



Letter from the Co-Presidents



Dear Friends and Colleagues,

We are so pleased to celebrate PCFINE's twentieth year of providing training in couple and family therapy.

This issue of the newsletter shares stories from the first twenty years of our training program. We are grateful to the many people who have come before us as well as to numerous current members who devote their time and energy to teaching and supervising the next generation of couple and family therapists.

We have a full class of first-year fellows, and we welcome them to the PCFINE family.

We also **appreciate** the broad range of activities that have been sponsored by our organization over the last few months. Our virtual Brunch series continues to engage as does our Reading Fiction Together series. Ongoing Learning workshops have recently focused on parenting, and this year will be devoted to families and aging. Affinity groups (Sex and Couple Therapy, Countertransference and Couple Therapy, Examining Racial Dynamics, and Aging with Wisdom) facilitated by our Membership Committee are popular and stimulating. Both the Diversity and Program Committees have been creating opportunities for us to learn more about ourselves as people and as clinicians—experiences for which we are grateful.

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Letter from the Co-Editors



Welcome to our celebratory issue marking the 20th anniversary of PCFINE's Training Fellowship.

Amazingly, it was 20 years ago that Carolynn Maltas, Justin Newmark, and others launched the training program that many PCFINE members have enjoyed. Trainees came for a one-year fellowship, asked for more, and the fellowship was expanded to an optional second year. Our institute grew as fellows maintained active membership in PCFINE, taking classes, and then joining the faculty, committees, the Board, and becoming Co-Presidents. This issue of the Newsletter features articles recounting the origin of the training fellowship as well as reminiscences from faculty, fellows, and consultation group leaders.

In addition to this momentous milestone, we have another one to note. We say farewell to our treasured co-editor Sally Bowie, who is following the siren call of grandchildren to move to Seattle with her husband Randy Paulsen. Sally took part in the original fellowship class and stayed to join the faculty and serve as Co-President of PCFINE. She has enriched every facet of PCFINE and leaves us greatly enhanced. We send her on her way with gratitude and warm wishes for her new adventures.

Debbie Wolozin is delighted to join Jennifer as Co-Editor of the Newsletter.

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Debbie came through the fellowship 2005-2007 and has served in many roles since then, including Co-Chair of the Membership Committee. With her deep connections to PCFINE, Debbie steps seamlessly into the Co-Editor role. We would love to hear your ideas for future issues, so please get in touch with us.

And now, on with the celebration!

Warmly
Jennifer & Debbie

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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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Celebration: 20 Years of PCFINE Fellowship in Couple Therapy

Origins of PCFINE Couple Therapy Fellowship

by **Carolynn Maltas**

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The pre-history of PCFINE began in 1993 when Ken Reich and Gerry Stechler brought together a group of senior psychoanalysts and psychoanalytically-oriented therapists, including me, who were interested in couple and family therapy. We discussed the possibility of creating an institute for psychodynamically-oriented therapists who wanted to expand their individual therapy practices to include couples and families. We tentatively named it the Psychoanalytic Couple and Family Institute of New England, and the acronym PCFINE, (pronounced as PaCFine, not P.C.FINE), stuck. Under the PCFINE umbrella there initially also was a group interested in community outreach and consultation. That developed into a program called SOFAR which, under the leadership of Ken Reich and Jaine Darwin, offered support to families of the Army Reservists. Not long after, the two components of PCFINE split into independent entities, with the training program retaining the name of PCFINE, under the leadership of David Berkowitz and myself.

Our next task was to find out “if we build it, will they come?” A surprising picture emerged from surveying the local psychoanalytic institutes, BPSI, PINE, and MIP. Many analysts were already seeing couples but not talking about it with their colleagues. They described “feeling like a fraud,” and “flying by the seat of their pants,” having had no formal education or supervision in couple therapy. To be honest, some of PCFINE’s faculty felt the same way, but had the courage to jump in and learn as they taught. As David Berkowitz and I had both trained in and taught courses about couple and

family therapy, we took on the task of developing an initial curriculum.

While waiting to see if we could fill a first class, faculty members presented several well-attended workshops in areas relating to working with troubled relationships. Several of us began teaching courses on couple and family therapy to psychiatric residents in the Harvard Longwood residency and the residency of Tufts New England. Exploring these cases was eye-opening for PCFINE’s faculty who were exposed to an extremely diverse patient population and who had to learn, along with the residents, how to take such

“...students...cherished... senior therapists openly expressing disagreements about theory and practice.”

diversity into account at every stage of the work. For example, how do you create a treatment plan for a young woman, recently arrived from Cambodia, who presents with a severe post-partum depression, and is living in a one-room apartment with her very critical in-laws who come from a different group of the Hmong?

Our first class filled quickly and had a waiting list that nearly filled the following class. Clearly there was pent-up desire for working with couples and families from a psychodynamic perspective. Unfortunately, David Berkowitz developed a brain disease and was never able to teach again nor enjoy the fruits of his labor in helping shape the Couple Therapy Training program. Fortunately, we had already brought onboard friends and colleagues we had worked with at McLean Hospital and BPSI to share in the teaching and

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Origins of PCFINE Couple Therapy Fellowship

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the development of the program. Justin Newmark quickly stepped into David's position both as a teacher and coordinator. He greatly enriched the program with his own ideas about teaching and supervising therapy. When Joe Shay joined the faculty several years later, he brought with him years of experience at NSGP, and also brought several new faculty members. We have liberally borrowed from NSGP, including templates for our newsletter and by-laws, as well as a fun and compelling approach to learning that is best exemplified by Joe's own classes.

Justin and I developed a style of co-teaching that influenced the training program's development. We enjoyed questioning and challenging one another in the presence of the students, which they loved. One of us might suggest that an idea was too narrow or doctrinaire and needed to be looked at in real clinical situations. Our friendly sparring allowed us to engage with tough issues with both humor and respect. We know from students' feedback that they cherished this example of senior therapists openly expressing disagreements about theory and practice. It freed them up to try new approaches and arrive at their own personal integration, since we suggested that multiple paths can lead to successful outcomes. This attitude was built into the structure of the program, in the form of having at least three faculty members take part in each class: the presenter(s) and two coordinators, usually of different genders. With the addition of consultation groups, another faculty perspective was added.

I remember a moment when Gerry Stechler was talking about evaluating couples. A student asked when to take a history. Gerry stated emphatically that he "never" took a history at the beginning. After he explained his rationale, I turned to the students and said "just fyi, I always take a history at the beginning." You could hear them let

out a sigh of relief, even though they did not end up with a clear formula to follow. They did learn about making such decisions in the context of a particular couple. In truth, no matter how experienced, therapists are always making rapid decisions, assessing the outcomes, and being further guided by the couple, not the model.

"Don't use your own comfort level as an indicator that you're doing the right thing or the wrong thing (as a therapist)."

—Gerald Stechler

So, here we are twenty years later, and PCFINE is known as a major center of training for psychodynamic couple therapists interested in integrating other perspectives, including family systems thinking, couple interpersonal neurobiology, and attachment theory, among others. I am proud that PCFINE is also known as a welcoming, respectful, non-hierarchical community and that many former students and faculty have chosen it as their professional home. Class size is small, initially limited by the number of students that could fit around my dining room table, just as brunches are limited by the size of Susan Abelson's living room. Students have also had a major role in shaping the teaching program and the organization of PCFINE itself. In response to the request from the first class for further educational opportunities, PCFINE expanded its offerings to include an optional second year. Consultation groups arose from student requests for more clinical discussions. At the end of the second year, many classes continue to discuss cases with our guidance and support. Students were also instrumental in the creation of many of the committees. Joining these committees, and attending their offerings, are natural ways for former

students to become more involved in the larger PCFINE community.

Even the push for a more formal organizational structure came from a student from our first class, Sally Bowie. Despite enjoying casual planning sessions, she felt that if PCFINE was going to survive after the founding group aged out, it would need structures that would carry over to a new generation. In 2017 there was a "peaceful transfer of power" when David Goldfinger took my place as Training Director. This was no small accomplishment, given that many similar institutions unravel as the founding members are replaced. Not only did David slip into the position seamlessly, but he has brought new energy, thoughtfulness, food, music, and cartoons. That experience of "seamlessness" relies greatly on Alice Rapkin, who has been here since the very beginning. The PCFINE Couple Therapy Fellowship continues to flourish after 20 years thanks to Alice and to the many students and colleagues who have contributed to its growth.

Faculty Retrospective

by Justin Newmark

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PCFINE has been my educational home for over 20 years, and although we've never had a physical location, it does exist in a real way for me.

The birth of a "faculty" began at an unusual get-together of some 15 senior clinicians. All of us had been in practice for years, and what we had in common was an interest in doing couple therapy. It had the feel of an AA meeting with members sequentially admitting, with a twinge of guilty discomfort, that they treated couples even though they hadn't been trained. Members came from a wide variety of theoretical backgrounds, and as we were all pretty experienced, each had developed his

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Faculty Retrospective*(continued from page 3)*

or her own conceptual framework and methodology. We were all interested in who was doing what for whatever reasons, and there was no sense that anyone was a theoretical or clinical deviant. We asked, what were they doing? How did they think about couples? And most importantly, did it work?

This openness, eagerness, and interest, with a focus on providing effective treatment without rigid adherence to theoretical or ideological principles, is what always has characterized our faculty's approach to training. There is no litmus test for inclusion as a teacher, supervisor or fellow. If you have some clinical interest you'd like to tell us about, come and tell us about it.

Because of that attitude, I can't recall a single theoretical/ideological dispute that wasn't handled with respect. We have systems people, attachment people, psychoanalytic people, "affect" people, and even some behavioral people. Notwithstanding these differences, when the partying begins we're all ready to boogie. The only time I recall this being a problem for me personally was when the "P" in our name was switched from "Psychoanalytic" to "Psychodynamic," the feeling being that the former had become toxic or intimidating in the general population and that the latter would appeal to a greater variety of clinicians. I, along with a smattering of old-timers, had affection for the word "psychoanalytic" and resisted the change. At least we saved the "P," and I still can (privately) pretend it stands for what it used to.

From a faculty/teaching perspective there have always been real challenges. Foremost among these is the tremendously varied level of experience that our fellows bring to the training. What readings and teaching concepts should we offer to a group that may include a recent graduate of a Master's level program, an experienced senior clinician, and a graduate of a

psychoanalytic institute? How about a clinician who has been treating couples for 10 years and a freshly minted clinician who has never actually worked with a couple? How do you teach fellows who share almost nothing clinically or theoretically?

Remarkably, imperfectly but well enough, the faculty have been able to teach in a way that has met the needs of these diverse groups of fellows. Those with less experience have been stretched a good deal and those with lots have been patient and generous with their less experienced peers.

It has been extremely gratifying to witness PCFINE's growth over the years, in large part due to the faculty's commitment to provide a rich, thoughtful, nourishing and even playful experience on Sunday mornings when we gather for class and on Sunday afternoons when fellows discuss their clinical work.

Lastly, what has been most rewarding for me is to see fellows become PCFINE teachers and coordinators themselves. The growth in their competencies and their confidence, not to mention their attachment to PCFINE, is really something. To be able to move aside and know we are turning the wheel over to a new generation of solid, committed clinicians is a treat. Generativity in action.

Consultation Groups

by **Susan Abelson**
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Imagine the pleasure and privilege of accompanying generations of PCFINE fellows ten Sundays a year since we first began to host consultation groups in 2005.

That spring,Carolynn Maltas set up a "desk" in an Amtrak coach as a few of us made our way to New York for a Division 39 conference. She and Justin Newmark were having a meeting and

In Memoriam

With fondness and gratitude,
 we remember these
 faculty members:

David Berkowitz
 Fred Ehrlich
 Arthur Klein
 Gerry Stechler
 Steve Zeitlin

*"Therapy is having one
 arm around the patient
 while holding up a
 mirror with the other."*

—Gerald Stechler

from time to time summoned one of us to discuss plans for further developing the training program, which already had had a few highly successful years. When it was my turn, Carolynn told me of their plan to include consultation groups, and asked if I would be interested in being a ... well, what to call us? "Consultant" was the title. Carolynn has a genius for "persuading" people to participate. Knowing me well, she found the perfect spot. Soon there were several other consultants, some of whom have stayed with PCFINE since that time, as I have.

It has been truly special to accompany fellows through the training year, to talk about their couple cases, and to appreciate both their growth and how much they bring to this difficult work. Sometimes my group would be first-year students, sometimes second. In either case, with warm, active participation, the fellows would grow in confidence and skill, offering a range of creative responses and points of view, while supporting and encouraging one another's development.

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Consultation Groups*(continued from page 4)*

A major change came in the Fall of 2016 when Keith Irving and I began meeting with the entire Second Year class. Thus was born our new model, in which Keith and I routinely have all the 2nd year fellows together. The first-year fellows continue to meet in smaller groups so that they have more opportunities to present their cases when first starting to work with couples, before graduating to the larger group format in the second year.

A highlight of being a consultant has been having a Liaison who connects us consultants to the Training Committee, keeping us informed, relaying our feedback, and treating us to dinners with other consultation group leaders. For the past few years this angel has been Mary Kiely, and lately consultants have included Jennifer Stone (a long-time leader), Wendy Caplan and Stephanie Adler, along with Keith Irving and me.

One of the most enduring pleasures has been the growing of our PCFINE community and sharing active roles with our colleagues, old and new. We have served on committees together, attended the many offerings of our wonderful PCFINE members, and encouraged our former participants in classes and consultation groups to become leaders.

This has been a uniquely satisfying part of my professional and personal life for the last seventeen years.



A Love Letter to PCFINE

by Sally Bowie

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I was a member of PCFINE's first class. The year was 2002. Before then, I had gobbled up every one-off class dealing with couple therapy that was offered by those who would become PCFINE faculty.

Here's what I remember: most, if not all, of us were psychoanalytically trained psychotherapists, working almost exclusively with individuals. We were babies, beginners, in this new area of couple therapy. But from the beginning, we were treated with respect for what we did know, and for the experience we did have.

The faculty was as eclectic as we were, full of knowledge and wisdom but also full of humor and humility. I loved the fact that theories and approaches could be good-naturedly argued about; thoughts and opinions were encouraged and expected. There was great respect for the difficulty and subtlety of the work and a very open atmosphere of exploration for a variety of approaches. Theoretical orientations included psychoanalytic, systems, anthropologic, and attachment, to name a few.

After one year, we all clamored for more, so a second year was offered. After a second year, I still felt I had barely begun to master a skill set. I became a PCFINE groupie. They couldn't get rid of me. I "shadowed" senior faculty, I became a Coordinator, I taught classes myself, I joined the Executive Committee of the Board, I became a Co-President, and Co-Editor of the Newsletter.

It used to be that individual therapy was the top of the hierarchy, with couple and family therapy relegated to a lower rung. Today, that's hard for me to believe. A therapy modality that sees people IN THEIR CONTEXT seems like the most relevant and effective of all. Being a couple therapist shifts one's view when doing individual work, much to the benefit of the client.

It's only because I am moving across the country that I reluctantly leave my "professional home" and my deep and heart-felt friendships.



View from Current Training Director

by David Goldfinger

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I became director of the training program in 2017 as part of a succession planning effort by the founders and senior leaders of PCFINE, who wanted the organization to remain strong and vibrant for when—in their words—they began "popping off." So they invited several of us younger folks into key roles at around that time. It was daunting because the senior leaders are so accomplished and wise and gracious, and they'd built this incredible institute—we didn't want to break it on our watch.

The process of succession is a vulnerable moment in any organization, like that of a molting bird, and we wanted to get it right. Fortunately for us, the first-generation leaders have remained present on the Board and committees. They've stepped back some to allow us to grow into our roles, but they are present to provide history, continuity, wisdom, and levity as needed.

The two biggest challenges the Training Committee has faced during my tenure coincided in early 2020: responding to the pandemic and responding to the racial reckoning in this country triggered by the videotaped murders of George Floyd and Ahmaud Arbery, as well as the killing of Breonna Taylor and others.

When coronavirus hit, we paused our program to examine our options. There is no playbook for a global pandemic, and we were at a loss. The Training Committee was divided over whether to continue remotely, given our unfamiliarity with the technology involved and the stress everyone was under. Some worried it was simply too much to ask faculty and fellows to add 3-5 more hours of Zoom time on a weekend when people were already exhausted by additional

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Introducing PCFINE Training Fellows

Dan Berman changed careers from teaching elementary school to clinical social work. He has worked at Faulkner's PHP, Harvard's Counseling Center, and now has a private practice based in Connecticut seeing patients remotely from Massachusetts. Most of his training (including a good 14-year therapy) has been within the psychodynamic/psychoanalytic traditions. He is married with two sons ages 9 and 12. Dan's passions, outside of work, friends, and family, are tennis and coffee.

Carly Bobinsky is a psychotherapist with a private practice in Cambridge. She has training in trauma beginning in college working with survivors of sexual violence, then in graduate school at Smith College working on a VA inpatient PTSD unit. She completed a two-year fellowship with the Victims of Violence program in Cambridge and is interested in studying the intersection of dissociation and altered states. This year she will be completing the Massachusetts Institute of Psychoanalysis (MIP) fellowship program. She is a yoga instructor and works to incorporate mindfulness and body-based practices into therapy. Outside of the office, she enjoys cycling, gardening, and playing with her cats.

Gretchen Davidson is a clinical social worker at Clinical Alliance Services and in private practice. She has trained homebirth midwives in counseling skills and perinatal mental health for 10 years. Gretchen lives in western Maine with her three interesting teenagers and her partner.

Jonathan DeWeese is a board-certified psychiatric mental health nurse practitioner (PMHNP), as well as a board-certified adult-gerontology primary care nurse practitioner. He currently works both in outpatient psychiatry at Massachusetts General Hospital and in private practice. He is interested in aging, death and dying, LGBTQ issues,

ketamine-assisted psychotherapy, psychedelic integration work, spiritual companionship, and religious trauma.

Andrea Kremer is a new therapist and mid-life career changer; after decades as a marketing professional in the entertainment industry, she earned her Master's in Mental Health Counseling at Cambridge College, with a concentration in Marriage and Family Therapy. She has also completed Planned Parenthood's Sexuality Education Cornerstone Seminar. Currently she works as a fee-for-service outpatient clinician, providing counseling to individuals and couples. Specific areas of professional interest include relationship counseling, sexuality and sex therapy, issues surrounding infidelity, divorce discernment counseling, and consensual non-monogamy.

Mary McDonald graduated this past June from the MIP analytic training program. Before MIP, she did fellowships at BIP and PINE. Her education includes Vassar College and an MBA from NYU, after which she was in the field of financial services for 16 years at JP Morgan. She is presently Co-Chair of the MIP Curriculum Committee and plans to teach a class this Fall on recruiting controls and the transition from psychotherapy to psychoanalysis. Mary feels that the characterization of her work as "quirky" is apt. She has a private practice for adults in Cambridge.

Stacey Moyer is an individual, family, and couple/relationship psychotherapist based in Shelburne Falls, MA. She trained at the Brookline Center for Community Mental Health and will be starting a private practice this fall. Prior to this work, she spent a decade in non-profit fundraising and education program management. She especially enjoys working with queer-identified communities and folks exploring polyamorous/non-monogamous relationships.

Lillian (Lili) Pozadas is a psychotherapist at North End Waterfront Health and has a private practice in Boston, seeing individuals, couples, and families in both settings. Prior to this, she worked at the South End Community Health Center, providing therapy as well and clinical consultation to mental health workers working with DMH clients. She is a second-generation Honduran-American and her heritage is a strong influence in her motivation to provide culturally relevant and competent care. Aside from her clinical work, she is a Big Sister at Big Sister of Greater Boston and provides mentorship to students via the Boston Public School system.

Jessie M. Quintero Johnson is a licensed clinical social worker and health communication scholar with years of experience working in higher education as a professor and therapist to college students from diverse backgrounds and life circumstances. Her research interests explore mental health communication and best practices for ameliorating mental illness stigma. She has a particular interest in working with young adults and couples, and pays special attention to how culture, gender, sexual orientation, race, ethnicity, and class influence development, identity, and relationships.

Zoe Silver is a licensed independent clinical social worker with post-graduate training in psychodynamic psychotherapy. She has a private practice serving individual adults and couples in addition to working at the Brookline Center for Community Mental Health, where she provides clinical supervision as well as short-term therapy and support to residents of low-income housing. Zoe has conducted research and writing in the field and is invested in learning to advance and sustain anti-racist and anti-oppressive principles in psychotherapy on both systemic and

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Introducing PCFINE Training Fellows*(continued from page 6)*

clinical levels. After work, Zoe likes to “recalibrate” by singing, playing the piano, and exploring local running and hiking trails.

Beth Waterman has a Master’s degree in Clinical Mental Health Counseling from Lesley. She trained at the Trauma Center in Brookline, practices EMDR, and is Level 1 certified in Internal Family Systems (IFS). Beth lived and worked in India where she helped to develop and provide mental health care, community support, and medical advocacy for women exiting the sex trade. Beth worked in a variety of mental health programs in the US, Southeast Asia, and Haiti including those serving individuals with complex mental illnesses, addictions, depression, anxiety, and PTSD. Beth has a small private practice in Cambridge and works at the Complex Trauma Institute in Melrose. Her work includes couples and individuals. When not working, Beth teaches at Lesley University, runs, and cooks.

Dana Yalin is a licensed clinical social worker with a private practice in Cambridge, MA, where she works with individuals and couples. Dana moved to Cambridge from Israel in 2003. Her practice is informed by her personal experiences as well as her professional background, which includes working as a domestic violence advocate, an adult protective services supervisor, and an instructor at Boston’s University’s online MSW program. Dana is very excited to join PCFINE and deepen her understanding of psychodynamic therapy with couples and families.

**Member News**

■ **Eleanor F Counselman**—My husband and I have just moved into a CCRC (Continuing Care Retirement Community) in Lexington and are very happy with our decision. I would be glad to talk with anyone considering this choice.

■ **Magdalena Fosse**—My book *The Many Faces of Polyamory: Longing and Belonging in Concurrent Relationships*, published by Routledge, was nominated for the 2022 Diverse Sexualities Research and Education Institute (DSREI) Book Award and ultimately won Honorable Mention. A chapter I am now writing regarding the issue of identity vs. lifestyle choice in polyamory and consensual non-monogamy will be published in 2023 in the next edition of *New Directions in Sex Therapy*. I continue thriving in my new home and office in Wellesley, enjoying the greenery and quiet this town has in abundance.

■ **David Goldfinger**—I was invited to speak about the psychology of music at the Blue Ridge Guitar Camp in North Carolina by Grammy winning guitarist Bryan Sutton. I reviewed techniques for managing anxiety during performance, and used Winnicottian theory to discuss creativity, improvisation, and the development of musical style.

■ **Carolynn Maltas**—I am “retiring” at the end of this December. The quotation marks reflect my uncertainty about how best to describe this change in my life. I will close my private practice and take a “sabbatical” from most other parts of my professional life to reflect on where I want to put my energies. I hope to travel more, possibly live abroad, spend more time with family and friends, and focus more on interests and activities. These include Tai Chi and Qi Gong, the practice of Zen Buddhism, Spanish, and playing my flutes—the Native American Flute and the Shakuhachi, a Japanese bamboo flute. I imagine flute camps,

longer meditation retreats, perhaps an immersion course in Spanish, and hopefully still-unimagined endeavors. I am sure I will continue to be involved with PCFINE. I am pleased that my final contribution this year is being part of an ONGOL and Program Committee initiative to facilitate conversations with clients and their families around issues of aging, illness, and end-of-life planning.

■ **Sejal Patel**—I just finished presenting a workshop on “Challenges in Addressing Race Related Issues with Interracial Couples” at the 2022 Couples Conference, organized by the Milton H. Erickson Foundation. I was also on a panel regarding race, gender, and sexuality, which was really intense and exciting!

■ **Ken Reich**—We had a family vacation in Florida this past June and are planning a fall visit to Israel, where I can once again meet with a couple therapy supervision group that I have worked with for almost 15 years. In addition, I have a book titled *Helping Couples Heal: Creating Hope as a Transitional Space for Change* that is soon to be published in Russia (in Russian), based on papers and lectures I have given in Russia since 1993. The institute that started from those papers and lectures continues to flourish.

■ **Dasha Tcherniakovskaia**—I have completed my training in holistic sex therapy at the Institute for Sexuality Education and Enlightenment. I also got a sweet goldendoodle puppy named Mishka, whose needs have helped me finish my sessions on time.



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?

When Joel, a psychologist and analyst in private practice, called to ask if I would see him and his wife, Ashley, an attending psychiatrist at a large Boston hospital, for couple therapy to work on their “adjustment to living as blended family,” I was excited because I generally enjoy treating mental health professionals. It is flattering to be trusted by my peers, and it is nice to be able to speak the same language.

Before they had even sat down, Ashley and Joel let me know that they had chosen me as a therapist because my status as a (non-analyst) social worker meant they “wouldn’t have to worry about being in the same professional circles.” And my “unpretentious” office in a triple-decker in Somerville meant they “wouldn’t run into anyone (they) knew” when they came for their appointments. And, also, I was the only provider they could find who was in-network with their insurance company—since they “definitely did not want to pay out of pocket.”

Ashley, who is small and slim and was still wearing her white hospital coat over a short dress and tall boots, did all the talking. She was 36 and had met Joel, who was 61, at a conference three years ago. They’d had “amazing chemistry,” but Joel had been in the middle of a divorce so they had kept

their relationship “a secret” until his divorce became final a year ago, and then they had married within the month.

It wasn’t until they bought a house together that Ashley discovered Joel’s “pathological fear of conflict and complete inability to set boundaries.” He couldn’t say no to his adult daughters, for example, both of whom had essentially moved in. They “disrespected” Ashley by referring to her as “the child bride,” and they disrespected the house by leaving their dirty clothes and smelly shoes and food-encrusted dishes everywhere.

“I have tried...but they never let me say a word. I am so frustrated!”

Ashley had told them nicely that she and Joel were newlyweds and needed their privacy to “bond,” but Joel hadn’t backed her up, and the girls had just rolled their eyes. Joel also couldn’t say no to his ex-wife, who, in addition to a generous divorce settlement and alimony, seemed to have endless financial needs. Nor could Joel say no to his patients whose calls he took at all hours—even when he and Ashley were in bed! Ashley, who had reported all of this in a slow and measured way, directly to Joel, without looking at me, wanted Joel to “learn assertiveness.”

Joel is a big, shaggy, bear of a guy. He has an unkempt beard, a perpetually untucked shirt, and piercing blue eyes with which he regarded Ashley as she spoke. He then wrapped her in a hug and said, “I know it’s hard to share me.” Ashley stayed silent in the hug, but she seemed to relax and yield.

In the next session, I asked for some family history. Ashley was an only child and described her father as “brilliant and mercurial,” a computer programmer who couldn’t keep jobs because “he always hated his bosses.” Her mother had resignedly supported the family as an HR representative,

but money had always been an unspoken stressor. Joel’s response to the family history query was, “Not relevant for what we’re doing here; I’ve been in analysis for 40 years.” When pressed by Ashley (“The therapist needs it for her assessment,” she told Joel), he offered that his parents were both dead, that his father had been a cardiologist who had stopped speaking to him when Joel chose to get a PhD in psychology instead of going to medical school.

I’ve now seen the couple a total of 8 times. In each session Ashley brings in more examples of Joel’s inability to set boundaries, and in each session Joel stonewalls with hugs, bemused helplessness (“there’s nothing I can do”), and platitudes (“Humans are designed to adapt.”) With each hug Ashley relents, and they schedule another appointment.

I have tried to point out the patterns I see, to get them to speak in feeling statements, to have them specify the kind of help they want from me, to tie in their dynamic to their family of origin history, but they never let me say a word. I am so frustrated! There is so much I want to say that could potentially move them forward from their stuckness. In the last session I even said it was frustrating to not know what kind of help they wanted from me. Joel had graced me with his intense gaze and said, “Don’t worry; you’re doing fine.”

If they were not both therapists, if they were not both higher-on-the-food-chain therapists, if they were not so smugly superior, I might be more myself with them. I have 25 years of experience as a therapist, much of it seeing couples. I have a unique and direct style. I understand their dynamic, and I want to actually use my skills. I don’t know why I am so intimidated. What now?

**Sincerely,
Languishing**

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What Now?

(continued from page 8)

(Oh) Dear(!) Languishing,

If you can endure feeling left out, devalued, and helpless, if you can contain the shared, intolerable, projected self-experiences of this couple without retaliating via interpretation (as in “HERE, I think this belongs to you, not me”), then you’re doing the quiet, internal work you hope to help them eventually claim for themselves. And it should pay off.

Meanwhile, you’re frustrated! You feel unheard, intimidated and de-skilled! These unwanted feelings might, paradoxically, constitute the missing pieces needed to move forward. Store this insight for safekeeping until the moment arrives when the couple discovers it for themselves, with help from your steady hand, through the process that is still unfolding.

“Why is it he can set a boundary with you, the therapist, and not with his ex-wife or kids...?”

If I were in your chair, I’d leave family of origin tie-ins and genetic interpretations out of the discussion for now, especially given Joel’s forty years in analysis. I’d direct my attention to the here-and-now instead. For example, Joel replies to your query regarding family history with “Not relevant for what we’re doing here; I’ve been in analysis for forty years.” You could hear this as controlling, or a helpful bit of supervision. It’s both. But if you’re going to get on with the work, emphasizing the latter is more helpful. Better yet, you can find room in his comment to explore Ashley’s primary grievance of Joel’s difficulty being assertive. For a guy who reportedly struggles to say no, here’s your opening to explore with him, in front of her, where and why he’s able to access this kind of assertiveness. Why is it he can set a boundary with you, the therapist, and not with his

ex-wife or kids, patients, or Ashley? I think of these moments as educative for the partner who’s in the observing role. They get to witness the therapist and their partner negotiate a tender spot in the couple relationship, and hopefully discover something useful in the therapist’s novel approach and in what they hear from their partner in the subsequent exploration. In other words, they get to see you, the therapist, temporarily occupying their hot seat!

Among the three of you, there’s a lot of experience in the room. If you can name and authentically value this fact in a non-patronizing, non-defensive way, it might help to create an opening to talk respectfully about the limits of such knowledge, which might help when you court their buy-in to work in unfamiliar ways. (If knowing were all it took, many of us, including myself, wouldn’t have spent years and gobs of money in our own therapies!) It might also be an opportunity to prime the process using humor, as in, “Look, Joel and Ashley, if knowing were the issue, then you certainly wouldn’t be here. Between the two of you, there’s plenty of insight to go around! And, besides, Joel, I’m not sure I’ll be around for another forty years, and even if I were, the two of you might fire me if it took that long...so let’s get this show on the road!” Joel might find, in a comment like this, a model for how one can fight and hug at the same time. A hope for enduring in any relationship of substantial depth.

There is the practical work of attending to the challenges of becoming a blended family; there’s the potential for bringing into focus dissociated shame in their dynamic; and many other workable dimensions. Remember, there are many roads to Rome. Where you enter the work with this couple might be less important than finding traction and a navigable path to start.

Brent Reynolds, LMHC
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Dear Languishing,

I hear you! I hope this will be helpful. I’ll offer a quick overview of methods from Imago, to NVC, EFT, IFS, and presencing.

I believe couples want a different experience of themselves and of their relationship, not just an insight into their dynamic. We can create the setting to give them a different experience, where they feel understood, connected, and more compassionate. I often start with the Imago Mirroring Dialogue. It slows the conversation down, eliminates reactivity, and helps couples enter into the other’s experience. I would have Joel and Ashley look at each other, hold hands, and use mirroring until each has fully heard the other’s perspective, and then validate how the other person makes sense to them. From the EFT and Gottman perspective, couples will have core struggles. How they handle those core conflicts is what matters. People

“I’d help each identify... what shadow aspects of themselves they find in the other or reject in the other.”

learned their maladaptive defenses as coping mechanisms from childhood, in other words, they came by those habits honestly, and they’re trying to do their best with the skills they have. We can help by giving them new skills to use.

I’d also suggest Non-Violent Communication. NVC makes clear that we all have core needs (for connection, autonomy, well-being, peace, etc), and when our needs are met we feel a certain way (happy, hopeful, open, content, etc), and when our needs are not met we feel a certain way (frustrated, scared, worried, sad, angry, etc). I find that when a partner can hear the other has an unmet need, they are far more open

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View from Current Training Director
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Zoom time required for telehealth and personal connecting.

In the end, we chose to proceed, feeling a responsibility to maintain some semblance of normalcy in abnormal times. The road was bumpy, but with feedback from our fellows, we identified ways to minimize the burden by leaving room for self-care, and—despite the offer of a refund—everyone remained in the program until the end of the year. Since then, we have been constantly monitoring new variants and infection rates, weighing safety concerns and seeking opportunities to come back together. It is our intention to resume in-person learning in the fall of 2022.

The racial reckoning of 2020 compelled us to examine our attitudes, unconscious biases, and cultural practices around race in a more deliberate way than we had in the past. We were forced to ask ourselves why PCFINE is virtually monocultural, and what we need to do to rectify that. This is of course a many-year process being addressed at every level of our organization.

The Training Committee has responded by bringing BIPOC teachers onto our faculty and by requiring all faculty to make diversity a dimension of their teaching. For example, instructors are assigning articles about race by BIPOC authors, presenting clinical material in which one or both partners are non-white, and offering guidance about how to address race explicitly with couples. We have one class on race and other sociocultural dimensions in couple therapy, and we recently added another about addressing ‘isms’ and microaggressions in interracial couples. To encourage non-white individuals to apply to our program, we’ve introduced a discounted rate for those who identify as belonging to a racial or ethnic group with historical barriers to access. And we will continue to seek ways to increase diversity, equity, and inclusion in our program.

These have been difficult years, but our program has endured and remained vital. I am deeply grateful for my colleagues on the Training Committee, who have collaborated with great energy, thoughtfulness, and creativity to address the challenges of our time.



Letter from the Co-Presidents
(continued from page 1)

All of these activities have occurred amidst the ongoing Covid crisis. Among the many casualties of Covid has been the ability to meet in person as easily and safely as would make us all happy. Technology has made it easier than ever to connect virtually, but something is still lost when we cannot engage in small talk before the beginning of a meeting or class. As PCFINE members, clinicians, or simply **humans**, connecting with others is more important than ever. Connection, curiosity, compassion, and play all help to sustain us and enable us to feel we are a part of something larger than ourselves. We encourage all of you to find another member or two, or a committee that is doing interesting work, and seek out opportunities to feel more connected. If any of you have questions, concerns, or an interest in getting more involved, please feel free to contact either of us.

Warmly,
Wendy & Dan

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Co-Presidents, PCFINE



What Now?
(continued from page 9)

to trying to meet those needs. Ashley may feel frustrated because her needs to feel connected and supported are not met. It seems she doesn’t feel like she’s standing on solid ground in the relationship. For Joel, I’d wonder if his underlying needs may be for peace at home, for connection with his daughters, and connection with the other people in his life (including his ex-wife and patients). We can help them talk about that, by giving them a framework and language they don’t currently have.

From the EFT framework, I like to help couples see their attachment needs and their coping behaviors, and I like to talk with couples about “the more—the more.” The more Ashley offers her needs via complaint, the more Joel offers a shrug and a hug, and they continue the cycle. I actually think part of the bigger purpose of relationships is growth, and I’d help each identify how they are trying to evolve, and what shadow aspects of themselves they find in the other or reject in the other.

All couples are grappling with how much to be connected and close, and how much to be independent and autonomous. They are trying to balance intimacy and individuation, which I think is a lifelong journey for all of us. We can normalize this for them.

One thing I turn to again and again is what I call “presencing” or grounding, centering, or conscious awareness. From D.W. Winnicott, to Husserl, Heidegger, IFS, and Dzogchen Buddhists, “Being” and experiencing your own unique being, or conscious awareness, is essential. In IFS we call it “Self.” When you feel your own centered being, you feel more clear, calm, curious, compassionate, connected, courageous, confident and creative. One route to presence is through Meditation. I find when I start there, in presence and awareness, I’m able to be available and focused to meet a client at whatever level they

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What Now?

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are at. I hope this might help you to access your direct unique style and be more yourself.

Jen Wofford, LICSW
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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
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Diversity Committee Chair:
 TBA

Membership Committee Chair:
 Mark Sorensen
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Newsletter Editors:
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Ongoing Learning (ONGOL) Chairs:
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Program Committee Chairs:
 Susan Phillips and K.C. Turnbull
shphillips56@gmail.com
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Technology Committee Chair:
 Joe DeAngelis
joe.deangelis.licsw@icloud.com



Cartoon Caption Contest



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

Fall 2022 Cartoon Caption Winners

Winner:

In fairness, Suzy, you were explicit in encouraging John to find new ways to express himself without getting loud, and you also have been asking him to bring in more money to the family coffers. A hatful of cash from a silent performer may not be exactly what you had in mind but it is hard not to applaud John's efforts.

Alistair McKnight

First runner up:

That's not exactly what I meant when I said we need to explore the walls that have built up between you.

Ben Herbstman

Second runner up:

Pierre, we have been over this, Jan's love language is WORDS of affirmation.

Jonathan DeWeese

Membership Committee Updates

PCFINE’s Membership Committee welcomes Judi Garland and Barbara Kellman.

Affinity Groups provide regular meeting opportunities for members to discuss topics of mutual interest. Three ongoing groups, **Aging with Wisdom, Countertransference & Couple Therapy**, and **Family Therapy Consultation** are full and not currently open to new members. These groups are open:

Sexuality & Couple Therapy—This group meets monthly with an active group of regular attendees. They discuss clinical cases, issues from news and popular culture, and share resources and readings. Contact Magdalena J. Fosse, PsyD at drfosse@gmail.com

Examining Racial Dynamics in Couples Therapy—This newly forming group invites participants to explore their professional experiences through the lens of racial dynamics. Utilizing case presentations, articles, and podcasts, members will discuss encounters with racial difference in work and in life. Contact Meredith Goldsmith mjgoldsmith@comcast.net or Andre Perrault at apperrault@gmail.com. Day and time of meeting will be determined by member preferences

PCFINE Speaker’s Bureau: Are You In?

The Membership Committee has begun an outreach project to Boston-area mental health agencies and clinics to enhance the visibility of PCFINE, to support the practice of couple and family therapy in the community, and to attract new members to our organization. PCFINE offers one-time pro bono in-service presentations on couple or family therapy to the clinicians at these agencies. Joe Shay has presented at The Brookline Center and Sejal Patel will present at the Southern Jamaica Plain Health Center.

The Membership Committee is creating a **Speaker’s Bureau**—a list of PCFINE members who are willing to give a pro bono talk to a local agency or clinic about couple or family therapy, on a topic of their choosing. Mentorship is available for any volunteer.

Interested in joining the Speaker’s Bureau? The Membership Committee? Have an idea for a new affinity group? Contact Mark Sorensen at sorensentherapy@gmail.com.



“If over the course of human evolution, cooperation did not in some way out-balance competition, we wouldn’t be here. And in the end, we’re here...Generosity is an infinitely wise thing to do. We need the benevolence of others to survive. So like Blanche we rely on the kindness of strangers... we are all Blanches.”

—Gerald Stechler

PCFINE Upcoming Events

Saturday
Nov. 12, 2022 **Mark Your Calendars** 10:00 AM–11:30 AM
“Families and Aging: “On Golden Pond””
Presented by the Ongoing Learning Committee
Online, Interactive

Saturday,
Dec. 3, 2022 **Mark Your Calendars** 9:00 AM–4:30 PM
From Denial to Dealing: Helping Couples and Families Navigate Challenges of Aging, Re-Coupling and End-Of-Life

“Difficult Conversations: How Therapists Can Help Families Talk About Aging And End-Of-Life” 9:00 AM–12:30 PM
Presented by the Ongoing Learning Committee
Online, Interactive— Continuing Education Credits Available

“Love at Last to Not So Fast: Helping Couples and Families with The Challenges of Re-Coupling in Later Adulthood” 1:00 PM–4:30 PM
Presenter: Patricia Papernow, PhD
Presented by the Program Committee
Online, Interactive— Continuing Education Credits Available

Saturday,
March 4, 2023 **Mark Your Calendars** 9:00 AM–5:00 PM
“Couple Therapy with Survivors of Childhood Sexual Abuse and Their Partners: From Dissociative Collusion to Shared Responsibility and Connection” 9:00 AM–5:00 PM

Presenter: Ron Nasim, PhD
Presented by the Program Committee
In-Person at Simmons University— Continuing Education Credits Available