PCFINE
Psychodynamic Couple & Family Institute of New England



CONNECTION

Volume 8, Number 1 Spring 2023

Letter from the Co-Presidents


Dear Friends and Colleagues,

We hope this issue of the newsletter finds you healthy and feeling well-connected to the people and activities that give you positive energy. The last few months have seen a return to in-person learning for a number of our offerings, including our training program and our successful program with Ron Nasim PhD, "Complex Childhood Trauma in Couple Therapy." Many of you have shared that it has been wonderful to learn, laugh and connect with each other live and in person. PCFINE is an organization that offers training of course, but we like to think of it, at its core, as a community of people who choose to study, teach, play, and work together on shared objectives.

For PCFINE to be as welcoming as possible to as wide a range of people as possible, we are paying more attention to how people inside and outside our organization experience our community. For this reason, and building upon the DEI (Diversity, Equity, and Inclusion) work we have been doing for the last few years, the Board recently voted to create the Inclusion and Belonging Committee.

This committee will focus on two parallel and related agendas—attending to the systemic components of our organization to help them be as just and egalitarian as possible while also looking at all the other features of PCFINE to help them support an experience of comfort and belonging for all of our members. Some of the current projects for the Inclusion and Belonging Committee include a refresh of our website, some modifications to the way we post things on our listserv, and an update to our mission statement so that it makes explicit our commitment to the values of inclusion. We have also established an equity tuition rate for trainees who identify as BIPOC or who work with those people who have endured historical barriers to access.

We want to acknowledge the essential role that Alice Rapkin, our PCFINE Administrator, plays in coordinating and supporting every aspect of our organization's work. We also remain thankful to all the committee chairs, co-chairs, and members who volunteer their time to create a stimulating variety of programs and opportunities to learn, grow and connect. If you have ever wanted to be more involved in PCFINE, there are a number of committees that would love to have new members. The Program, Brunch, Technology, and Inclusion and Belonging Committees are all looking for people who would like to have fun and work together. Please feel free to contact either of us or any of the committee leaders who are listed elsewhere in this issue.

Warmly,

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Co-Presidents, PCFINE

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Affinity Groups at PCFINE

PCFINE has a number of ongoing groups for members who are interested in a particular topic, providing opportunities for learning and for getting to know colleagues. Currently running groups are: Aging with Wisdom, Countertransference and Couple Therapy, Family Therapy Consultation, and Sex Therapy for Couples. Sex Therapy has openings, so contact Magdalena Fosse (drfosse@gmail.com) if interested. If you have an idea for a new group, or would like to join the waiting list for an opening in an existing group, please contact Rachel Segall (raesegall@gmail.com).

PCFINE Newsletter

Co-Editors	Jennifer Stone, PhD
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Member News	Dasha Tcherniakovskaia, LMHC
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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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Reflections on Treating Older Couples

by Mary Kiely, PhD
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As I have grown older, my practice has aged along with me—I see older couples more often than I did in earlier years. In fact, we are living longer than we did 100 years ago, and as a result, marriages last longer, sometimes 4 and 5 decades. This, along with an increase in "gray divorces" and remarriages in the lives of people fifty and older, means there will be more older couples in our offices. So as couple therapists we'll want to be aware of what it means to work with older couples.

There is a distinct privilege in being invited to sit with a couple whose relationship has spanned 30 to 50 years. Who, other than they, could possibly know what's inside this relationship which has seen the joys, losses, and struggles of years, careers, children grown into adulthood—all the myriad slings and arrows of life? Yet they come to therapy and reveal the pain of the moment, the disappointments of the past, the sense of urgency about what's next. They come to therapy and expose what is (in most cases) the most important, most intimate relationship of their lives, with the hope that they can make sense of things, find a way to live together in greater harmony, or find a way to come apart.

Working with older couples, I feel increasingly a sense recognition, a too-close-to-homeness, over the last three years as I have been more and more involved in caretaking of my parents, but also from a place of my own heightened awareness of mortality. This reciprocal experiencing, between my family life and my work, has given me a sharper sense of how discord can arise in ways that look extreme and unworkable, and then resolve into acceptance and mourning. So when I hear a husband worry obsessively and accusatorily about his wife's faltering cognition, or a wife's angry panic at the thought that her somewhat older husband doesn't want to travel or go dancing anymore, I have a better understanding that this may not be who these people are, or have been to each other all their lives together—obsessive, angry, accusatory—but rather, that they are currently responding to the urgency of the moment, and with our help, that urgency can be understood and possibly transformed.

Older couples bring as much variety in their concerns to our offices as younger ones do, but there are common themes that undergird the issues. The awareness of limited time ahead; facing each other through the resurgence of disappointments and grievances swept under the rug for years; the intimations of breakdowns of the body and the mind; actual illnesses and dementia—are typically high on the list of what is disrupting couples' connections. These form the background hum that drives the discord, if not absolutely the front and center anxiety. What they have in common is the irreducible need to reckon with the human condition—that we age and die, and that there will be more losses ahead than not. The twin tasks of mourning and acceptance, although present in our work with younger couples, are more urgent in this later stage of life. What do we do therapeutically to facilitate these processes?

"The twin tasks of mourning and acceptance, although present in our work with younger couples, are more urgent in this later stage of life."

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Reflections on Treating Older Couples
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When projections, certainty, and defensive knowing are dominating the system, as they often do when crises arise, therapy needs to provide a container, a holding environment, that allows the couple to relinquish these unproductive ways of relating long enough to see themselves with more empathy. Providing that holding begins with our capacity to tolerate the intensity of affect and the complexities of the dilemmas they face, which helps them see that they can tolerate these as well. We demonstrate and encourage curiosity to surface the unconscious beliefs driving anxieties and expectations. When each partner feels that their anxieties, frustrations, and fears have been fully heard by us, it can soften the defenses and allow for curiosity for self and other. This in turn can open to a more reality-based, calmer capacity of the couple to hold and face their problems together. In calming the system, we make room for the grief that may be driving the intensity in affect, and the potential to disentangle the anxieties that are projected. *Have you really always hated the way he does things, or are you terrified of losing him?* might be the question in our minds, which we look for ways to frame. When the system is calmer, the couple may be able to mourn their losses together, and acceptance of who they are and what the relationship is becomes possible.

As I write this, my dear father has just passed away. I know that I was lucky to have been able, in a small way, to keep him company through these final years. It's a journey we'll all make, and I welcome the glimpse ahead, and any wisdom I can gather. I feel similarly lucky in my work with the couples I see.

Difficult Conversations Program

by Roberta Caplan, PhD
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PCFINE faculty members Carolynn Maltas, Jennifer Stone, and Steve Krugman presented the December 3 program entitled "Difficult Conversations: How Therapists Can Help Families Talk about Aging, Illness, and End of Life."

The morning conference invited participants to consider how illness, aging and death can bring an aching focus to relationships with senior family members, as well as often overlooked opportunities for family growth.

Carolynn Maltas began the program by focusing on the complications of late life that affect our clients, their families and ourselves as therapists. She noted the near-universal reluctance to address a myriad of feelings that can exacerbate old fissures and reveal systemic vulnerability in even seemingly well-functioning families. She reminded us that as therapists, we are in the business of facilitating productive conversations about feared topics.

Carolynn Maltas introduced the video, "Wooden Nickels," written and directed by Devorah Medwin, a dramatization of a Zoom call among three adult daughters and their mother who is in early cognitive decline. Avoidance, denial, burden-shifting, shame and competitive conflict as displacement defenses against fear and grief were all on display. However, bringing to light feelings that were previously felt to be unspeakable seemed to point a way forward, allowing the possibility that family members could ally with one another in the face of pain and this common challenge.

Next came breakout groups to discuss the video and then a return to full group discussion. Participants expressed a wide range of reactions, ranging from how they might proceed as a therapist in this situation to how they had experienced or now anticipate their own similar life events.

Using the video family as a case example, Jennifer Stone focused on how therapists can help clients in such situations. Her suggestions included empathic recognition of present and resurgent pain; destigmatizing talk about illness, aging and death while normalizing anxiety; treading lightly and moving at a slower, calmer pace while exploring opportunity for repair; and aiming for the best possible, rather than perfect solutions. She advocated a mindset of flexibility for therapists with themselves, and for therapists to encourage flexibility in the family members being treated.

Steve Krugman focused on personal experience as a window into the grieving experiences of late life. Speaking movingly about his own parent and a psychotherapy case, he called our attention to how our patients' and our own difficulties facing and metabolizing loss so often underlie the therapy roadblocks we encounter. It is incumbent on therapists to be aware of their own grief and the tendrils of loss; for example, how the death of one parent recalls or foreshadows the death of the other; the shattering of idealizations; the wish to "get it right;" and the assumption of new "adult" roles.

After these evocative presentations and discussion, the presenters alerted the audience to resources, recommending https://www.compassionandchoices.org/ as a good place to start. Additional resources were shared with attendees after the conference. (Ask Alice Rapkin at pcfine1934@gmail.com if you did not receive these resources.)

As with any and all important life cycle events, these end-of-life concerns have personal resonance that can enhance or interfere with our therapeutic work. The presenters did a moving job of integrating education about how to proceed in this work, with opportunities to process our own substantial personal resonance to the topic.

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?

Marjorie and Howard wound up in my office after their daughter gave them the ultimatum to "either get therapy, stop bickering, and start appreciating each other or I'm not hosting your 50th anniversary party this summer." Both Marjorie and Howard were looking forward to their party. Marjorie, who has MS and uses a walker to get around, was especially eager to see her California cousins because travel has become impossible for her. Howard, who has felt isolated and lonely since retiring a few years ago, was excited about "partying" with his college, work, golf, and poker buddies. When I asked how they felt about celebrating 50 years of marriage, Marjorie's reply was, "We made a commitment, and we've kept it." Howard's reply was, "Marriage is challenging." The "so-called bickering," they explained, was because they couldn't agree about what do after the party for the "next phase" of their lives. Howard wanted to move to an all-inclusive senior living community in North Carolina where he could play golf year-round, eat dinner with other people, not have to worry about maintaining a house, and most importantly, have help caring for Marjorie. Marjorie wanted to stay in their sun-filled house, enjoy the perennial garden she had spent forty years planning, planting, and nurturing, and be near her friends, grandchildren, and doctors in Boston.

Over the next few months, we explored what Marjorie meant by commitment and what Howard meant by challenges. Marjorie grew up in a multi-generational household in which her father worked long hours while her mother took care of her parents, various relatives, and everyone's children. "Except her own," Marjorie commented. "I was the designated caregiver of myself and my younger brothers." When Marjorie could have used some childcare help from her mother, when their daughter was young and Marjorie had gone back to college to finish her degree, her parents said they had "earned" their retirement and were going to spend it traveling. Marjorie prided herself on being competent and independent, but her illness left her feeling helpless and powerless, and she was terrified of being forced into a nursing home.

> *"The 'so-called bickering'... was because they couldn't agree about what to do... for the 'next phase' of their lives."*

Howard came from a family in which his mother handled the domestic front while his father traveled for business. Howard remembers his parents "squabbling" about his father's "many dalliances." But when it came time to retire, Howard said, his parents "put aside their differences and moved to a community where they were both happy." When his father was transferred to the memory unit, his mother still had her apartment and friends. And when his mother was dying of cancer, she had hospice care on site. Howard had been a "good husband" to Marjorie, he insisted. He would never have "dallied." He couldn't understand why she wouldn't let him have a life of his own outside of caregiving."

I have been seeing this couple for six months, and the therapy is stuck in the debate of what Marjorie and Howard should do next. I have tried everything to shift them from the content of where to live to the process of curiosity and compassion, but they are so focused on their finely honed arguments that we can't get to the attachment issues that are driving their dynamic.
What now?

Challenged but Committed

Dear Challenged but Committed

When thinking of Marjorie's and Howard's life stage, my mind went to a comment of Irvin Yalom's. At the end of a session, a client asked if she could get back to him if she had more questions. Yalom replied, "Of course. But remember: I'm aging, so don't wait too long." Given where Marjorie and Howard are in their life together, it is important not to let time keep going by with them staying stuck in their status quo.

When couples are stuck like Marjorie and Howard, I often have them practice what I call "Part A Conversations." In a Part A conversation, one partner is talking and the other is listening to understand, as one might with a friend. The listener is not reacting, inserting their perspective, or commenting about their own feelings. The listener only makes brief remarks to demonstrate their understanding, empathy, and validation. Then they change roles so the other partner gets a chance to feel fully heard and understood. (It is only after both feel really "gotten" by the other that they move on to a "Part B" conversation in which they work together to come up with ideas of how to solve the issue at hand.) My sense is that Marjorie and Howard are both scared and are needing to feel that the other truly gets what they are experiencing (such as

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what each fears losing, and why they want what they want).

Marjorie and Howard seem focused on themselves, holding tight to what each wants. Perhaps Marjorie fears that Howard will want a life of his own without her; perhaps Howard fears life once Marjorie is gone and is protecting himself by wanting to create more connections for himself before that inevitability. I imagine Marjorie and Howard are unaware of their deeper fears, including their eventual mortality. If they can delve deeper, name and share their apprehensions, they could feel less alone and less scared.

"If they can delve deeper, name and share their apprehensions, they could feel less alone and less scared."

I would have them revisit what felt good for them as a couple in the past and brainstorm ideas of what can bring them enjoyment together now. I find it incredibly helpful to have couples tell each other what they appreciate about each other at night, to slow down and take in positive experiences. This could help Marjorie and Howard remember what they like about each other and feel better about going into this next chapter as partners. I'd also encourage them to open up space to allow for more complex narratives—being curious about, and then envisioning, a life in which both sets of their individual needs could be met, and they could feel more connected as a couple.

I find it helpful to ask "who do you need to be in order to call forth the person you want your partner to be?" For example, if Marjorie wants Howard to be more tender toward her, she could behave less independently, and show her vulnerability to evoke the softer and more compassionate parts of Howard. He, in turn, could show his vulnerability so that Marjorie could respond to him in caring ways. How people show up in their relationships clearly impacts how a partner responds.

Hopefully, Challenged but Committed, you can continue to work with this couple to explore what can serve each of them individually and as a couple. Although being closer will make the loss of Marjorie harder, it will also make the time they have together more connected and fulfilling.

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Dear Challenged but Committed

If I imagine the bickering to be a symptom of underlying emotional anxieties that the couple is struggling to contain, I would try to explore these anxieties. Working from some version of the adage "where there is anger there is always pain underneath," I would be curious about the moments when the couple begins bickering in session. At these moments I would try to slow the process down, rewind, and go forward frame by frame.

I could imagine asking what was going on for them each individually—what was irritating them, what was at stake for them—trying to find a way into the fears, anxieties, and hurt I imagine to be present. Given that the therapist's efforts to help Marjorie and Howard move toward a more empathetic and compassionate way of relating have been thwarted so far, I imagine needing to be quite hands-on to encourage greater exploration of vulnerabilities.

What might this look like? Perhaps something like, "Howard, when Marjorie mentioned her wish to stay in your home, you seemed to get irritated. What went on for you in that moment? Help me understand…." I would hope to explore Howard's fantasies about caring for Marjorie, about being overwhelmed by her deterioration, about being alone, about loss, about his own aging, about mortality. With some luck and probably some time, we might get to a place where Howard could express, and sit with, some of his fears. I would want to know how Marjorie felt in seeing her husband talk candidly about his fears.

In a symmetrical way, I would try to open up those moments when Marjorie became irritated in the session and explore her feelings about Howard wanting her to have more professional care, and to leave her garden, her friends, and her home. I would encourage Marjorie to tell Howard how she was experiencing her MS, and how she felt about the different kinds of losses on the horizon. I would try to scaffold an experience in which Howard could stay with, and express, his experience of Marjorie's hurt, anxiety, and fear.

I could then imagine a kind of bridging/structuring moment when I say, "As I hear you describe what is at stake for each of you in the question of what to

"…I imagine needing to be quite hands-on to encourage greater exploration of vulnerabilities."

do next in your lives, I appreciate the impossible dilemma you are in. I think of each of your experiences. Howard, you wish to enjoy your retirement, to make new friends, to know that Marjorie has the care she needs, and not to put yourself in a position where you feel overwhelmed by the progression of Marjorie's illness and death. Marjorie, you wish to enjoy the connections you have in Boston with your friends, family and doctors. You wish to continue enjoying your home and the garden you have nurtured for years. And you are terrified of living your last years in unfamiliar surroundings, with unfamiliar people, and with less contact from your friends and family. Who could take issue with either of your positions? But this is

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Patricia Papernow: Older Re-Coupling and Stepfamilies

by Helen Hwang, PhD, MPH
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Perhaps no stepfamily story in western culture is as well-known as Cinderella's. The archetypal characters and plot speak to psychic "truths" that characterize stepfamilies and suggest the challenges of working effectively with them. Addressing these challenges, Patricia Papernow's webinar "From Love at Last to Not so Fast: Helping Couples and Families with the Challenge of Re-coupling in Later Life" was presented on December 3 by the Program Committee.

Dr. Papernow gave a compelling context to the subject by noting that for those over 50, divorce rates doubled between 1990 and 2010 (with women initiating 2/3 of them), and that "silver surfers" are the fastest growing users of internet dating sites. She also introduced the term "Living Apart Together" ("L.A.T.") for a common coupling pattern in older new relationships.

She noted that older new couples bring along decades-long relationships, including ex-spouses, members of the previous family, and important others. Given the accumulation of shared values, habits and rituals which make for "this is how we do things" assumptions, a stepfamily will invariably have members with intense "insider" and "outsider" positions.

Dr. Papernow observed familiar patterns in stepfamilies. Children, including adult children, struggle with losses, loyalty binds and change, and may need to move much more slowly than the new couple. Parenting and step-parenting roles are very different. At least one ex-spouse, living or deceased, is a permanent part of every stepfamily. She noted that these realities can yank family members into hypo- or hyper-arousal states wherein capacities for thinking and feeling fail. In her examples and a role play, she demonstrated that in optimal arousal, "We think best, hear best, love best, learn best, and handle hard things best."

Dr. Papernow illustrated a clinical framework involving three distinct levels: Psychoeducational, Interpersonal, and Intrapsychic/Family of Origin. This framework can help the couple (and couple therapist) to regulate arousal.

She underscored how important Psychoeducation is, noting that couples feel relieved when they recognize that the source of their distress derives from the structure of stepfamilies, particularly from insider-outsider positions.

Working at the Interpersonal level, Dr. Papernow demonstrated the technique of "Joining," when the therapist (or partner) steps in to forge a regulating sense of empathy and connection. Each partner actively practices having the other feel heard and seen, because the family situation typically disappoints these needs. If a family member needs help, Papernow asks, "I know you want to be heard; can I help?" Dr. Papernow deliberately uses a vocal tone that is "low and slow, soft and slow" with statements such as "I think I can help you understand this, want to hear?", "You are unhappy not because you don't love each other, though it sure feels that way sometimes (soft chuckle)", and "This is a stepfamily, and I think I can help you understand it, want to hear?" She poignantly noted that truth without compassion is not communication but a weapon, and that kindness is a muscle; it needs to be exercised.

Working at the Intrapsychic/Family of Origin level, "Papernow's Bruised Theory of Feelings" is the idea that an injury to a healthy part feels different from an injury to an already bruised part. She engages partners in exploring the origins of their sensitivities when psychoeducation and interpersonal techniques are insufficient. The therapist must be fluid and nimble, going in and out of these three levels as needed, no simple feat.

As an expert with stepfamilies, Dr. Papernow made this work look easy, but for the rest of us, she supplied many potentially useful handouts and references at www.stepfamilyrelationships.com. Elusive as fairy tale endings may be, Dr. Papernow showed us how to help stepfamilies approach a happier ever after.

"I know I sound like a doomsayer, but a lot of the work we do is learning to tolerate disappointment in each other."

—Phyllis Cohen, PsyD

Ron Nasim: Working with Complex Trauma in Couple Therapy

by Adeline Dettor, LICSW
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Couple therapists are often firsthand witnesses to the agonizing disruption and disconnection produced by complex developmental trauma. Patients carrying childhood trauma histories tread a difficult path in relationships, marked by reenactments of deeply entrenched strategies and patterns of protection, inevitably creating painful ruptures that are frustrating to both their partners and themselves. Perhaps one of the most tragic features of developmental trauma is the presence of dissociation which creates a fog of mystery around the ruptures themselves. Dr. Ron Nasim's presentation to some 60 members of PCFINE and the public on March 4, "Working with Complex Childhood Trauma in Couple Therapy: From Dissociative Collusion to Shared Responsibility and Connection," made dissociation a central topic of discussion. Dr. Nasim described "dissociative collusion" as an unconscious agreement, between dissociative parts of each traumatized partner in an intimate relationship, to remain outside of awareness or recognition.

With humility, acuity, and a great deal of practice wisdom, Dr. Nasim outlined an opportunity for therapists to address dissociative collusion to open up new pathways for healing. Along with our familiar psychodynamic approaches, he utilizes narrative therapy to allow patients the process of "storying" the impacts of their trauma, the therapist to engage in a new type of witnessing, and eventually to help partners do so for each other. The integration of these models of understanding and intervening creates a powerful alchemy evidenced by Dr. Nasim's moving stories of couples reckoning with their pasts, engaging in real presence and empathy in the moment, and beginning to experience hope for the future.

This was the first in-person PCFINE event since the COVID pandemic infiltrated every aspect of our lives three years ago. Since I joined PCFINE in September 2019, this was also my first in-person PCFINE program (apart from the brief months when I was able to participate in the training program in person for the first semester). Although I can't speak to what in-person PCFINE events felt like before the pandemic, the energy in the room during Dr. Nasim's talk reminded me of the enduring pleasure of spirited discussions held in the same physical space with others. Throughout his presentation, Dr. Nasim deftly created openings for discussion; the questions and observations that followed were rich with curiosity, insight, and heart. Thank you to Dr. Nasim for sharing his time and presence with us and may this be the first of many in-person gatherings to come.

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where you are, as a couple. You are both scared—and angry, sure—but scared. And perhaps we can just sit with that for a moment, not think about what to do next but about what you are feeling right now, here in this room, together with each other."

By placing the emphasis on helping Marjorie and Howard simply try to "be" together in the emotional truth of this moment of their lives, some kind of emergent softening/movement may occur on the question of what to "do" next.

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Listserv Referral Guidelines

Here are a couple of useful tips for how to use the PCFINE Listserv for referrals:

Confidentiality—Please do not include unnecessarily specific identifying information when you post a referral request. Err on the side of being conservative in order to protect privacy. We have a large and growing membership, and it's possible that prospective clients might be identified with specific identifying information. Please keep your request brief (<50 words).

Reply only to the person you are responding to, not to the entire list—Please do not hit "reply all." If you are interested in being considered for a referral, reply only to the person who posted the referral.

With your help, our listserv can be a positive resource for us all.

New Members

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

Steve Adelman, MD is a dynamically-inclined psychotherapist, coach and addiction specialist based in Newton and online. He treats adults with character pathology and addictive behavior as well as couples and families destabilized by addictive behavior. He also has substantial experience working with distressed physicians. Steve delights in family, community, spirituality and running, and looks forward to engaging in collegial consultations.

Charlie Glazier, LICSW is a seasoned social worker who joined PCFINE hoping to make collegial connections. Early in his career he developed wraparound programs for children and teens, and was clinical director for a large residential care program for children and adolescents. Since 2002 he has had a private practice, currently in Metro-West. His background includes psychoanalytic psychotherapy with adults, systemic family therapy, working with babies, adopted children and children with attachment disorders. He has a special interest in group therapy, running two adult groups. Personally, he has been married and divorced twice, and has raised nine children, including a set of triplets now entering high school.

Sara Kleinberg, PsyD is a psychotherapist in private practice, seeing adults virtually or in her Newton Centre office, in Spanish and English. A graduate of MSPP with over twenty years of clinical experience, Sara was a staff psychologist on the Latino Mental Health Team of the Cambridge Health Alliance until 2021.She uses a relational psychodynamic approach, integrating concepts and interventions from trauma-informed work, mindfulness, IFS and DBT. She has lived in the Boston area since she came from Colombia to go to college many years ago. She enjoys get-togethers with family and friends, walking, reading, and travelling. Sara looks forward to greater participation in this wonderful learning and collegial community.

Anne Kulakowski, LMHC lives and works in Princeton, Massachusetts, at the base of Wachusett Mountain. She has been practicing as a Somatic Psychotherapist for 17 years. She trained in Somatic Psychology at Naropa University and at the Gestalt Psychotherapy Training Center and spent many formative years working and learning at the Boston Institute for Psychotherapy. She has a private practice and works with individuals and couples. Outside of work, she enjoys making art and offers process art workshops for children. She also enjoys flower and vegetable gardening, playing the guitar, doing yoga, making pies, and playing outside with her two young daughters and her husband.

Anne Lindquist, LMFT got her degree in Marriage and Family Therapy at Antioch New England Graduate School. Her work has focused primarily on substance abuse, domestic violence offender treatment and the treatment of veterans with PTSD. She retired from full time agency work in August of 2022 and opened a private practice in Kennebunk, Maine, where she works primarily with couples. She loves reading, gardening and hiking, and lives with her 16 year old grandson who is a beekeeper and "a joy to have!"

We also welcome **Luana Bessa** and **Kristina Harter**. We look forward to meeting all our new members at programs, ongoing learning opportunities, and brunches, in person and virtually, in the coming months.

"Clients don't come to us with their problems, they come to us with their solutions."

—Mark Sorensen, PhD

Member News

Jerome Gans—published "The Therapeutic Potential of Humiliating Experiences in Psychotherapy Groups and T-groups" in the 2022 Winter issue of *Voices.* This April, the journal *Psychodynamic Psychiatry* will publish a paper Jerry co-authored with Bob Ferrell entitled "'Bartleby the Scrivener, A Story of Wall Street': The vicissitudes of treating a difficult patient."

Ruth Chad—has written a new book of poetry, *"In the Absence of Birds,"* which will be published in early 2024.

Mark Dávila-Witkowski—authored "Melancholia in a Pandemic: The Burden of Failed Mourning" and "It's Time: Write Your Professional Will" as part of his work on the NASW Committee on Private Practice. In 2023, "Do Bodies Matter? The Rush to Abandon In-Person Treatment" will be released as part of the Committee's work. Mark is continuing to supervise Fellows at the Psychotherapy Institute of Back Bay. His daughter started in the 7th grade at the Atrium School last fall, and it has been a metaphoric year of rainbows, unicorns, and a return to a love of learning. Mark's family has added Tara, a Vizsla puppy, to their brood during the pandemic.

Magdalena Fosse—is now offering harm reduction and integration services for clients who are curious about or have used psychedelics elsewhere and want to process their experiences further. Her approach involves helping clients make sense of memories, emotions, and ideas that emerged during their psychedelic journey. She works with clients to integrate psychedelics as a potential tool for healing and transformation. Pursuing another passion, Magdalena has enrolled in a PhD program in clinical sexology while continuing her clinical practice.

Carolynn Maltas—has been traveling since retiring from clinical practice at the end of 2022. She has visited friends and family and spent two weeks in an immersion Spanish program, a long-time desire. Still to come is a "soccer tour" with a grandson in England. She looks forward to the end of April when there will be more time to reconnect with her local community, especially PCFINE and the work of the ONGOL Committee. She looks forward to seeing friends, colleagues and students and experiencing the effects of "hitting the reset button."

Aliza Phillips-Stoll—is running a group in her practice, "Parenting When Your Parents are Tough." It is geared toward new-ish mothers who have difficult relationships with their own parents.

Joseph Prever—received his LICSW as of January 2023 and is preparing to open a private practice. He is also pursuing training in Ketamine Assisted Psychotherapy.

Joanna Ravina—is expanding her hours for individual and couple therapy for clients aged 18 and older in Newton Centre.

Joe Shay—served as Co-chair, with Libby Shapiro, of the AGPA Institute Committee at the Annual AGPA conference in March, 2023. While there, he also chaired a panel (which included Oona Metz) entitled "'Ouch. I Wish I Had(n't) Said That': Common Group Therapist Mistakes and How to Repair Them." Joe also led a weekend process group for Maine clinicians who have been meeting together for more than 35 years. He reviewed Jerry Gans' new book *Addressing Challenging Moments in Psychotherapy* for the journal *Academic Psychiatry*. In conjunction with the PCFINE Program Committee, Joe is developing the PCFINE 20th Anniversary program tentatively entitled, "'I Can't Believe You Cheated on Me!': An Affair to Remember (and Deconstruct and Contextualize)."

Andrew P. Sonnekalb—launched a new training program at Hope Psychological Services in the Fall of 2022 in Lexington, MA where Andrew serves as the executive director. Hope is a Christian non-profit organization whose clinicians, all Christian, are trained to provide individual adult and adolescent therapy as well as couple, family, and group therapy. The training program teaches an organized eclectic approach to psychotherapy, integrating multiple psychoanalytic, family systems, and CBT modalities, including ACT and Narrative therapy, integrating faith and Psychology.

Committees and Contacts

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

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"Don't just do something, sit there."

—Anath Golumb, PhD

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:
He says he needs to find an identity outside the relationship.
Andrea Kremer

First runner up:
How long have you had feelings of being manipulated and controlled by your wife?
Jennifer Stone

Second runner up:
The sex is great, although a little predictable.
Andrea Kremer

Honorable mention:
This is the clearest case of projective identification I've ever seen.
Jennifer Stone