



Letter from the Co-Presidents



Dear Friends and Colleagues,

Welcome to this special presidents' letter focused on diversity, equity, and inclusion. We'd like to update you on recent developments at PCFINE in this important area.

Member survey results: A big "thank you" to the one-third of our 236 members who responded to our survey on diversity, equity, and inclusion (DE&I) at PCFINE. Responses were anonymous and collated by our consultants from Visions, Inc. About 35% of respondents were trainees during the past five years.

Key findings about areas of success:

- Many described PCFINE as their "professional home" or as an important source of community and a sense belonging
- There was broad recognition that ours is a largely homogeneous organization that would benefit from greater diversity
- Members took notice of efforts across our 2020-2021 educational offerings to create a more open, inclusive environment and to bring in more diverse voices and perspectives

The survey also revealed a number of challenges, including:

- Some described feeling unwelcome due to a lack of racial, ethnic, and/or social class diversity among faculty and leadership
- A relative lack of diversity (racial, ethnic, social class, sexual

orientation) across clinical cases being discussed

- Insufficient attention to poor and working-class patient populations, partly because many members don't participate in insurance networks
- Some perceive that psychoanalysis sits at the top of the hierarchy at PCFINE
- Men are over-represented in leadership positions
- Many respondents were in favor of increasing diversity but appeared to be at a loss as to how this could happen (as reflected in numerous "I don't know" responses)

Among the many salient points made by Jane Ariel, PhD and Jim Turner, PhD, our consultants from Visions, we were struck by the observation that if PCFINE, as a predominantly White institute, were simply to recruit more people of color, such efforts by themselves would likely fail to create lasting diversity—because our usual cultural practices would not help new non-White members feel welcome and included. In other words, **we cannot increase diversity without efforts to address inclusion.**

Accordingly, Jane and Jim recommended that our leadership team and faculty engage in further consultation and training to become more aware of our hidden biases, to identify and change cultural habits to be more welcoming, and to examine how we might become more skilled at navigating and benefiting from encounters across cultures. The Board is currently working to move in this direction.

Overview of the past year of DE&I initiatives: As we all made

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the difficult shift to virtual meetings this past year, several efforts stood out for their contribution to making DE&I an ongoing priority at PCFINE. We sponsored three events open to the public: A live clinical interview with a couple adjusting to a partner's gender transition; a presentation on consensual nonmonogamy; and a full day program on parent-child attachment in pediatric settings (see article on page 6). For members, we offered several online reading and discussion meetings on racism and unconscious bias, as well as a Brunch presentation on the challenges of being a White therapist addressing racism and racial issues while treating an interracial couple. We convened a Task Force from our membership to offer guidance to the Board on issues of diversity, equity, and

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PCFINE Newsletter

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PCFINE Mission Statement

The Psychodynamic Couple and Family Institute of New England (PCFINE) is a nonprofit organization offering post-graduate 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 psychodynamic 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 psychodynamic 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-Presidents

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inclusion. Special thanks to our Task Force members for their generous and wise contributions: Fatima Aydin, Kathy Bolgatz, Wendy Caplan, Adeline Dettor, Meredith Goldsmith, Brenda Hamady, and Andre Perreault.

Looking ahead: The Training Committee, under David Goldfinger's excellent leadership, has been revising the curriculum for the training program. (See page 9 for new faculty.) Also, a number of events planned for the 2021-22 year address issues of racism and diversity, including: an online study group on the history of structural racism in the U.S. and its challenges for psychodynamic clinicians; a November 13 program (see page 12) on the impact of racism on African American couples; and many others in the planning stages. Stay tuned to the listserv for updates.

Incoming Co-Presidents: The Board has elected Dan Schacht and Wendy Caplan to serve as Co-Presidents when we step down in October. We're delighted that Dan and Wendy have come forward to help us grow together toward our shared future. In addition to being wonderful people, Dan and Wendy share a deep commitment to PCFINE and to its ongoing DE&I work. We're in excellent hands! We, Paul and Rachel, offer a deep bow of gratitude

to each other for our years of work together. All of PCFINE wishes Rachel a happy, productive beginning to her new life, professional and personal, in New Rochelle, NY.

Finally, we want to thank the members and leadership of PCFINE for their support of our work over the past several years. A special "thank you" to Past-Presidents Linda Camlin and Mary Kiely for pinch-hitting when our plates were too full. It's been fun working and learning together—a real plus of the "co-president" model.

Looking forward to seeing as many of you as possible in our online gatherings and (someday soon we hope) in person!

**Gratefully,
Rachel & Paul**

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&

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Co-Presidents, PCFINE



Working with Couples of Color

by John Rosario, PsyD

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To fulfill our aspirations of working effectively with Couples of Color, our tasks as psychodynamic couple therapists are multiple and ongoing, often requiring us to blend clinical skill with a deeper grasp of history, cultural awareness, and socio-political issues.

How we understand and respond to the social, historical and familial contexts of our clients is essential as we strive to make ourselves empathically available to those who are different from us. At the same time, a psychodynamic approach to working with Couples of Color adds depth and a nuanced recognition of each couple's psychological uniqueness.

Our development as culturally informed clinicians mandates that, among other concerns, we learn about the history of oppression in the United States, increase our understanding of differences within racial and ethnic groups, familiarize ourselves with the cultural values of our clients, and engage in activities that will give us a sense of their daily, lived experience.

A parallel stance has occurred over the past several decades as more and more heterosexual therapists increased their understanding of LGBTQ+ issues by exploring such topics as gender theory, queer theory, and sexual identity development; the history of theoretical biases in psychology and psychiatry; and by recognizing one's homophobia and the impact of internalized homophobia on LGBTQ+ people.

Applying Psychodynamic Principles

- With Couples of Color, welcoming multiplicity—of selves and of meaning—will deepen our responsiveness to explicit differences and the apprehension about those differences that emerge in treatment.

- A psychodynamic approach includes a capacity for uncertainty and not knowing, injury and repair. By maintaining an openness to moments of impasse and misunderstanding, we can foster the emergence of transformative, although sometimes painful, emotional growth.
- Because the impact of racism is so pernicious, our work can entail taking uncomfortable risks by addressing defensive strategies such as externalization, disavowal, and blame. For the psychodynamic couple therapist, a tension always exists between taking our patients at face value and helping them gain access to their underlying anxieties, defenses and conflicts.
- White guilt has no place in the treatment room. It is often a defensive position on the part of the therapist that interferes with authentic engagement. Its antidote is genuine curiosity and a desire to understand the co-created ruptures in our work.
- Couples do not generally come to therapy to work out their feelings about racism with their therapist. However, conflicts about race may exist between the partners and enter into the relationship with the therapist as well. Exploring these conflicts will require skill, tenacity, and the humility to acknowledge one's own blind spots.
- Our appearance may make us the target of certain projections, which can often be unconscious communications about an individual's or couple's experience of racism and prejudice. Whether we think in terms of projective identification or relational enactments, our role as therapists is to help our patients metabolize and integrate these disowned aspects of self.
- Transgenerational trauma endures for decades and often manifests

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A Lexicon For Undoing Racism

BIPOC: An acronym that broadens the concept of racial inclusivity by acknowledging Black, Indigenous, People of Color.

Micro-aggression:

The everyday, subtle, intentional—and oftentimes unintentional—interactions or behaviors that communicate some sort of bias toward historically marginalized groups.

Unconscious bias: Social stereotypes formed outside of conscious awareness. Far more prevalent than conscious prejudice, unconscious bias is often incompatible with one's conscious values.

Systemic racism: The formal and informal systems, structures, and procedures that disadvantage African Americans and other people of color. Also called structural racism or institutional racism.

White privilege: The social privilege that benefits White people over non-White people, particularly if they are otherwise under the same social, political, or economic circumstances. Its roots are in European colonialism, imperialism, and the Atlantic slave trade.

Recommended Readings:

McGoldrick, M. and Hardy, K. (2019). *Re-Visioning Family Therapy: Addressing Diversity in Clinical Practice*. Third Edition. CT: Guilford Press.

Sue, D.W., et al. (2019). *Counseling the Culturally Diverse (Theory and Practice)*. 8th Edition. New York: Wiley Publishing.



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 or fictionalized to preserve the confidentiality of clients. If you have a clinical question you would like considered in this column, or if you would like to respond to a question, please contact Randy Blume at randy@tashmoo.com.

Dear What Now?

Sharon and Will, a heterosexual, mixed-race, professional couple in their early forties, came to see me (virtually) about six months ago. The presenting problem was pandemic-related “overwhelmedness.” They were both working full-time from home, managing their seven-year-old son’s remote schooling, and coping with anxiety about Covid. They were stressed and depleted and felt resentful of each other around division of labor, lack of “free/me time,” and the decline of their formerly robust sex life. They claimed to love each other and to want to stay together. And, for the first few months of therapy, they seemed willing and able to do “homework” assignments designed to decrease their stress and shore up their connection.

*Though they reported feeling less overwhelmed after about a dozen sessions, they still weren’t having sex. Will (who is Black) said he loved Sharon. He found her to be smart and beautiful, a great mom, and a lively partner. Their dating and pre-child years had been defined by such strong physical chemistry that their friends called them *The Bunnies*. Will said he couldn’t be in the same room without wanting to touch Sharon, yet they hadn’t had any romantic or intimate physical contact since before the pandemic. Sharon rebuffed*

Will’s advances, saying she wanted “personal space.” He was raised to never, ever be “an aggressive Black man” and didn’t want to pressure Sharon to do something she clearly had no interest in, but he was confused and lonely and frustrated. Sharon (who is White) said she had “lost all respect for” (and, hence, attraction to) Will due to his “indifference to the Black Lives Matter Movement and everything it stands for.” She is Jewish, she explained, and considered herself to be a “survivor of intergenerational persecution and trauma.” Her “vision” for their marriage had been “a story of two resilient survivors finding each other in a storm and creating a multi-hued island from which to model peace and tolerance for their children and the world.” She had thought Will had the same vision, but he had changed. He wasn’t the person she’d married. Instead of going to rallies and marches together to support “his people” and educate their son on “how to be a Black man in a world of White privilege,” Will wanted to spend his free time riding with his bike club, perfecting his wood-fired pizza, and playing father-son sports. In short, Will had become a “suburban White dad.” Sharon wanted her “Black husband” back.

Then the arguing would start. The more Sharon talked about wanting her “Black husband back,” the more Will defended himself. He was Black, he would insist. Just look at him. He worked in the Black-owned family business. He and the business generously contributed to Black organizations and charities. He chose to support his people with money rather than “wasting his weekends getting tear-gassed and tased.” “The best revenge is living well,” he told Sharon. That was his motto.

This couple is stuck, and I am stuck. I have tried everything: I explored their individual sexual histories and their sexual history as a couple. I explored

their relationships with their families of origin. I explored their different narratives for how they wanted their lives to play out. I explored their frustration and disappointment in each other. I explored the stressors of the pandemic. I know race is playing a role here, but I am not sure how to explore it. For what it’s worth, I am White and Jewish. But I can’t say I am identifying more with Sharon than Will. What am I missing? How can I help this couple connect?

**Sincerely,
Race Matters**

Dear Race Matters

You’re right that race plays a role in the dynamic of this couple, but you’re unsure how it does, and how to explore the topic with this couple. I suggest you approach race as directly and openly as you’ve explored their histories, hopes, and disappointments. Directly discussing race is daunting though. Heck, many therapists are reluctant to talk about sex, for that matter; but race is an important topic to be comfortable discussing, because to the extent we hesitate to talk about race with our couples, race is playing a role in the therapy as well.

Many White people, including me, grow up with the cultural notion that talking about race is loaded at best, and taboo at worst. So any hesitation to talk about it is either a desire to be respectful, or an impulse of self-concern, or both. Race is a ubiquitous force that touches every aspect of Black American life, and to meet a client where they are, I want to talk freely with them about their experiences.

As I have interacted with people of color, both clients and colleagues, as well as read and researched the topic, I have gradually become more comfortable in addressing race as a factor in life. In that process, I have had to consider my Whiteness. Whiteness

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What Now?

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often includes growing up with a lack of awareness of race, a taboo on race-talk, and a “nice person” imperative. Unfortunately, these factors foster a distance between me and my clients of color.

So, to get into the topic of race with Will and Sharon, I suggest you name it with humility, and earnestly share the limits of your understanding with them. Tell Will that you know that your life, as a White person, is different from his. Let Will and Sharon know—if applicable—that you don’t know what a marriage affected by racial differences is like. Then assure them you want to understand more about the way race affects their life together while you help them with their relationship. Ask them how they talk about race in their relationship. Use their existing manner of talking about race to help you open up the topic with them. Join them *there*.

“I’d ask how their racial identities help them feel more connected....and where race hinders their connection.”

After learning how they already talk about race, I’d ask how their racial identities help them feel more connected to one another, and where race hinders their connection. Sharon’s respect for Will—and her attraction to him—is associated with her idea of Will as a Black man. Sharon seems to have one idea of what it is to be a Black man, while Will has a different one.

Will loves Sharon but he feels lonely and confused in the face of her criticism. He has a sense of his Blackness and advocates for himself. He also is aware of stereotypes of Black men and is leery to be associated with them. Does Sharon appreciate the bind he may face, both with her and with their community? Will may inadvertently limit his self-advocacy by avoiding anything

“aggressive” in Sharon’s eyes or the perception of any others in their life. Will may find relative security—albeit a lonely security—through his individual pursuits of bike club and artisanal pizza.

In your letter, Race Matters, you mentioned that Sharon is White. Does Sharon see herself as White as well as Jewish? Does Will see Sharon as Jewish as well as White? If Will and Sharon compare their respective experiences and histories together, where does that foster closeness or spark division?

Sharon has a vision for their marriage as a *“multi-hued island established by two resilient storm survivors.”* At the start, the “weather” around their newly established island may have been relatively good. Unfortunately, the “weather” has gotten worse over the intervening years. It’s possible that Sharon sees a looming return of past traumas. What better time to look to her steadfast co-survivor? Will may see more trauma in his present, as if the storm never really let up, but he’s finally found some hard-won higher ground. Will and Sharon are both susceptible to feeling misunderstood, invalidated, and unsupported during times of stress. I think recent years could qualify as “times of stress” for them, culminating in a year of pandemic life at home, managing two careers and the education of an elementary school student. I can still see Will and Sharon on their island, but maybe living on separate parts of it recently.

As the therapist, I get to be a visitor to their island. Through their eyes I can explore how extensively Will and Sharon share the island. I could ask Sharon what it means to be White as well as Jewish, and what it means to have a husband and son who are Black. I’d ask Will what it means to be Black, and to have a wife who is Jewish and may or may not see herself as White. What does it mean to have

a successful family business and live a suburban life? For Will it could well be the culmination of a multi-generational struggle to “make it.” Or it could also be a well-earned refuge from having to think about race. Or both. Given Will’s desire to explicitly support Black causes financially, I’d guess he’s not shying away from the struggles of antiracism, but still I’d want to invite him to tell me how he feels and deals. There is a lot of ground to cover on this island. Will holds that the “best revenge is living well.” That word “revenge” is a potent word, and I want to hear the story in that word alone! For Sharon I want to hear her story of the “storm.”

I think a clearer and more mutual understanding of deeper meanings—reinvigorated through your curiosity—can help soften Sharon’s heart and encourage Will to advocate for himself while reaching out to Sharon in ways that are meaningful to her. Their history, their desire to stay together, and their willingness to do current homework assignments are promising resiliency factors. I’m willing to bet that their relationship roots are strong and together their island can be both an outpost for the resistance *and* a resort where respite and connection thrive.

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Dear Race Matters,

We would expect your couple to be stuck, which is after all why they came to see you. As the work has deepened, your couple has become more anxious, responded with shared resistance, and drafted you into their quagmire. Well, despite their problems, your couple can clearly still communicate and work as a team! But why might you be drawn into their stuckness? Understanding this may help to explain their stalemate.

You have retraced your clinical steps but perhaps there are more doors to open. From your vignette, I can *(continued on page 7)*

It Takes A Village: PCFINE Spring Conference on Attachment

By **Helen Hwang, PhD, MPH**
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The timeless and relevant proverb “It takes a village to raise a child”, from Igbo and Yoruba cultures, exists in many different African languages, and in Swahili means “One hand does not nurse a child.” In many African communities, a child is raised and spends extensive time with grandparents, aunts and uncles and the wider community. It takes a village.

It took a village of a different kind for the PCFINE Program Committee to orchestrate an all-day, interactive live ZOOM conference on April 10th entitled “Parent Child Attachment from Infancy through Adolescence: A Relational Lens for Prevention and Treatment in Pediatric and Mental Health Settings”, which had been cancelled just days prior to its original March, 2020 date. Susan Phillips opened the conference stating it was re-imagined through the lens of COVID and broadened in its scope to include a wide panoply of leaders and researchers in the field of contemporary attachment theory, such as Norka Malberg, PsyD, Arietta Slade, PhD, Claudia Gold, MD, Charlie Slaughter, MPH, Kathryn Litwin, MD, Monica Bassette, and Stephanie Krauthamer Ewing, PhD. A diversity of organizations on the front lines of pediatric mental and public health such as UMass’s Infant-Parent Mental Health Program, JF&CS’s Infant Parent Training Institute, and Rocky Hill Pediatrics were involved and presented on their interventionist programs and research.

The conference addressed the gap between developmental science and practice by bringing together contemporary attachment theorists with those on the front lines working with the most stressed children, adolescents, and families. In doing so,

organizers hoped that understanding the prevalence of emotional distress and mental health issues in infants and adolescents and redressing healthcare disparities could better inform interventions and treatment.

The Williams James College-Continuing Professional Education Programs, and the Massachusetts Institute for Psychoanalysis co-sponsored the conference with PCFINE. In meeting the challenge to “summarize” the conference, I’ve taken the liberty of highlighting main points that are relevant to the work we do.

Arietta Slade from The Yale Child Study Center spoke of how she’d come to think about attachment over the years, and confirmed what Harry Harlow, (1950’s & 60’s,) of terrycloth-wire monkey fame, discovered: that we are primed and biologically wired to seek connection. She spoke of the “thousands of relational moments” as opportunities, and reminded us about the foundational work of Bowlby, Ainsworth and Winnicott. A “good enough” caregiver means he-she-they can provide the kinds of experiences in which we feel safe, unthreatened and loved; and that different kinds of adaptations on the part of the caregiver are required in order to establish this. A deep pleasure can be found in such connection. She spoke of parents’ “un-mentalized trauma” and how socioeconomic stress and systemic racism limits capacities. A point of entry for change involves developing a caretaker’s reflective capacity to understand the other in terms of their internal states, and to wonder and tolerate uncertainty.

Norka Malberg made reference to Selma Fraiberg’s metaphor “ghosts in the nursery,” but at this conference spoke of “angels” in the nursery—those who made you feel understood, important and valued, and who enjoyed you as you were, believed in you, and provided support and company. She encouraged us to reflect

on how it feels to remember those people. Regarding mentalization, having the capacity to look at ourselves from the outside, and to imagine others from the inside, develops a child’s sense of mind and reflective self. Finding a child’s sensorimotor self, the body before the mind, and a “sandbox” to play, joke, imagine and fantasize in, all matter. Malberg reminded us that physical closeness (and therefore distance as well) differ culturally. She noted that a good psychotherapy develops autobiographical narratives that are coherent and particularly meaningful.

Claudia Gold, a specialist in infant mental health and recent author of *The Power of Discord: Why the Ups and Downs of Relationships are the Secret to Building Intimacy, Resilience, and Trust* (2020) entitled her talk “Adverse Childhood Experiences and Meaning Making.” Her research finds that healthy relationships are achieved, not assumed. It’s the continuous process of many mismatches and repair, the moment to moment meaning-making, that leads to the pleasure of security. In fact, the growth in repair fuels the internal experience of hope. Being able to move regularly through mismatch to repair, with the caregiver being able to hold onto a coherent sense of self, is in layman’s terms what Winnicott meant by “going on being.” She invoked Winnicott’s paean to therapy, “We all hope our patients will finish with us and forget us, and they will find living itself to be the therapy that makes sense.”

Kathryn Litwin and Monica Bassette from Rocky Hill Pediatrics and Charlie Slaughter of Circle Security International, presented on a “Community Wide Model to Support Attachment-The Connecticut Experience.” Noting that many pediatricians are not taught about attachment during their medical education, Rocky Hill has created an opportunity for learning with five other pediatric practices, implementing an attachment-based tool in their work. They illustrated the eight-week class they have devised for infants and

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What Now?

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visualize Will fully in many areas of his life: his family-owned business, charitable contributions, hobbies, friends, relationship with son, and I even know an important detail about how he was raised as a Black man. He is apparently still interested in sex with his wife, only confused and frustrated, and wants his “bunny” back.

By contrast, Sharon comes across as less fully dimensional. She holds fast to an idealized fantasy, dependent upon a partnership with a somewhat fetishized image of a Black man. A lot of her seems to be missing, and perhaps you echo some of my feeling in your statement that you, like Sharon, are both “White and Jewish—I feel that I am missing something.” I think that you could be missing the fact that you and Sharon are also both women. And it may be noteworthy that while Sharon mentions a range of social justice issues (all emerging from a notably unbunny voice), she doesn’t include women’s rights even though Me Too, Kavanaugh, Trump, etc. have all overlapped in time with BLM. It seems to me that Sharon’s insistence upon Will’s Black power runs parallel to your insistence that your couple’s conflict must only be about Race.

You might want to consider the possibility that you are engaged in an Unconscious Enactment with Sharon, or the interlocking of Sharon’s transference and your countertransference. Exploring that would be the best way to free yourself from feeling stuck and open new directions with your couple. You may be reluctant to turn your attention to issues that unite women, feeling that the issues you are supposed to be addressing are ones of race. However, something may be blocking your empathic connection to Sharon which will then enable you to assist

the partners in facing each other. My hunch is that Sharon’s joy in the earlier days of the relationship was fueled not only by physical passion but by the value she experienced of herself and of Will through their shared political activities—she seems to be longing for the good old days, a time when she felt more vital in herself and to her partner.

In the marriage however, Sharon is insisting on an idealized image of her Black man rather than seeing the man in front of her; and Will is likely not seeing all of his wife, and therefore feeling at a loss because the familiar playbook no longer seems to be working. What do women want?! But

“You have...two races that are simultaneously gendered, classed, cultured and historied.”

you, Race Matters, can help them explore all of this now because you have two races, White and Black, in your office, two races which are simultaneously gendered, classed, cultured, and historied.

For starters, what about Sharon’s wish to see herself and Will protesting in the streets again? Surely people with White skin don’t face the same risks as people with Black and Brown skin, and perhaps the older Will, now father Will, prioritizes being around for his young son. It’s also quite plausible that at this point in his life, Will has been able to move away from the handful of stereotyped images available to Black men and has finally come into a more authentic identity. And if “politically woke” Sharon overlooks her White privilege here, could that be in part because her White skin offered no protection to her European-

Jewish family, who may have suffered grievously? Projecting into her future, I wonder what motherly feelings will be activated as her Black son gets bigger and may look dangerous to others? (And by the way, is he being raised as a Jew?)

Circling back to the enactment, Sharon’s self-awareness could surely be compromised by her over-focus on Will, and though she identifies him as the source of her dysphoria, her depression is palpable. I’d guess that she spends more than equal time chastising herself. I have a hard time seeing her being able to identify her struggle as one that is lived by many women. Many clinicians, myself included, would likely view two individuals, cut and paste family of origin material, and have a field day with hypothetical formulations. And while this can be fascinating, I believe that simply tracing back to mom and dad cannot address complex questions like race or gender. Given the social context, exemplified by the 50-year failed struggle to enact the Equal Rights Amendment, it wouldn’t be surprising if Sharon’s status as a woman in our society is also being expressed and replicated in her marriage, contributing to the emotional and sexual stalemate in the marriage. This is hard and complicated work but it is very exciting and I hope we will hear more.

Margaret Sablove, EdD
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Introducing PCFINE Training Fellows

YEAR I FELLOWS

Jeff Brand, PsyD, CGP

Jeff is a staff psychologist at The Brookline Center for Community Mental Health and has a private practice in Brookline, MA. At the Brookline Center, he directs the adult group therapy program, including supervision, teaching, and program development, as well as providing clinical care for adults and adolescents in both individual and group therapy. In his private practice, he sees adults in individual and group therapy. He has written about trauma and the use of concepts from group dynamics to understand sociopolitical phenomenon. He is also on the board of directors for the Northeastern Society for Group Psychotherapy. He enjoys being outside.

Julia Harty, LCSW

Prior to obtaining her MSW in 2021, Julia worked in special education settings assisting young adults in skill development aimed toward independent living, and completed her final year practicum working within the Bipolar and Psychotic Disorders Division through McLean Hospital. In addition to her enrollment in the PCFINE training, her post-graduate positions include her fellowship with the Psychotherapy Institute of Back Bay and her role as an inpatient social worker with McLean Hospital. Julia also enjoys cooking, reading, and spending time with her family.

Emily Kates, PhD

Emily is a clinical psychologist in the counseling center of Boston College, where she coordinates the group therapy program. Emily also has a small private practice in Brookline. Prior to becoming a therapist, Emily studied religion and has a particular interest in working with interfaith couples around relationship and parenting struggles. She enjoys hiking and being outdoors.

Natasha Khoury, MEd, MA, LMHC

Natasha is in private practice in Cambridge. She has worked with the Boston Area Rape Crisis Center, McLean Hospital, The Harbour, DCS Mental Health Inc., and at Inspired, specializing in DBT. She is a proud first generation Armenian-American and is involved in Armenian organizations. She is also on the Newsletter and Executive Committee of NSGP as well as PCFINE's Program Committee and enjoys writing, reading, traveling, photography, running, antiquing and spending time with her two Bengal kittens, Luigi and Bianca. Natasha and her husband are elated about welcoming their first child early next year.

William Mason, MSW

Wil graduated from Smith College School for Social Work this August. He is currently a Post-Graduate fellow at the Psychotherapy Institute of Back Bay and the Human Relations Service in Wellesley, where he works with individuals, couples, and families. He enjoys playing tennis, basketball, and any other sport. He also likes hanging out with friends and family around Cambridge.

Aliza Phillips-Stoll, PhD

Aliza is a clinical psychologist practicing in Newton. She is a supervising psychologist at the Clinical Psychology Internship program at Beth Israel Deaconess Medical Center. She is excited to learn more about how couples relate and evolve. Her greatest summer joy has been an unintentional garden.

Jalessa Townsend, MSW

Jalessa is a Massachusetts native with extensive experience in several residential treatment programs with diverse populations. She has conducted individual and group psychotherapy for survivors of domestic violence and complex trauma and provided manualized

psychotherapy to Veterans. In 2019 she completed the Psychosocial Rehabilitation & Recovery-Oriented Fellowship (PSR) at the VA. During the fellowship, she worked with Veterans with Serious Mental Illness (SMI) and Veterans who used aggression in relationships. Jalessa now works for the METCO program and is a postgraduate fellow with the Psychotherapy Institute of Back Bay.

Andrew Wood, LMHC

Andrew Wood is in full-time private practice in Boston where he sees individuals and couples. He directed school-based programs at the BIP and has sought additional training at MIP and BPSI.

Yafit Zilberberg, LMHC, LMFT

Yafit grew up in Israel and has been living in the USA for 2 decades. She enjoys her bicultural identity which she finds an enriching experience, both personally and professionally. She is certified in group facilitation. She has worked with children, adolescents and families providing school-based counseling and family therapy. She currently works at Strattus in Dedham, MA conducting individual, couples, and family therapy.

YEAR II FELLOWS

Joining the Year II class is Jess Tepper, who did Year I a couple of years ago.

Jessica Tepper, LICSW

Jess is an individual and couple therapist based in Cambridge. She uses a blend of psychodynamic, IFS, EFT and mindfulness-based approaches in her therapy work. She specializes in treatment of trauma as well as relationship and intimacy-building after trauma. She is also a certified yoga and mindfulness instructor. She's thrilled to be re-joining the PCFINE community.



New PCFINE Faculty

Tamara Feldman, PsyD will be teaching “Evaluation and Formulation” (Year I).

Sejal Patel, PsyD will be teaching “Addressing “isms” and Microaggressions in Interracial Couples” (Year I).

Alistair McKnight, PsyD, LMHC will be teaching “Moral and Ethical Dimensions of Couples Therapy” (Year II).

Katie Naftzger, LICSW will be co-teaching “Race and Other Sociocultural Dimensions of Our Work with Couples” (Year II with **Paul Efthim**).



Ode to Small Talk

Forgive me.
I didn't listen closely
to what you didn't say.

I missed your message
of acquittal this morning
when you queried—*Fried or scrambled?*

I've scoffed at, *What about those Sox*,
wincing at call and response
reports about the weather.

Now, on a chalk mark
muzzled by my mask,
nostalgia for neighborhood gossip

erupts like a plunged french press
spewing pungent brew
beyond the confines of its pot.

So how's your day been goin'?
I yelp at the back
of a head in line.

Talk to me—please
about what you can't believe
you just read in *The Globe*.

Nina Avedon

Committees and Contacts

PCFINE committees are always looking for your ideas and your participation. Please contact the chairs to share your thoughts and/or join. They will be glad to hear from you.

Brunch Committee Chairs:
Penny Moore and Magdalena Fosse
penelope.moore@gmail.com,
drfosse@yahoo.com

Diversity Committee Chair:
John Rosario
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Membership Committee Chair:
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Program Committee Chairs:
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Technology Committee Chair:
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It Takes A Village: PCFINE Spring Conference on Attachment *(continued from page 6)*

their caregivers, stressing that understanding the child through the lens of attachment addresses relational wounding.

The final speaker of the day was Stephanie Krauthamer Ewing from Philadelphia and Drexel University, whose talk was “Attachment Based Family Therapy with Distressed Adolescents.” Her research focuses on this treatment, and she noted alarming findings, such as family conflict preceding 20% of teen suicides and 50% of non-lethal attempts. Her fifteen years of research has focused on the dialectic between understanding how teens can develop autonomy while still maintaining a foundation of healthy attachment. She further noted that a moderate degree of conflict promotes healthy identity development, whereas pervasive conflict decreases relational security. Through attachment repair building, parent-teen relationships can heal so that teens feel heard, understood, cared for, and valued. The treatment supports teens in being able to articulate core relationship ruptures and breakdowns with their parents/caregivers so that conflict becomes a place of opportunity to navigate together. Subsequently, new emotional vocabulary is created.

To have had an angel in the nursery is a gift, and it is not the case for many of the individuals and couples with whom we work. They come to us in a state of unconscious yearning for us therapists to provide an old but new relationship—a developmental second chance. The undertone of the conference was one of hopeful optimism, that a village of healers can be reparative, healing, and life-giving, and that a secure attachment comes from one being able to be seen, felt, and heard on a deep level.



Cartoon Caption Contest

Affinity Groups at PCFINE

By Mark Sorensen, PhD
Chair, Membership Committee
sorensentherapy@gmail.com

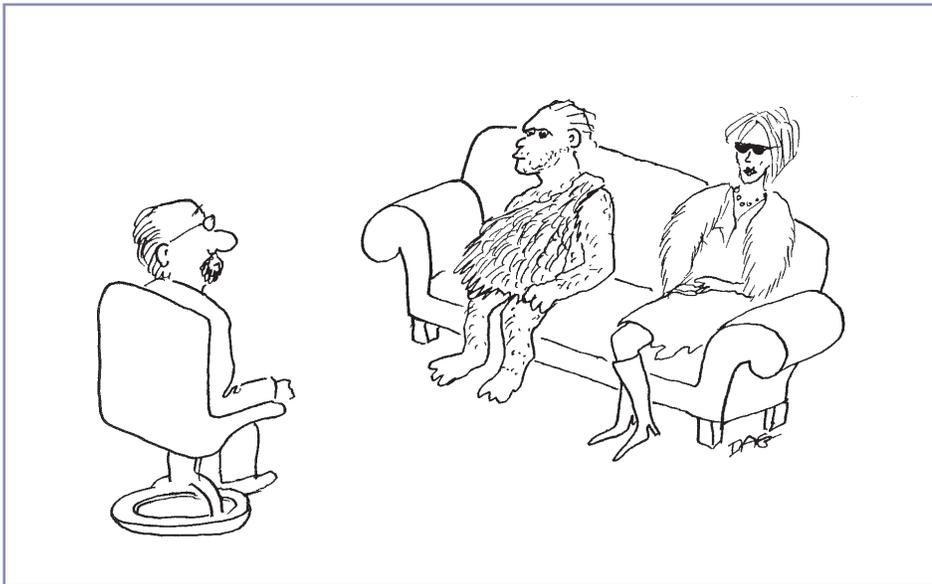
To further our mission of nurturing a sense of community within PCFINE, the Membership Committee launched an experiment in affinity groups last spring. We established 2 groups that our polling suggested would bring together members who share a common interest.

“Sex and Couple Therapy” is facilitated by Jennifer Bortle, PhD. (jenn.bortle@gmail.com), and “Aging with Wisdom” is facilitated by me (sorensentherapy@gmail.com). Each group is limited to 10 people to allow for more in-depth sharing of ideas, feelings, and experiences. The groups meet every 4-6 weeks, and the structure of the group is determined by the group members.

One benefit of the obligatory virtual meetings has been that PCFINE members who live farther away have been able to participate more easily. So far, the groups have been successful in providing an intimate space to share ideas, feelings, and experiences about the topic areas, both professionally and personally.

If you are interested in joining an affinity group, please contact the facilitator for that group.

If you have an area of interest that you think would make for a good affinity group, even if you do not want to be the facilitator, please let me know and we will explore having the Membership Committee help launch it.



Cartoon by David Goldfinger

Send your captions to Alice Rapkin at pcfine1934@gmail.com. Two weeks after this Newsletter’s publication, entries received will be posted on the PCFINE listserv for members to enjoy. (Entries may be submitted after that but will not be posted.) The winning entries will be announced in the Newsletter’s next issue. Judging by David Goldfinger will be based on the creativity, humor, and originality of the captions. Enjoy!



Cartoon by David Goldfinger

Spring 2021 Cartoon Caption Winners

Winner:

“Well, if we’re going to be honest here, my real kink is fur.”

Magdalena Fosse (certified sex therapist)

1st Runner Up:

“At the beginning I fell in love with their beautiful quills. When we embraced I could feel a slight pain, but I imagined that was normal and would go away with time. Instead it got worse. Sometimes I wonder what my life would have been like if I had married a bald cat.”

Alistair McKnight

2nd Runner Up:

“Have you tried other positions?”

Nina Avedon

Member News

■ **Stephanie Adler**—My watercolor landscapes have been accepted to be shown in the main hall of the Newton Free Library for the month of November 2021 (assuming the library is still open then!).

■ **Sally Bowie**—This summer, my psychoanalyst husband and I took the longest vacation we've ever taken—7 weeks. We drove across this amazing country and then spent a blissful month in Seattle with our 14-month-old granddaughter. Her parents, our son and his partner of 11+ years, decided to get married while we were there. Perhaps most amazing of all, and a tribute to PCFINE, I love my husband even more after 7 weeks, nose to nose, 24/7.

■ **Eleanor Counselman**—I have received a Presidential Citation from the American Psychological Association Division 49 (Group Psychology and Psychotherapy) for my contributions to getting group psychotherapy named a specialty. This award is scheduled to be presented at the 2021 APA convention.

■ **Tamara Feldman**—I published an article in the spring edition of *Family Process* entitled "The Couple Therapist and Moral Agent." I was also recently appointed to serve on the Couple and Family Committee of the International Psychoanalytic Association as a North American representative. The committee is comprised of members from each of four designated world regions (North America, South America, Asia and Europe).

■ **Jerome Gans**—I have been trying to stay close to home until we get past this current nightmare. I did though visit my Washington daughter in West Virginia where she and her husband rented a house to keep her two little boys, 5 and 3, safe. Also, my second book, *Addressing Challenging*

New Members

PCFINE welcomes these new members to our community. We look forward to getting to know each and every one.

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Natalia Walczak, LMHC
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Annie Weiss
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Moments In Psychotherapy: Clinical Wisdom For Working With Individuals, Groups and Couples, will be published by Routledge at the end of September. The journal *Psychodynamic Psychotherapy* will publish my paper "Contemplating Raising Fees: An Exercise in Therapist Disquiet" in its December issue.

■ **Suki Hanfling**—Extra time for my photography has been one outcome of the pandemic. I am now a member of three different photography groups and have taken more than 50 "photo outings" around the greater Boston area over the past year and a half. If anyone is interested in seeing some of these photos, you can go to: <https://www.flickr.com/photos/105745764@N02/>

■ **Daniel Schacht**—I have been busy daydreaming about the woodshop I might build someday. When not daydreaming, my wife BethAnn and I have expanded the group practice we co-own. We now have thirteen offices in four suites in downtown Natick.

■ **Joe Shay**—I presented "Couples Gone Wild: A Rapid Review of the Top 10 Complications" in the Spring to the Cambridge Health Alliance. In August, I led an online weekend process group of group therapists with the theme "Seeing Through Your Lens in Relationships."

■ **Annie Weiss**—A book I co-edited, *Women, Intersectionality and Power in Group Psychotherapy Leadership*, will be published by Routledge on September 30th. PCFINE member **Libby Shapiro** authored one of the chapters.

Working with Couples of Color

(continued from page 3)

as internalized racism as a result of growing up with race-based discrimination. Toni Morrison’s novel *The Bluest Eye* offers us compelling insight into this phenomenon as she addresses the idealization, shame, and rage underlying racially driven self-hatred. Other features of this syndrome can include attachment disorders, substance abuse, and self-harming behaviors.

Addressing Cultural Bias In Our Clinical Work

- Being a culturally competent therapist does not mean being a “Nice White Therapist.” It does mean being able to acknowledge our own racist attitudes, beliefs and feelings. It also requires us to possess knowledge about racial identity development as well as White identity development and White privilege.
- White people do not typically wake up every day confronted by their Whiteness. The same is not true for people of color, many of whom become aware of their skin color in early childhood. White clinicians must become aware of their own racial identity, their world views, biases, prejudices, and beliefs in order to more clearly respond to the experience of racism.
- Many BIPOC have experienced traditional psychotherapy as antagonistic to their cultural values and life experiences. The monocultural and Eurocentric perspectives of psychology can limit a therapist’s appreciation for their clients’ sense of mental health, normality, and the relevance of culture-bound beliefs and interventions.
- As a White clinician, you may be your clients’ second choice as a therapist. The first preference for many clients of color is for a therapist who looks like them because they assume, sometimes correctly, that White therapists cannot understand

their experience. Yet the lack of minority therapists—for instance, only 5 percent of mental health professionals are Black—can create a cultural bind for people of color and White therapists alike.

- Skin color defines only one aspect of an individual’s or couple’s identity although it is a primary marker in the United States. Within each racial and ethnic group there are multiple factors that contribute to a sense of identity. These include culture, language and linguistic dialect, national affiliation, education, social class, gender, and age, among others.
- Religion and religious institutions can often be sources of comfort for many ethnically diverse people. Consequently, couples of color may initially seek guidance from a spiritual director rather than a psychotherapist. Respecting the role of religious beliefs in a couple’s world view may be essential to forming a working alliance with them.
- The term Asian American encompasses more than 50 distinct racial/ethnic groups in which more than 30 different languages are spoken. In contrast to other minority groups, Asian Americans are seen as the “model minority,” a stereotype

that may render them invisible when discussions of diversity focus only on Black/White issues.

- The American health care system, including psychiatry, has traumatized people of color through outright prejudice, neglect, misdiagnosis, and non-consensual experimentation. For some, their skepticism of mental health care professionals is based on a long and painful history of family members and ancestors being deliberately mistreated.

It is a maxim of psychodynamic therapy that the “work” occurs in the inevitable breach between **conscious** intention and **unconscious** impact. Mistakes and errors are unavoidable, especially in the complex interpersonal field of couple work. But by co-constructing a scaffold for the “otherness” of our patients and ourselves to emerge, we can engage in ways that will ideally “create a language of mutual recognition and understanding.” *Our receptiveness to this emergent language will guide us through the sometimes thorny path of addressing difference in our work with couples of color.*

PCFINE Upcoming Event

Saturday
Nov. 13, 2021

Mark Your Calendars 9:00 AM–12:00 Noon, ZOOM
“The Impact of Racism on African American Couples: Implications for Couple Therapy”

Presenter: Marjorie Nightingale, PhD, LMFT, JF

PCFINE presents an interactive, virtual workshop addressing the impact of racism on African American couples. The experience of racism is nuanced and unique to each individual, couple, and therapist. Join us for an experiential exploration of our own identities in relation to others whom we may encounter in treatment. Marjorie Nightingale will present findings from her research and clinical practice that identify themes that may derail the therapeutic process with African American couples. Using dynamic exercises, media and role plays, participants will have a lively and participatory learning experience.

Revenues from this workshop will be earmarked to fund efforts to increase diversity, equity and inclusion at PCFINE.