

Feminist-Informed Internal Family Systems Therapy with Couples

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ABSTRACT. The authors suggest an expanded approach to using Internal Family Systems Therapy (Schwartz, 1992, 1995) with couples by adding several feminist-informed therapeutic concepts. From a feminist-informed perspective, the authors present the importance of the therapeutic alliance, hierarchy within therapy, client choice, compassionate witnessing, and an expansion of the concepts of boundaries, enmeshment, and disengagement. A feminist-informed case example illustrates several of these therapeutic themes. In order to provide a contextualized reflection on the therapeutic system, the authors then go on to discuss common issues that have arisen while training therapists to provide feminist-informed IFS therapy. *[Article copies available for a fee from The Haworth Document Delivery Service: 1-800-342-9678. E-mail address: <getinfo@haworthpressinc.com> Website: <<http://www.HaworthPress.com>> © 2002 by The Haworth Press, Inc. All rights reserved.]*

KEYWORDS. Feminist, couple therapy, family therapy, feminist therapy

Couples often come to therapy wanting to be happier, wishing they could understand each other better, and asking to change their relationship. As feminist family therapists, we have found that the Internal Family Systems (IFS) therapy model (Schwartz, 1995) provides a dy-

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dynamic construction from which clients can explore the complexities of their internal and interpersonal systems within sociopolitical contexts. Because Schwartz constructed a therapy model that is sensitive to gender and culture, we have found that there is a therapeutic fit for us between IFS principles and our feminist-informed work with couples in which we focus on empathy, power, and gender. In this presentation, we will limit our discussion to a few selected themes that partially illustrate our Feminist-Informed Internal Family Systems couple therapy approach.

BRIEF REVIEW OF IFS

IFS was designed to access the internal reality of clients which Schwartz (1987, 1992) discovered clinically to be quite systemic. IFS posits that everyone has many subpersonalities called parts that are ideally mediated through a central Self. Due to life experiences and social influences, some of our parts are well developed and often utilized; whereas, others may be exiled or cut off from the Self. In IFS, the Self is the conductor or coordinator, and some of the parts perform one of three specific roles: managers, firefighters, and exiles. Like their names suggest, managers are usually the cognitively and emotionally methodical parts, and the firefighters are the more irrational and emotionally reactive parts. Each serves to maintain the homeostasis of the internal system and to keep the lost parts in exile. In extreme situations, managers and firefighters may even take over the role of the Self, leaving the person to feel and experience (an often chaotic) life more from the perspectives of various parts than from the perspective of a more grounded, competent, and resourceful Self.

IFS therapy goals include helping clients identify and understand their parts, encouraging parts to develop helpful roles, and reorganizing them so that the Self is in the lead and has access to each part's unique abilities. The parts need not be equilibrated, but it is often a goal of therapy to help clients renegotiate a sense of balance among their parts so that none is overused and as few are exiled as possible.

In applying IFS therapy to couples, there are several points that are important to consider. Couples may be constrained in their interactions due to the burdens that the parts within each of them carries. Typically, burdens are topics or feelings that are associated with parts who have been exiled. While the couple needs a sense of balance in such areas as access to resources and ability to influence their partner, burdens often

lead to imbalance. For example, the burden of patriarchy, criticism or shame can create imbalances for the couple as well as the burden of symptoms. If burdens are significant, partners may become polarized and adopt rigid and extreme positions. Partners then fear the consequence of losing their influence and power if they retreat from their extreme positions, and they also fear an escalation of the polarization process. These fears may keep them from identifying and discussing underlying issues and feelings that are attached to specific exiled parts. Each partner's managers may try to suppress these vulnerable issues and emotions while their firefighters may use various means of distraction when the exiled parts try to emerge with their issues.

Schwartz (1995) has identified several common parts patterns that occur between two people. The Manager-Manager polarization is characterized by symmetrical power struggles. These struggles escalate as the manager parts of each partner attack and attempt to break down the other. In the Manager-Exile polarization, one partner may not be able to tolerate the self-vulnerability that the other partner's exiles stimulate, while in the Manager-Exile enmeshment pattern one partner's exiles may attempt to promote the other's managers to adopt a care-taking position. While there are many other possible patterns, one important therapy principle from the IFS perspective is to track the sequences of parts to ascertain how the interplay of parts within each partner parallels the parts' interactions between partners. The ultimate therapeutic goal is to achieve a Self-to-Self connection with minimal interference and maximum support from both person's parts.

SOME IMPORTANT THEMES IN FEMINIST-INFORMED IFS COUPLE'S THERAPY

Therapeutic Alliance

In the past 45 years of psychotherapy research, one consistent finding is that the quality of the therapeutic alliance is the single most important predictor of positive outcome (Safran & Muran, 2000). Elizabeth Zetzel (1956) is credited with being the first to formally assert that the therapeutic alliance is essential in order for any intervention to be effective. She adopted a maternal model for the therapeutic relationship which emphasized developing trust, rapport, hope and support. Today, in addition to the above, feminist family therapists emphasize collaboration and hierarchy minimization within the therapeutic relationship while si-

multaneously encouraging women to model and use their authority and expertise in their role as therapists (Good, Gilbert, & Sher, 1990; Goodrich, 1991; Goodrich, Rampage, Ellman, & Halstead, 1988; Pilalis & Anderton, 1986; Roberts, 1991; Storm, 1991; Wheeler, Avis, Miller, & Chaney, 1989).

Hare-Mustin and Merecek (1986) have highlighted the need to recognize therapy's inherent power imbalance and to embrace it with responsibility and beneficence toward the client. This process includes choosing language carefully so as not to promote social stereotypes or limit clients' options. In our work, we are also careful not to use language that reflects patriarchal conceptual biases, and we attempt to be curious and respectfully challenging when clients use such language. Hare-Mustin and Merecek have also pointed out that being cared for can be disempowering. Therefore, we are cautious not to decrease their clients' self-efficacy by doing their work for them, or by being condescending in other ways.

To these ends, we have found IFS consistent with our values as it provides a framework from which clients name, develop and expand their internal and relationship systems while we maintain a collaborative and respectfully challenging position as an expert in guiding the therapeutic process. In IFS terms, the Self of the therapist enters into a collaborative relationship with the Self of each member of the couple.

Creating Choices and Initiating IFS

As feminist-informed therapists, we are mindful of the importance of conducting therapy within a context that offers our clients treatment choices. Sometimes clients seem naturally to be using parts language, and we bring this to their consciousness. If not, we will introduce the parts concept with an explanation of how treatment from a parts model might proceed. We also explore other options with the couple along with offering our opinions about the pros and cons of each.

If the couple decides to explore their parts, then each person in the couple chooses which parts to define first, and their preferences for identifying these parts. Some clients choose to narrate a story about their parts for their partners and the therapist. Some clients are more comfortable drawing their parts on a dry erase board or a large piece of newsprint, while others prefer to express their parts through clay modeling. We have found that having multiple materials available promotes freedom and creativity of expression at this stage of internal exploration. Our clients have often commented that being able to draw or create

clay models of their parts has been a helpful tool in the therapy process. Drawing or modeling seems to be similar to looking into a (simplified) psychic mirror of themselves and the dynamics of their relationships. For some, this process helps maintain a focus on the conversation, while for others it helps them stay with their emotions while talking about one of their more vulnerable parts or when discussing an intense relationship dynamic with their partner's parts.

Clients typically identify about six parts during the first session and add more parts as the therapy progresses. It is common that despite being offered a wide range of choice concerning which parts to start with, it is usually the manager parts who are most involved in the couple's relationship that emerge. Rarely will exiles present themselves in the beginning sessions. Usually couples are comfortable taking turns identifying their own parts, and we encourage people to talk for themselves: to self-identify. Couples are also offered the choice to collaborate with each other in parts identification, but we discourage one partner from trying to describe the internal system of the other if it seems to be an attempt at mind-reading, projective identification, or control. Couples with severe power imbalances such as with physical or emotional abuse are offered the option of having their partners view from behind the mirror or to have separate sessions. Once we have established that the partners feel safe, we emphasize the importance of conjoint therapy for the process of getting to know oneself and one's partner from a new and deeper perspective. Reconstructing a relationship is a dyadic endeavor, and both partners need to be able to be in the room together if at all possible.

After identifying parts, we ask clients questions about their parts and about their parts' relationships with the Self, each other, and their partner's parts. Therapy can progress in a variety of directions. Depending on the presenting problems, clients might choose to examine how they use their parts in their current lives, including this relationship, or they may first choose to examine how each of their parts developed over time. For the latter, we might examine how each part was developed, influenced, nurtured, shunned, shamed and otherwise influenced prior to and/or within this partnership.

There are several ways to help people get to know their parts more intimately, some more cognitive and some more experiential. We generally use combinations of all of them within the context of being guided by our own experience and by the clients' wishes. Schwartz (1992) describes two experiential methods of doing inner work: "direct access" and "in-sight" (p. 112). We direct you to his work for more complete ex-

planations. When working with couples we have also found it helpful to use sculpting, art work, boundary making, and renarrating (Prouty & Bermúdez, 1999) as a means for creating more in-depth knowledge and experience of their parts.

Compassionate Witnessing and Intimacy

In feminist-informed parts work with couples, as well as in traditional IFS therapy, the process of partners sharing their vulnerabilities with each other may create steps toward mutual healing and intimacy. As important exiled parts are accessed, owned, explored and embraced by self and partner, they may then be integrated into the relationship, and stressful interactions can be changed. Emotionally focused, IFS and feminist therapists understand the importance of one's partner developing a sense of empathy for another's pain by observing the activation of an exiled part and reacting with respect and empathy.

Activating compassion and creating intimacy in relationships have been emphasized in many healing approaches and fit well with our version of IFS with couples. For example, the concept of great compassion is a part of Zen Buddhism in which one develops a knowing of another's suffering in such a manner that both are healed. With this process, there develops an understanding that we cannot remove the mass of another's suffering, but we can be as fully present for them as possible (Salzberg, 1995). Martin Buber (1973) wrote about the concept of "obedient listening" that describes the process of observing deep emotional disclosure by a significant other. This power of witnessing with acceptance can result in an "emotional rebirth" in both partners (Guerney, 1994) that is characterized by a new feeling of connection. In our implementation of IFS with couples, we place a strong emphasis on the process of each partner nurturing and accepting the other's exiles within the conjoint session so that a context of mutual healing of each other's painful parts can be realized.

Like emotionally oriented therapists, feminist family therapists have recognized that it is important to focus on using affect in couples therapy to create change. Intense emotion is not seen as something that should be avoided, controlled, discounted as emotional disorder may occur when affect is disowned, underutilized, or under-regulated (Greenberg, Watson, & Lietaer, 1998). Women in our society are often socialized to create a sense of self through emotion while men have been discouraged from taking this route due to the many cultures' association of masculinity with autonomy, individualism, and rationality. In

feminist-informed IFS therapy, these patriarchally informed ways of being are reduced as couples become more connected to the emotions of their own exiled parts and to those of their partner. These emotions are integrated with cognition so that change may take place. As feminists suggest, it is to everyone's best advantage to develop both cognitive and emotional ways of knowing and experiencing (Goodrich et al., 1988).

Typically, exiled parts contain the burden of those emotions that the couple does not want to face. As exiled parts with their emotional burdens are brought forth, the therapist helps the couple track the sequences of interactions between the couple's parts. For example, an emerging exiled vulnerable part in one partner may create anxiety in the other partner. The experienced anxiety may activate a manager or firefighter part in response to the expression of the partner's formally exiled emotion. If the firefighter part is dominant, then the partner's anxiety creating emotion may be again exiled in favor of the activation of a manager to cope with the partner's firefighter. The therapy process would need to deal with the vulnerable emotion in one partner, the anxious emotion generated in the other, and the couple's polarized responses to each other so that intimacy and connection might be enhanced.

Boundaries, Hierarchy and Power

Very often the hierarchy that exists within a person's internal system is reflective of hierarchy within interpersonal systems. In our culture, the definition of hierarchy is usually that of "power-over" (Goodrich, 1991) and often guides boundary marking and decision making processes. This definition excludes another, traditionally feminine, form of decision making: deciding *through* connection. A more feminist-informed definition of real *boundaries* would be that they reflect *mutual* consent between each person's Self. People's Selves determine when they and their parts will be connected to each other and to other people, understanding that our Selves never really make decisions alone. Selves live in a community of parts who, optimally, all provide opinions and suggestions to the Self. In this way, boundaries between persons reflect respect, altruism, and the differentiation of both persons. Boundaries between generations provide for interdependency, safety, and growth. This concept of boundaries intersects with the need for power to exist as power-with, not power-over, because only the former ensures equality of access to all of the necessities of human relationships.

Based on the writings of several feminists including Gilligan (1982), Harris (1991), Lorde (1984), Miller (1986), Miller and Stiver (1997), Goodrich et al. (1988), and Jordan, Kaplan, Miller, Stiver and Surrey (1991), we have also found it helpful to add a new dimension to the definitions of enmeshment and disengagement, a dimension that takes into account the development of the *Self through relationship*. The Self is developed, healthfully, through its relationship with "its" parts, its relationship with other people's Selves, and its sense of being part of a community (larger society). In this vein, we think of enmeshment as a result of someone using another person's parts to be their emotional or cognitive processors, hence violating respectful boundaries. Likewise, disengagement is the result when boundaries are so distinct and thick that there is no contact between family members' Selves. Such lack of contact may be due to a lack of safety in making connection or because their Selves are not in control so that no healthy contact can be made. This view of enmeshment and disengagement provides a somewhat different perspective when working with the common interpersonal parts patterns of power struggles that Schwartz (1995) describes (e.g., manager-exile, manager-firefighter). We propose this alternative perspective of boundaries, enmeshment and disengagement, and the subsequent interpretations of parts-parts and Self-parts relationships not to replace traditional conceptualizations but to expand them. In our work, we look for ways in which both the traditional and feminist-informed definitions are experienced by our clients, thereby providing them with more options for understanding and future constructions.

Like most feminist family therapists, we have found that gender and power are inevitably intertwined when working with boundaries, enmeshment and disengagement with couples. Gender is often a central theme in feminist family therapy (Good et al., 1990; Goodrich et al., 1988; Hare-Mustin & Merecek, 1986; Roberts, 1991; Storm, 1991; and Wheeler et al., 1989), and we have found that IFS provides an atmosphere in which clients can define gender for themselves by investigating and reinventing who they are, including how they wish to express gender. We have found it important to show respect for peoples' ideas of gender and at the same time challenge their dichotomization of gender and gendered ways of knowing and behaving. Through our work with couples we have learned to listen for and be curious about gender identity and gendered ways of knowing and being in relationships. Each partner works to define her/his own gender, and together they define their gender roles within their relationship. They can have conversations about how to lead from their Selves, how it feels to call upon dif-

ferent parts, or how they would like to use their own parts differently with each other. Each person might also ask to see more of a partner's parts, and if agreed upon, negotiate what each would need to allow that to happen. For example, sometimes people develop new parts or expand old parts in order to develop their ability to be assertive, to trust their intuition, or to be able to be vulnerable with their partner though leading with the Self. Regardless of previously held gender beliefs about that ability, the partners may integrate their new experiences within their parts, and thereby into their gender identity. Feminist theorists (Goodrich et al., 1988; Goodrich, 1991; and MacKinnon, 1989) have talked about power as an important issue in relationships, families, and society, and as an important theme in therapy.

There is another aspect of power that informs our work with couples, it is that of the internalized "isms," for example, racism, heterosexism, and misogyny. These are common burdens passed down through our popular culture, which may be mitigated by our families and proximal cultures: for hindrance or for helpfulness. In addition, gender roles established in many westerns countries after industrialization led to the exaggerated dichotomization of the public and the private spheres. Many feminists (for example, Goodrich, 1991; Goodrich et al., 1988; MacKinnon, 1989) assert that the centralization of those persons who live (and wield the most power) in the public realm (assumed to be white heterosexual males) through gender roles, laws and a tradition of entitlement to "public" resources led to the marginalization of everyone else. At the same time, it ignored those working in the public realm who were legally and otherwise not given equal entitlement, and those who worked in the private realm and not given equal prestige or pay (or any other "public" currency). At the same time, we need to be careful, as the oversimplification of the issue of power is sometimes an excuse to intellectualize or to ignore the real effects of racism, ageism, sexism, heterosexism and other forms of social violence. Williams (1991) poignantly reminds us of the importance of addressing the clients' personal experiences of racism and other forms of essentializing when she talked about the internalization of her multicultural heritage and the courage and inner strength that she developed in order to feel whole. Although we strive to use language that does not promote social stereotypes, oppression and marginalization are serious factors when analyzing power, both in terms of external forces (e.g., racism or heterosexism from others) and internalized antipathy. Through IFS, we help clients to talk about their experiences of power and the effects of these experiences or the allocation of power within each person's parts and within the cou-

ple's relationship. We help them establish avenues for consent and rejection, so that they establish real boundaries within themselves and between their Selves. We help clients to examine their connections and cutoffs from the many types of power in their lives and throughout the development of their relationship. And we try to learn about the values placed on the different types of power within their relationships, their culture and larger society.

CASE ILLUSTRATION

One couple presented with complaints about their continuing power struggles. After several sessions it was apparent that the husband had a primary exile that was characterized by extreme feelings of vulnerability and hurt. These vulnerable feelings were kept exiled by a manager that was stoic and controlling. The manager was fearful that if the husband experienced too much vulnerability he would not keep striving to be successful—a perspective often supported by familial and cultural gender role expectations. Sometimes during stressful marital interactions around his inability to hold a job, he experienced criticism from his wife. At those times, feelings from his hurt part would break through. The emergence of these painful and vulnerable emotions activated a rageful firefighter that would verbally attack his wife's critical part.

In understanding the wife's position in this pattern, it seemed that when the husband's painful emotions began to emerge, the wife's exile that carried emotions of anxiety and fear would be triggered. As a way of keeping those emotions exiled for both her and her husband, she engaged him with her critical manager. As she became more critical, he activated his firefighter which increased the intensity of her critical manager. Her highly activated critical manager allowed her not to feel her husband's distress as well as her anxiety and fear about his lack of competence. The intensity of his firefighter allowed him not to feel his hurt exile nor his wife's anxiety about his lack of competence and her fears about her own competency.

From the IFS framework, their interaction pattern was that of Manager-Exile polarization both within and between themselves with some firefighter activation by him. The emotional pain generated by their vulnerable parts seemed too much to bear; and often after the escalation of their stressful marital interactions, they escaped into a pattern of mutual withdrawal.

Conjoint treatment consisted of helping identify exiles, managers and firefighters within each of their internal systems. In addition, they came to understand how their parts were triggered by their partner's parts and were able to identify the primary patterns of parts interactions. While there were many parts and a variety of patterns collaboratively identified by the couple and therapist, a primary pattern was one that involved an emotionally hurt and vulnerable exile in each of them. Over the course of several sessions, both became insightful concerning exiled parts that had been walled off in an effort to keep the self and the marital system safe. These exiled parts were carrying vulnerable emotions that wanted to be healed but instead tended to trigger managerial and firefighting activities that, in part, were maintaining narrow and deeply held gender role expectations.

Therapy progressed with the husband's agreement to first let the therapist talk with his exiled part that felt hurt and inadequate during stressful marital interactions. Prior to working with the husband's exile, the therapist worked with any of the wife's managers that might interfere with her experiencing the husband's parts work from a compassionate position. In order to create a sense of safety for the husband and to lead to an increase in couple intimacy, it was important that his partner observe his work from a place of empathy. At first, the wife was unable to take a compassionate witnessing stance. However, after some brief work with her Self and her interfering parts, she was able to do so. As the therapist spent time communicating with the husband's exiled part, he asked questions that led to an understanding of its development and its need to have its feelings accepted by the husband, wife and therapist. The therapist talked with the husband's firefighter and managerial parts who were willing to release from their extreme positions if they could be assured that the hurt part would not overwhelm him with vulnerable emotions. After this discussion, the husband was able to go inside and, from a Self position, have conversations with these exiled and firefighter parts. At this point the husband was asked to let his wife learn more about the emotional pain of this exile. As he expressed this with a sad affect, the wife (now working from a position of compassion) was able to nurture him through touch and words. At the end of this session, both reported a sense of increased intimacy and connection.

The next session focused on the wife's exiled vulnerable part that was polarized with her critical manager. The therapist worked with the husband's interfering managerial parts so that he could witness his wife's work from a position of compassion. The therapist talked with the wife's exile and manager and discussed ways that each could release

from their polarized positions. This conversation was followed by internal work in which the wife communicated with her critical manager and vulnerable exile from her Self position. Her exile came forward to receive acceptance and nurturing from her Self and from her husband which then led to additional intimacy and bonding.

These two sessions were very significant for this couple. They felt the safety and ability to work with intense emotions within themselves and within each other. As they were able to accept and nurture these exiled parts within and between themselves, they were also able to expand who they were within their agreed upon gender roles. Internal and interpersonal harmony and balance were increased, and their habitual stressful pattern of interaction was greatly improved.

LEARNING FEMINIST-INFORMED IFS COUPLE THERAPY

When the first author has presented this feminist-informed IFS work at professional conferences, it has been common for people to want to know about the process of learning and working with feminist-informed IFS theory (Prouty & Bermúdez, 1999a; 1999b). We both work in a COAMFTE accredited doctoral program. Our therapists usually come to the program with previous training in systems theory, several family therapy theories, and at least one year of clinical experience. Not all of them have provided couple therapy. We teach all courses from a feminist perspective. We offer a course on feminist couple therapy every other year, and general IFS therapy as a portion of a cutting-edge therapy survey course every year. Within this theoretical survey course, the therapists role-play using IFS, and also provide and discuss with their peers videotapes of their use of IFS with clinic clients. We also provide therapists with supervision of their clinical work. In one case the first author and a therapist worked together on a derivation of feminist-informed IFS therapy to write a manuscript and provide two national seminars (Prouty & Bermúdez, 1999a, 1999b, 1999c).

In general, we have found the therapists to be very interested in IFS. Like all theories it seems to fit better with some than others. No therapist in our program is required to incorporate every theory they learn beyond the context of the course assignments and we have not done any real research to learn our students' opinions. However, one of the therapists described learning IFS this way:

Just thinking about the couple or family from the IFS theory has been helpful at times. It has probably been one of the easiest theories to learn and one of the most flexible theories to use. [However], I have found it easier to use with individuals than families. (25-year-old male doctoral student with a masters in MFT)

And another therapist talked about her ideas on IFS:

I tend to stay away from it with those who don't present with the language. As a clinician I still feel a bit uncomfortable giving the client the idea of having different internal parts. I'm not sure I agree with the theory as a whole . . . I'm not completely comfortable with a "separate" part to the degree Schwartz seems to, but as part of myself. I find it [IFS therapy] works best for me when a client can imagine those parts of themselves, visualize and experience behaviors, emotions, cognitions, etc. It seems I can help the client work toward a deeper level this way. I know this stems from my own preference as a visual person. I have difficulty using parts if it isn't in this capacity. This also means I am cautious and may stay away from parts if the client seems too dissociated already. I may work to do more grounding with that client first if parts seems suitable down the line. (30-year-old doctoral student with a masters degree in Counseling and several years of professional experience)

When training a therapist in any theory of therapy there are always some sticking issues. Many of the following are not unique to teaching feminist-informed IFS with couples. The first is the importance of providing an open and respectful structure for each therapist to identify her/his own parts, and to determine if they are leading with their Self. Although many of our students have been in therapy and have previously done other forms of person-of-the-therapist work, this is not always easy. If all goes slowly and well, therapy classes become teams that support each other and challenge each other, and therapists learn to identify when they are leading with their Self or a part in the classroom and the therapy room. We also must be mindful of when coursework and supervision might cross the boundary into therapy—especially when following the see one, do one, teach one model of learning therapy. By this we mean that we often watch videotapes of master therapists or watch the supervisor providing IFS either live or on videotape and we talk about it later. Or, we might lead the class in an IFS visualization ex-

ercise (Schwartz, 1995) like walking the Self up the mountain. Helping them to learn to notice when they are leading with their Self in therapy is fertile ground for both group and individual supervision. Therapists have also found it useful to pair-up and watch each other's work live in order to call-in or give mid- or post-session feedback.

There are also ways in which we teach such an experiential therapy in which we must take care to train without crossing the boundary into therapy. For example, in group and individual supervision we may role-play by having therapists practice on each other or on us before they try IFS therapy with their client. In this circumstance, we instruct them to choose a pretend issue or one they are sure they do not mind sharing with their colleagues. Usually the latter brings out issues about dealing with the stress of graduate school and they find it both helpful and amusing.

Another common issue is how to help therapists develop a flexible style of introducing IFS therapy without explaining the theory to the clients. Although Schwartz (1995) touches on this issue and the therapists read about how to notice when clients are already using parts language, beginning therapists often find it difficult to introduce IFS therapy to clients—especially if they have just learned about social constructionism, feminist therapy or other perspectives that stress therapists conscious use of power. We have found role-play, having the therapists make lists of alternatives, and real life practice to be the best learning tools. And of course stressing that each client couple may provide another way of doing it.

A fairly common theoretical misunderstanding that we have come across is helping therapists to understand that IFS is not the same as therapies that talk about "inner child" work, nor do people always have an adult, adolescent and child part. We emphasize that clients need to name their own parts with as little direction from the therapist as possible in order to get the parts identified.

Finally, therapist's ability to maintain boundaries, intensity and integrity through the initial stages so as to foster compassionate witnessing, to identify client's interpersonal polarizations, and track relational burdens through a family's history all vary with the overall level of the therapist's ability and level of differentiation in general. Some see a parallel between IFS and contextual (Boszormenyi-Nagy & Krasner, 1986) or Bowenian (Kerr & Bowen, 1988) family therapies, and some see social constructions similar to White and Epston's Narrative therapy (1990), and others previously trained in feminist family therapy, more immediately see the burdens of patriarchy and racism.

CONCLUSION

IFS couple therapy helps people to get in touch with who they each are, to develop a habit of going "meta" to themselves and their relationship, to experience the importance of compassionate witnessing, and to develop new interaction patterns within their relationship—although examination of the intra- and interpersonal dynamics of their parts while maintaining Self leadership. Feminist IFS therapy expands upon this work by helping couples to examine how their sociopolitical context has influenced their lives, as well as how their Selves and parts will accept and reject aspects of differing societal values and expectations. Hence, within this therapy the personal is linked to the political and renegotiated at the conscious level so that who they each are, and how they relate within their relationship becomes a personal choice.

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RECEIVED: 6/12/00

ACCEPTED: 7/26/00

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