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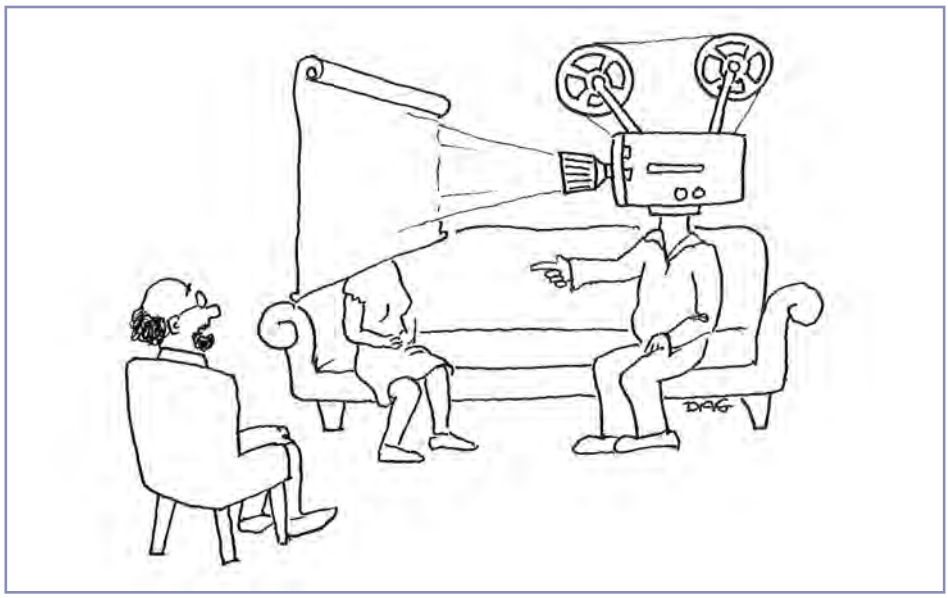
week. I just dropped off my oldest child for her first year of college!

■ **Joe Shay** — I presented a workshop entitled "Projective Identification Goes to the Movies" at the Annual NSGP Conference. I was also awarded the 2016 Dedicated Educator Award (formerly the Psychotherapy Supervision Award) by the MGH/McLean Adult Psychiatry Residency Program. In the fall, I will present a workshop entitled "Making Workshops Great Again" for the NSGP Practice Development Committee. In addition, I am Guest Editor for an upcoming 75th Anniversariy celebratory issue of the *International Journal of Group Psychotherapy* examining 18 current models of group therapy, the current state of research in the field, and future challenges to be faced by group therapists. I also published a chapter in *101 Interventions in Group Therapy* (Second Edition) entitled "Collateral Damage" as well as an article in *Group* about couples therapy entitled "Collateral Damage in Treating Relationship Problems (and How to Avoid It)."

■ **Lisa Sutton** — "Affect: The Heart of Psychotherapy," co-created by me in 2003 at the Boston Institute for Psychotherapy and taught by me and several superb instructors since then, will be available again through MAPP this fall. It's an immersive course studying affect and development, neuroscience, literature, and technique. Four six-week segments cover eight months and can be taken singly or together.

■ **Marsha Vannicelli** — My workshop on endings has been accepted for the 2017 annual meeting of AGPA in February, and I have begun working on my third book. Still working on snappy titles, but the book is about supervision, consultation, and practice development — aimed at those who are in need of such services, as well as those senior clinicians who want to provide such services. Tips for creative titles would be welcome.

Cartoon Caption Contest



Cartoon by David Goldfinger

Captions should be sent to David Goldfinger (davidagoldfinger@gmail.com). Since this is the final issue of the newsletter, all cartoon entries will be published on the PCFINE listserv.

Cartoon by David Goldfinger

Spring 2016 Cartoon Caption Winners

With thanks to all who contributed captions, here are the three winners selected by vote of the editors and the artist.

#1 Joe DeAngelis: *"You two are displaying the classic Pursuer-Distancer dance."*

#2 Lisa Sutton: *"You two are just very different species."*

#3 Steven Haut: *"How and where did you meet????"*

PCFINE Meets Red Well
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versions of them as couples in bed, one, the youthful Gabe and Karen effortlessly making love, the other, middle-aged, looking down on them and bickering. Karen begins to get in touch with longings about missing the unencumbered version of themselves, and childlike, expresses fears about getting "lost." Bumbling a lot, Gabe finally gets it, and can only reassure Karen with an intimate playful game they have always played. We are left wondering…

Afterward, in a discussion led by Eleanor Counselman, Ed.D., the audience was challenged to think about how they would work with each couple. How can Gabe and Karen not get lost? Are the new relationships of Tom and Beth just flights into health? What are the feelings for each couple? Many thought Tom and Beth's marriage could be "saved" because of the passion reflected in their interchange and from the great, but probably bad "make-up" sex they had. Potentially, Tom could find the language to talk about his loneliness, and instead of blaming each other, both could locate the words for their feelings. The cascading effects of divorce plummet into the community; and yet there is little about how a divorce story is told. When there is an affair, is there just one victim, Beth, and one perpetrator, Tom? Karen's reaction and experience to the affair and Nancy embodied the classic societal response of judgment and recrimination. There was also a critical gasp from a female member of the audience when Justin Newmark, as Tom, stated he was having great sex in the shower after their runs. Members expressed more sadness for the demise of the friendships, with Dr. Counselman quoting Stephen Mitchell's statement acknowledging the tension between establishing and maintaining intimate bonds while struggling to avoid their vulnerability and the threat of disappointment. So very true.

Author's note: the PCFINE production of "A Dinner with Friends" was a long labor of love, starting with a collaboration between Susan Phillips, Ph.D. of the Program Committee, and Robert Schulte, MSW, Director of Red Well, in which many plays were considered before the final selection. Then there was nearly a year of monthly rehearsals, culminating in the May 14th performance. Many thanks to all involved!

PCFINE Calendar of Events

September 24	*"Multi-generational Trauma and Loss: Helping a Family to Bear the Unbearable."* Joyce Lowenstein, Ph.D., presenter 9:00 a.m.–12:00 noon. Offering of the Ongoing Learning Committee
October 6	**Reading Fiction Together** *Lila* by Marilynn Robinson; Steve Krugman, Ph.D., as discussant 7:00 p.m.–9:00 p.m., Location to be determined. Offering of Ongoing Learning Committee
October 16	**Brunch** 9:30 a.m.–12:00 noon. *"Pushing the Reset Button: Work with Long-Married Couples."* Jacquie Olds, M.D. and Richard Schwartz, M.D., presenters Offering of the Brunch Committee
October 29	*"When Things Get Hot or Not: Countertansference to the Erotic in Couple Therapy."* Suzanne Iasenza, Ph.D., presenter 9:00 a.m.–4:30 p.m., Sherman Auditorium, BIDMC Offering of the Program Committee
November 10	**Reading Fiction Together** *The Children Act* by Ian McEwan; Andrew Compaine as discussant. 7:00 p.m.–9:00 p.m., Location to be determined. Offering of Ongoing Learning Committee
January 12, 2017	**Reading Fiction Together** *Department of Speculation* by Jenny Offill; Susan Abelson, Ph.D. as discussant. 7:00 p.m.–9:00 p.m., Location to be determined. Offering of Ongoing Learning Committee
March 9, 2017	**Reading Fiction Together** *Salvage the Bones* by Jessmyn Ward; Roberta Caplan as discussant. 7:00 p.m.–9:00 p.m., Location to be determined. Offering of Ongoing Learning Committee

PCFINE Welcomes First Year Students
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am a social worker with two grown sons, a sister, and an elderly mother. In addition to having a small private practice, I work in a community mental health clinic in Walpole where I see individuals and couples, and lead a number of groups. The populations served include people who struggle with substance use and abuse. I am interested in learning about contemporary approaches to couples by way of the PCFINE program.

Dina Pasalis, LCSW I work with individuals and couples in Cambridge and Concord. My training included an internship in Couple & Family Therapy at Cambridge Health Alliance and a 2-year fellowship at the Boston Institute for Psychotherapy. I incorporate concepts from my training as a certified Kripalu yoga instructor into my work.

In a former life I earned my MBA at the University of Michigan's Ross School of Business and worked in the private sector.

Andre Perreault, LMHC I am a licensed mental health clinician specializing in couples and families, with a private practice located in Newtonville, MA. I earned Masters degrees in Counseling Psychology and Pastoral Ministry at Boston College, then began my professional career providing family therapy and clinical supervision through community outreach programs at South Shore Mental Health, and then transitioned into private practice. In 2013, I co-founded a group practice in Brookline and Newton, where I held a full time caseload, as well as managed credentialing and billing, implemented an electronic health record, and provided mentorship and supervision to new clinicians entering private practice. The group began with one office and 3 clinicians and grew to two offices and 24 clinicians. In 2015, I sold my share of the group to my partner, and created my individual practice in Newtonville. Clinically, I enjoy using attachment-based approaches to couples and family counseling and have been influenced by the work of both Richard Schwartz (IFS) and Daniel Siegel (IPNB).

My personal interests include road cycling and fitness, and I teach group cycling (spinning) classes at Boston Sports Clubs. I also enjoy books and podcasts about economics and psychology — e.g. Planet Money, Freakonomics, More Perfect. I live in Newton with my wife and baby daughter.

Heidi Thermenos, Ph.D. I am clinical psychologist seeing clients with a wide range of clinical and personal issues in private practice in Brookline. I did my psychology internship and post-docs in both psychotherapy and neuropsychology at The Cambridge Hospital and Massachusetts Mental Health Center (MMHC). Currently, I see patients in private practice and am also involved in teaching and research at Harvard Medical School. At MMHC, I supervise psychology interns and teach a course on Psychoanalytic Theory. I also conduct research examining the effect of novel psychotherapy interventions on the brain.

In my clinical work, I enjoy working with adults of all ages, and am especially in interested life transitions (e.g., youth to adult transition; marital status and career transitions; working to retirement age transition). I specialize in personality issues, trauma and ADHD/ learning issues. I use a synthesis of psychodynamic, humanistic and dialectical behavioral approaches, tailoring the work based on client goals, symptoms, cognitive style and the phase of therapy. I love doing couples work because of the wealth of data that is available to work with.