



Letter from the Co-Presidents



Dear Friends and Colleagues,

We are pleased and honored to be writing the first Co-Presidents' letter of our tenure. Our gratitude goes out to Rachel Barbanel-Fried and Paul Efthim for all their work on behalf of PCFINE—may they enjoy a bit more free time as they step down as Co-Presidents. We also want to recognize all of you who volunteer your time, creativity, and passion to provide the many learning opportunities that keep PCFINE a vibrant and growing community. A few highlights since the last Newsletter include two virtual conferences: Marjorie Nightingale's on the impact of racism on couples of color, and Patricia Papernow's on working with step-parent families; two Brunches; ONGOL offerings including the Reading Together series, family therapy consultations, and a workshop on treating couples with parenting problems; continuing programs from the Diversity Committee; as well as a vibrant array of Affinity Groups run by the Membership Committee.

We are pleased to report that PCFINE's Diversity, Equity, and Inclusivity (DEI) efforts continue. Most notably, the Board has engaged the services of VISIONS Inc. to lead two half-day trainings for the entire Board which include all the committee chairs and co-chairs. The focus will be on deepening our understanding of how racism and prejudice in all its forms

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Marjorie Nightingale's Program on Treating African American Couples

by **Natasha Khoury**
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Participants were greeted with a warm welcome from Marjorie Nightingale during her gripping and memorable November 13th program, "The Impact of Racism on African American Couples: Implications for Couple Therapy."

Dr. Nightingale describes herself as a couple and sex therapist who also sees families in her private practice in Washington, DC. She began by pointing out that most clinical models were developed by and for white people; therefore, we all need to educate ourselves and adapt our models to work with Black people.

To illustrate the importance of each therapist doing his or her own work on "Self as Therapist," Dr. Nightingale described her childhood experiences in an all-Black Detroit community where she had ongoing exposure to Black doctors, lawyers and civic leaders. She took that exposure for granted. When she found herself sitting in a UCLA classroom as the only Black woman, she states, "it never felt threatening due to the solidness of my identity." Black people sniff out "phoniness" when white people haven't "done the work." Dr. Nightingale thinks white therapists should immerse themselves in Black culture: music, movies, TV shows, podcasts and news sources. White therapists must reflect on their own identity and privileges.

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Dr. Nightingale said that the Black Lives Matter movement changed the conversation; whereas the predominant thought used to be "Black people are too sensitive," it is now "Black people are pointing out what has always been there." She spoke of the "exhaustion of living it," as there is no respite from racism. Bicultural life is exhausting as well; Black people feel free in Black culture and then need to "code switch" in white culture to protect themselves and to make white people feel more comfortable.

Noting that Black culture incorporates storytelling, a point she credits Ken Hardy with teaching her, Dr. Nightingale demonstrated this by sharing the story of a couple in her practice. Then she shared clips from the film "Disappearing Acts" to frame her presentation.

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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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Marjorie Nightingale's Program on Treating African American Couples

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After each clip, Dr. Nightingale asked participants questions such as: who is the hardest character for whom to have empathy? What are the questions you ask yourself? How about the questions you don't ask yourself? She spoke openly about Black clients being sensitive to how they will be perceived and judged in a therapeutic setting.

She asked participants to consider how they view power and control, stating "there is always a power dynamic in the therapy space" and "it's our responsibility to support clients with a clear-eyed view." Dr. Nightingale spoke about micro-aggressions and the fear Black people face regarding minimization and judgment for "Black ways of being." Many Black clients worry about having to teach a therapist about their Blackness, which is exhausting. She made the point that a white therapist is never going to be the first choice of a Black client.

She spoke about a prototypical Black man's pride, and how it is always at risk due to the world's view of him as never measuring up. Typically, Black women carry the burden of supporting Black men emotionally and even financially. If someone expresses emotional vulnerability in a couple session, even if the larger culture and the therapist aren't putting him down, his Black partner might because of internalized stereotypes. Black women and men face derogatory stereotypes every moment of their lives. Because of the very real dangers that Black people face, being vulnerable can be very difficult.

Dr. Nightingale described how one can re-cast in positive terms some aspects of Black couple experience:

- Black couples are pioneers of more egalitarian roles;
- It's a strength to be able to code-switch, and to bear all that Black people bear;
- Speaking up assertively is a powerful ability.

She spoke candidly and purposefully about how therapists can effectively support Black couples in the therapeutic space.

The program concluded with a vignette shared by PCFINE member Valerie Auster concerning a Black couple she had treated. Throughout the program, Dr. Nightingale facilitated candid, reflective discussion with the participants, to the benefit of all.

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.

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Treating Couples with Parenting Issues

by Linda Camlin and Anath Golomb

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Parenting issues in couples can come to us through a variety of channels, whether we identify ourselves as specializing in child work and parenting or not. The core issue in becoming a couple is the shift from “I” to “We” through the creation of a third space in the relationship. While a couple is a “We,” the transition to parenthood requires an even deeper shift to incorporate a more complex “We,” one that can act on behalf of the child. This third space is a co-created resource that ideally allows the couple to view and reflect on themselves as well as their children, and that includes the capacity to be curious about each other.

The therapist has a daunting task when conflict or concern about children emerges in treatment. How does one meaningfully assess a child you may never meet, through descriptions by parents whose narrative is constrained by their own projections and capacity for mentalization? How do you render interventions parents can meaningfully utilize, given their personalities and resources?

“...moments of crisis and deregulation can be opportunities for healing.”

When we work with partners who are parents, we often proceed with at least some exploration of the couple and family dynamics, the individual adult’s challenges and history, intergenerational influences, AND details about their transition to parenthood, as well as some assessment of how they think their child is doing. This background information helps us to recognize ways a child can carry aspects of the couple and family dynamics, such as:

- a repository for the couple’s conflict or disowned/undesirable parts of a parent;
- a representation of the transmission of intergenerational trauma;
- a developmental reminder of a parent’s own childhood trauma, experiences, and relationships with parents.

Uncovering these painful dynamics can be a source of motivation for reworking past and present conflicts since we know that moments of crisis and deregulation can be opportunities for healing, as well as for evolving more adaptive approaches. This assessment also can alert us to the need to refer a child for an independent evaluation and possible treatment, and/or to maintain a significant focus on the child in the couple treatment.

Clearly, in a couple who are parents, there are many shifts and renegotiations that need to happen about who does what, and how the couple holds everyone in the family in mind. When this shift to “We” goes well, partners tend to have greater flexibility, experience themselves as more resilient, and function with greater generosity toward each other in working out pragmatics. Roles and division of labor can more easily shift from being equally divided to being differentiated, so long as both partners feel acknowledged for their part in the family effort.

Many parenting difficulties can be understood as an extension of the couple dynamic. The hoped-for improvement involves a more positive emotional alliance and strengthening of the “We” that allows them to manage the losses, hurts and disappointments that are an inevitable part of parenting. Evidence of progress in couple work can be seen when a parent shifts away from being judgmental, harsh, or passive about a child’s behavior. For example, a critical father is helped to imagine what his atypical son is trying to manage inside his body and

his mind, and then shifts to a quieter, more collaborative approach. As curiosity emerges, we can assume the capacity to mentalize empathically is developing.

“Many parenting difficulties can be understood as an extension of the couple dynamic.”

We often speak of our couple therapist role as being “for” the couple, and holding the couple in mind, especially when they are unable to do so. When children are part of the picture, we also have the opportunity and responsibility to hold the child in mind sufficiently to conduct a wider assessment that will help inform the path forward.

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?

I've been in the field long enough to know that when a case seems too simple to be true, I'm missing something. I've seen Jeffrey and Caroline (a married, mid-fifties, professional couple with two children) a dozen times now, and I can't figure out what it is that I'm missing.

The presenting problem seemed obvious within my first two minutes of meeting them. They appeared on the screen from their unfinished basement sitting on side by side balance balls. They were lean and fit and youthful in sweaty minimalist workout attire, sipping green smoothies from metal reusable straws.

“Sorry we haven't showered yet,” said Jeffrey, by way of introduction. “We thought telling the kids we'd be locked in the basement doing an extended workout was the best way to get some privacy.”

“The prince and princess have never set an entitled toe into this part of the house,” added Caroline. “They have other priorities—like smoking pot and getting fat.”

“Robbo has anxiety,” Jeffrey explained about their fifteen-year-old son. “The pot calms him down.”

“There you go justifying again...What's your excuse for Della?” Caroline asked about their thirteen-year-old daughter.

“She's a secret binge eater who has no friends and memorizes vocabulary words in three languages for fun. She wears the same Ninja Turtles pajama bottoms every day. She's a total freak!” She faced me on the screen. “Do you see what we're up against? We used to have the best relationship. Our marriage was the envy of all our friends. Now all we do is fight. I think the kids need strong leadership, structure, and accountability. Jeffrey just wants to be the fun, chill, laissez faire parent while the kids go up in flames. It infuriates me!”

“I believe the well-being of the kids is the most important issue in this therapy... fixing their parenting will fix the marriage.”

What I heard was: symptomatic kids, divergent parenting styles, and profound disappointment manifesting as anger and defensiveness. I could certainly help with that.

Both Jeffrey and Caroline were raised by hands-off parents. Jeffrey was a “surprise” fourth child, born when his parents were in their forties. He was an independent and capable kid and remembers his unsupervised childhood fondly: “I walked to school with friends, played lots of sports, went to birthday parties, got into an Ivy League school—all without my parents ever asking about my homework, caring about what I ate, or noticing my pot smoking. And look how well I turned out!”

Caroline's mother was “a total helicopter” who checked all of Caroline's homework, chose her clothes, controlled what she ate, and told her she could be or do anything in life because she was lucky enough to have “a mother who cared.” And then, one day when Caroline was in middle school, the family moved from their suburban house into a small apartment

following “a misunderstanding” with the IRS, and Caroline was no longer hovered over. Her parents were distracted and busy and had to work long hours to get out of debt, and Caroline and her sister were left to do their homework, make their own meals, and pay their own college tuition. Caroline learned that she was going to have to be resilient and resourceful if she wanted a better life.

The couple met when they were in their 20's and training to run the Boston Marathon. They both worked at local colleges—Jeffrey in IT, Caroline in HR. They didn't make as much money as most of their friends, but they had a fun ten years living together in the city—climbing their respective career ladders, running marathons, going on adventure vacations, being best friends and partners—before Caroline got pregnant and they bought a condo in a two-family house in the suburbs.

So, what I added to my formulation was that Jeffrey and Caroline were both independent, resourceful, motivated achievers who had reached their physical and professional pinnacles through independence, grit, and hard work. They expected those same strengths to be transmitted to their children through genes and the many advantages bestowed upon them (good public schools, parents who were home for dinner, extracurriculars). No wonder they were disappointed, frustrated, and perplexed about the kids' oppositional behavior.

I've been trying to help them get on the same page about parenting by understanding their own histories, by examining their hopes and dreams for their kids, by reframing the kids' behavior as campaigns for attention and their parenting styles as “opportunities” for connection, and by modeling and encouraging curiosity. It's so obvious to me what needs to be done, but they are not responding.

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What Now?

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In fact, they seemed annoyed at me in our last session and said the kids had “taken up too much time in this therapy already,” that what they really wanted to work on was their marriage. My question, “What Now?”, is how to move forward. I believe the well-being of the kids is the most important issue in this therapy and that fixing their parenting (and, hence, their kids) will fix the marriage. But they aren’t willing to do that work. I’m not sure I can treat them if it means ignoring the very loud cries for help coming from their kids. What now?

**Sincerely,
Something Missing**

Dear Something Missing,

Often when working with an overwhelmed parent who is holding a crying baby, the question that comes to my mind is: are there two babies in the room and, if so, which one needs attending to first? My answer is almost always *the parent*. If I can emotionally hold and validate the parent’s experience, then they may be more able to tolerate their child’s distress. I feel this with your situation. The “crying” for attention is actually by all the family members.

“I see the “wounds” that parenting can cause...”

It seems that this couple has been attracted to what they see of themselves in each other. They both take pride in their strength and enjoy being the “envy” of others. They show off their athleticism and “healthy living,” and they want to meet with you from the one room in their house that exhibits their “strength.” Currently though, their children are not mirroring back these same qualities, and instead are presenting the opposite—little desire to impress or to conform.

Their children’s behaviors (or lack thereof) may be causing a narcissistic injury for the couple. The qualities

that they pride themselves on are missing from their children, and now they’re struggling to feel their strength as individuals and as a couple. The stress of this “wound” has caused them not only to lash out at their children (calling them names and mocking their difficulties), but also to feel disappointed in each other for “allowing” this to happen to “them!”

“The collective crying is loud.”

So what I would do (and oh how easy it is to advise from a distance) is the following:

Both the husband and wife are aching to be seen and appreciated by you to help counter this injury. I’d try to let them know that I see the “wounds” that parenting can cause, and at the same time I’d validate what makes them feel strong individually and as a couple. Allowing all emotions to co-exist would be a goal—and I would hope they could begin to see how viewing their children as “weak” comes from their own fears of seeing themselves that way. I would also ask them to think about what this stage of parenting evokes in them from their own childhoods, particularly their feelings of vulnerability in forging ahead alone.

The collective crying is loud. I’d hope that the couple can be soothed by your ability to see their strengths even when they are challenged by difficult emotions. I would ask them to see how each brings a different approach to their family dynamics, and how they complement (or not) each other. By giving room for a full spectrum of emotions in the family, the couple may be better able to acknowledge their children’s difficulties while at the same time tolerating the roller coaster ride of parenting adolescents. Giving them a strong holding environment, in which they feel positively seen by you, may allow them to turn toward each other, feel comforted by being on this ride together, and demonstrate that they

have what it takes to enjoy the ride. I hope you enjoy this ride too!

Rachel Kalvert, LICSW
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Dear Something Missing,

These people need a professional! Oh right—we are professionals! What then to do with these shallow, selfish, virtue-signaling parents, especially after you’ve seen them for 12 sessions and things aren’t improving? It’s tempting to throw in the towel—looks like Jeffrey needs one after his workout!

Wanting to run the other way, I stop. It must be terribly difficult to be them right now. They show up in therapy because they want help and know they need it. Still painful, I admit to myself that I once had similar feelings about my own children and would have been very happy not to deal with both the feelings and the children. And haven’t Jeffrey and Caroline taken in pervasive cultural messages that perfection—especially as demonstrated by our bodies—is possible? I’m striving to transform my initial feelings of dislike for Jeffrey and Caroline into feelings of compassion. Something Missing—I wonder how you feel about them?

“The way toward all family members’ well-being is through their marriage.”

You’ve ably identified the interventions that would work if Jeffrey and Caroline were on board—but they are not. So you have to play the long game, meet them where they are, and believe that they want to work on their marriage (also, the children are not your patients). The way toward all family members’ well-being is through their marriage. Perhaps you could rework your initial formulation of this case by looking through their defenses to their bruises and wounds—it’s time to “air-out” this marriage.

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Patricia Papernow's Program on Treating Step-Families

by Luanne Grossman

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Step-family relationships are very common and, whether or not we're aware of it, are likely part of our clinical practices. Dr. Patricia Papernow wants us to understand the unique challenges these couples and families present, getting the point across that a "blended family" is not like a smoothie. What works with a first-time couple and family is often quite different from work with a step-family.

On Saturday, February 5th, Dr. Papernow presented a rich and engaging program to 75 participants from across the country: "Meeting the (Big!) Challenges of 'Blended Families': What Works and What Doesn't for Couples and Families." Step-families come in many different forms including LGBTQ parents (sometimes emerging from a heterosexual partnership), previously single parents, older couples, those where one or both partners have children, where ex-spouses are more or less involved. There are plenty of variations, but all differ from first-time families.

One of the key challenges is understanding the implications of the Insider/Outsider position in a step-family. While children in a first-time family shift normally in their alliance between their parents, in a step-family, the Insider/Outsider position is intense and frequently stuck. The Outsider step-parent can easily feel excluded by, and invisible to, both the children and the partner who naturally responds to and protects their biological children.

The subjective connection many partners feel in their second marriages can unravel in the face of the Insider/Outsider dynamic. The step-parent IS outside. But the biological parent

is stuck too. The Insider parent often feels connected to everyone but is unable to make everyone happy. Feelings of being torn between one's new partner and one's children leaves the Insider parent feeling anxious and inadequate. These feelings might be conveyed in anger: "This is my child! Why are you so sensitive?!" Both partners are hurt, angry, and in pain.

The first step in couple therapy with partners in a step-family is to understand that this dynamic comes with the territory. When parents and children are together, there is a high probability that Insider/Outsider feelings for parents or children will be present.

"There are plenty of variations [of family constellations], but all differ from first-time families."

Dr. Papernow outlined three approaches to the clinical work, beginning with **Psychoeducation**. Partners in a step-family learn about the Insider/Outsider dynamic. They learn to anticipate that this dynamic will be present when they're together with the children. Working with their **Interpersonal Process**, the therapist helps them build empathy and skills for navigating the painful feelings that are evoked. Slowing down is key: learning to regulate one's own physiological arousal level so interactions are taking place when both partners have optimal arousal (neither flooded nor shut down), and are present and engaged. Dr. Papernow referred to this interpersonal work, helping partners empathize and respond to each other constructively, as "joining."

Finally, there may be a need for **Intrapsychic** work as well. Feelings of being alone, rejected, and inadequate may echo early childhood history. She explains this to couples as "The

Bruise Theory." If the hurt is landing on a previously bruised and vulnerable spot, evoking early experiences, then a deeper level of work is necessary so that the partners can better tolerate the feelings that the Insider/Outsider positions evoke. Dr. Papernow uses Internal Family Systems (IFS) theory to help partners understand their own deeply felt reactions and work to quiet their need to attack and defend when they feel hurt.

Dr. Papernow emphasized the need for the couple to strengthen their relationship through empathy, practice at re-joining in the face of emotional disruption, and concretely carving out time for the couple. One suggestion was the "60 second" connection: asking each partner what would help them feel connected if they had 60 seconds so that each can practice reaching out in the way that would help their partner feel connection.

Children's needs were central in the day's discussion. Children inevitably feel losses and loyalty binds between their divorced parents. Children who are referred for depression or acting out will be helped most effectively by working with the parents to understand what Insider/Outsider feelings or Loyalty Binds the children are experiencing.

In first-time families, the emphasis is on establishing the boundary around the couple and developing a united front in parenting. In step-families, this is not the case. The couple relationship needs to be nurtured primarily away from being with the family, and time needs to be spent with one's own biological children. This, Dr. Papernow emphasized, is not 'second best' to the concept of being all together as a family, but is instead essential to the needs of the children.

She also touched on negotiating different disciplinary styles. As a general rule, discipline resides with the biological parent. Step-parents

Patricia Papernow’s Program on Treating Step-Families

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have input, but biological parents have the final say. Another useful tidbit: Step-parents should be guided by Connection before Correction, favoring the relationship with the child over the enforcement of rules. Step-parents need to move very slowly into the realm of disciplinary parenting—it takes time!

“Slowing down is key.”

There is so much more to understand about step-families: the impact of beginning in an extramarital affair; re-coupling with adult children; building a new culture in the family while respecting established cultures; discipline; working with ex-spouses; finances—all were touched on. Two books for both clinicians and family members that speak to these areas and include more clinical guidance are highly recommended:

Papernow, P.L. (2013). *Surviving and Thriving in Stepfamily Relationships: What Works and What Doesn’t*. NY: Routledge.

Bonnell, K.L., & Papernow, P.L. (2018). *The Stepfamily Handbook: From Dating to Getting Serious to Forming a “Blended Family.”* Seattle, WA: CMC Press. (Written for the general public.)



What Now?

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Jeffrey’s still showing signs of adolescence and can’t decide if he wants to grow up. He’s not sure how to parent, as he proudly waves the flag that he wasn’t parented but turned out fine. Without awareness, he has outsourced parenting to Caroline, but didn’t anticipate her own lack of commitment to that role. Something has changed in their implicit marriage contract and the therapy needs to be anchored in that formulation.

Caroline is letting Jeffrey take the heat for both of them. Her ambivalent parenting seems fueled by a fictive narrative that the parenting she received was adequate. We are doing her a disservice if we collude with her view of her past as it misinforms her present problems.

Talk with them about themselves, and let them bring up the kids if they want. Delve into what they think and feel about their marriage. They exhibit “profound disappointment manifesting as anger and defensiveness.” What did they expect of life when they married, and what actually happened both before and after the children came along? “What’s been your biggest surprise about family life? Your biggest disappointment?”

I would validate the “ain’t it awful” aspects of their complaints and after you’ve given that a damned good listening to, gently validate the reality that opportunities to improve their marriage have come in some unappealing forms. Metaphorically, put an arm around their shoulders as your other arm holds the mirror up to the marriage. As the therapeutic alliance deepens, we hope they will be more willing to look into that marital mirror.

We all have cracks, in our histories, in our abilities, in our parenting, in our relationships. They both thought they were going to skate through parenthood unchanged. Often the things that touch us most and make

life worth living are far from perfect. And take work we hadn’t anticipated.

*Forget your perfect offering
Ring the bells that you can ring
There is a crack in everything
That’s how the light gets in.*

Leonard Cohen

Best regards and good luck!

Lisa Davis, LMHC

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Perpetual Twilight,

For My Mother

I plunge into the hot space
a monochrome canvas—
dumb furniture holds you

In here time is spent
and spent again
a dull ache grief throbs

Through the gritty window
an arc of last light
on silver hair

Time presses against your skin
leaving lines
on the papery surface—

Your hands hang
limp disfigured
by arthritic nodes

I smooth your sheets secure
your hearing aid the last one
lost in a crevice

knit together particles of dust
to make a coat
for your shivering shoulders—

January dusk purple light
the flush of your cheeks fading
into oncoming night.

Ruth Chad
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New Members

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

Susan Broner, LICSW — Susan has been in private practice in Cambridge, where she lives, for many years, and has transitioned to exclusively remote work now. She works mostly with individual adults and has recently enjoyed adding more couples to her practice. Susan has training in the use of hypnosis and has an interest in issues related to adoption. She looks forward to getting to know other members of PCFINE.

Eli Kendall, LICSW — Eli lives in Cambridge and has a full-time private practice there as well. He is in the third year of the advanced therapy training (ATP) program at BPSI. He works mostly with college students and young professionals navigating life transitions. He especially enjoys working with young men who have challenging relationships with their fathers.

Rachel Nardin, MD — Rachel has lived in Cambridge for most of her adult life, having moved here from the Midwest for medical school. She lives with her partner, Brian, and has a grown daughter in the area. She practiced Neurology for 25 years before deciding to make a career change to psychotherapy. She is drawn to couples work and has completed additional trainings in EFT. Rachel practices in Cambridge (Central Square) and virtually.

Joanna Ravina, PhD — Joanna is a clinical psychologist living and working in Newton. After graduate school, she worked for the MacArthur Foundation researching stress and psychopathology, before moving to private practice. She draws from CBT, Psychodynamic Therapy, and Interpersonal Psychotherapy. Joanna's 3 "kids" are 15, 19 and 23, and her husband works in biotech. She is happy to join PCFINE.

Adrian Turner, LMFT — Adrian lives in Pittsburgh, PA, and practices both there and in Boston, with a primary focus on couples. She is trained in EFT and uses that attachment approach in her work with couples. She thrives on affair recovery and loves to help hurting couples reconnect and rebuild their relationships. In her free time, Adrian loves to travel, cook, bake, and spend time with her 5 grown children. She looks forward to getting to know the Boston community and to being an active member of PCFINE.

Olga Vyshedsky, LMHC — Before becoming a psychotherapist, Olga worked as an artist, graphic designer, and art educator. She received an MA in Clinical Mental Health Counseling and continued her education at The Massachusetts Institute for Psychoanalysis, completing the two-year Postgraduate Fellowship Program. She works with adult individual clients but is very interested in couple work and hopes to make it a part of her practice. Olga lives in Brookline with her family.

We also welcome **Claire Steinberger** and **Stacy Taylor** — we hope to see all of these New Members at brunches, programs, and ongoing learning opportunities in the coming months.

Member News

■ **Eric Albert**—At work I find myself scheduling lighter weeks because I've reached an age where I'm keenly aware of other things I also want to do and the shrinking amount of time in which to do them. In my non-therapy time, I enjoy geocaching, which my sweetie and I took up when the pandemic started; studying and practicing French (while longing to get back to Paris since we cancelled our last two trips); and putting together a tiny home recording studio so I can try writing and recording songs.

As always, I'm reading (recent love: *The Stone Book Quartet* by Alan Garner); listening to music ("Voodoo" by D'Angelo and "Happier Than Ever" by Billie Eilish); and watching shows ("Bosch" and "Trapped"), movies (*The Marseille Trilogy* by Marcel Pagnol), and the Celtics (Marcus Smart, Rob Williams, and Grant Williams).

■ **Roberta Caplan**—Last August, I left my position as Staff Psychologist and Director of Training at the Brandeis University Counseling Center after 30 plus years. I've increased my own practice based in Waltham (but mostly on Zoom) to four days a week, and I am now a couple case consultant for the William Alanson White Institute. I've taken up the piano again and hope to learn to knit (courtesy of Debbie Wolozin). I also wrote a piece for the current issue of *Voices* ("The Sisterhood of the Traveling Angst") about the text thread shared with two PCFINE friends and a third in Philadelphia that has been sustaining for us all through the pandemic.

■ **Ruth Chad**—I am working on a book of poems and have been recently nominated for a Pushcart Prize in poetry.

■ **Elizabeth Cronin**—As a host of *The New Books Network* podcast, I interview authors of new books on psychology. On February 3rd, my interview with fellow PCFINE member and faculty presenter, Jerry Gans, was posted on the NBN site. You can listen to our discussion by visiting <https://newbooksnetwork.com/addressing-challenging-moments-in-psychotherapy>

On February 8th, I published my first book called *Mindfulness Journal for Mental Health*. It provides a brief introduction to the ways that mindfulness practices can help readers better understand their emotions, manage their thoughts, and improve their relationships. It's also full of practices to try out as well as writing prompts to support journaling. You can find the book on Amazon.

■ **Stuart Pfizer**—My 1998 book, *Building Bridges: The Negotiation of Paradox in Psychoanalysis*, has just been reissued by Routledge as a "Classic Edition." <https://www.routledge.com/Building-Bridges-The-Negotiation-of-Paradox-in-Psychoanalysis/Pfizer/p/book/9781032001685>

■ **Kenneth Reich**—I will be teaching an 8-week seminar on Couple Therapy for Fellows at the Psychotherapy Program at Cambridge Hospital this winter. I am also very much looking forward to a family vacation in June.

■ **Joe Shay**—I co-chaired the AGPA Institute Committee (overseeing 36 process groups) in March 2022. I also led a weekend online process group last August with the theme "Seeing Through Your Lens in Relationships." In April 2022, I will lead an in-person weekend process group of group therapists in Maine with the theme "What I Learned About Myself During the Pandemic."

■ **Lisa Sutton**—In December 2020, I retired, and my partner and I moved to San Francisco to be near my daughter. Living in such natural beauty is a great pleasure. I'm reading a lot, enjoying cooking and exploring the city. Each Wednesday I volunteer in my daughter's bookstore where she gets to tell me what to do and I do it. On April 24, my partner and I will be married outside in the Presidio. I'm truly grateful.

Letter from the Co-Presidents

(continued from page 1)

can play out in ways large and small and affect the experiences of current and potential members of PCFINE. Importantly our goal is to conclude this set of trainings with a concrete roadmap to continue this work.

At a time when there is so much conflict, uncertainty, and stress in the world, we are ever grateful for the community we share at PCFINE. 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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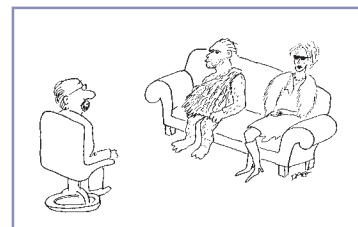


Cartoon Caption Contest



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 2021 Cartoon Caption Winners

Winner:

*“It’s always ‘Og want this’ and ‘Og want that’ -- what about **my** needs, doctor?”*

Joey Prever

First runner up:

“I misunderstood when he told me he loves his man-cave.”

Justin Newmark

Second runner up:

“Reasons for therapy? Well, for starters, I’m 47 and my husband’s 30,000.”

Susan Schnur

Affinity Groups at PCFINE

PCFINE's Membership Committee invites you to join one of several affinity groups meeting regularly to discuss topics of mutual interest:

Sex & Couple Therapy—This group meets monthly with an active group of regular attendees. They discuss clinical questions, share resources and reading recommendations, and discuss relevant items from news and popular culture. Interested in joining? Contact Jennifer Bortle at jenn.bortle@gmail.com

Countertransference & Couple Therapy—This group explores how clinicians work with their own thoughts and feelings that are activated by client couple dynamics. The structure and agenda of the group is determined collaboratively by the participants. This group meets virtually for 90 minutes about once a month. If interested, contact Rachel Segall at raesegall@gmail.com

Examining Racial Dynamics in Couple Therapy—Now forming for the fall of 2022, this group invites participants to explore their professional experiences through the lens of racial dynamics. Using case presentations, articles and podcasts, participants will discuss racial differences in members' clinical work and personal lives. To find out more, contact Meredith Goldsmith at mjgoldsmith@comcast.net or Andre Perreault at andre@APpsychotherapy.com

Aging with Wisdom—This established group explores the opportunities and challenges that group members, and their clients, experience while growing older. Retirement, living with loss, death and dying, spirituality, and the impact of aging on marriage are some of the topics discussed. This group, led by Mark Sorensen, is not currently open to new members.

If you have an idea for a new affinity group, please contact Mark Sorensen at sorensentherapy@gmail.com

Helping Couples with Failure-To-Launch Kids

by **Marsha Vannicelli**
mvannicelli@comcast.net

With a PhD in experimental psychology, understanding the picky details of behavior and consequences came naturally to me. Yet the idea of being a behavior-based therapist did not feel sufficiently fulfilling. Hence, I steeped myself in psychodynamic training.

Yet, I am reminded of a well-known puzzle. Seven frogs are sitting on a log in the middle of the ocean. Three decide to jump off. How many frogs arrive at the shore? The first answer is often "That's easy, there are four left." But in fact the answer is seven. There was no data suggesting that any of the frogs had actually acted.

My new way of working involves attaching very specific and clear consequences to behavioral choices. The behavior and the consequence are paired, and one is asked to choose the combined package. The work that I'm doing with *parents of failure-to-launch offspring* is emblematic of this work.

With failure-to-launch kids, behaviors that parents want to eliminate are tied to specific consequences. For example, if smelly laundry is left in the offspring's room, the offending clothes will be removed and thrown out. If failure-to-launch youngsters are not up before noon, they will have to make their own dinner, or will not be given keys to the car.

One of the most important aspects of making this approach work is that the behavior/consequence system is not only clearly articulated and understood but is exercised with 100% consistency. We know from behavioral training that the habits that are hardest to break are those that are inconsistently reinforced ("intermittent reinforcement"). Thus, parents need to be 100% on board and need to start with behaviors that they are totally unambivalent about

supporting, with consistent adherence and consequences.

In this model, I also aim to remove suggesting, pleading, yelling, and begging. Parents with failure-to-launch kids know that these methods do not work, and not surprisingly their offspring's offending behaviors seem to be remarkably resilient in withstanding what some might consider noxious, controlling behavior from parents.

I find this kind of behavioral work moves things along at a speed that I find highly satisfying. I also recognize that my psychodynamic headset is never really left behind. Resistance still needs to be examined, as well as interpersonal and family dynamics. All and all, it is a newfound pleasure.

