Psychotherapy NETWORKER

JULY
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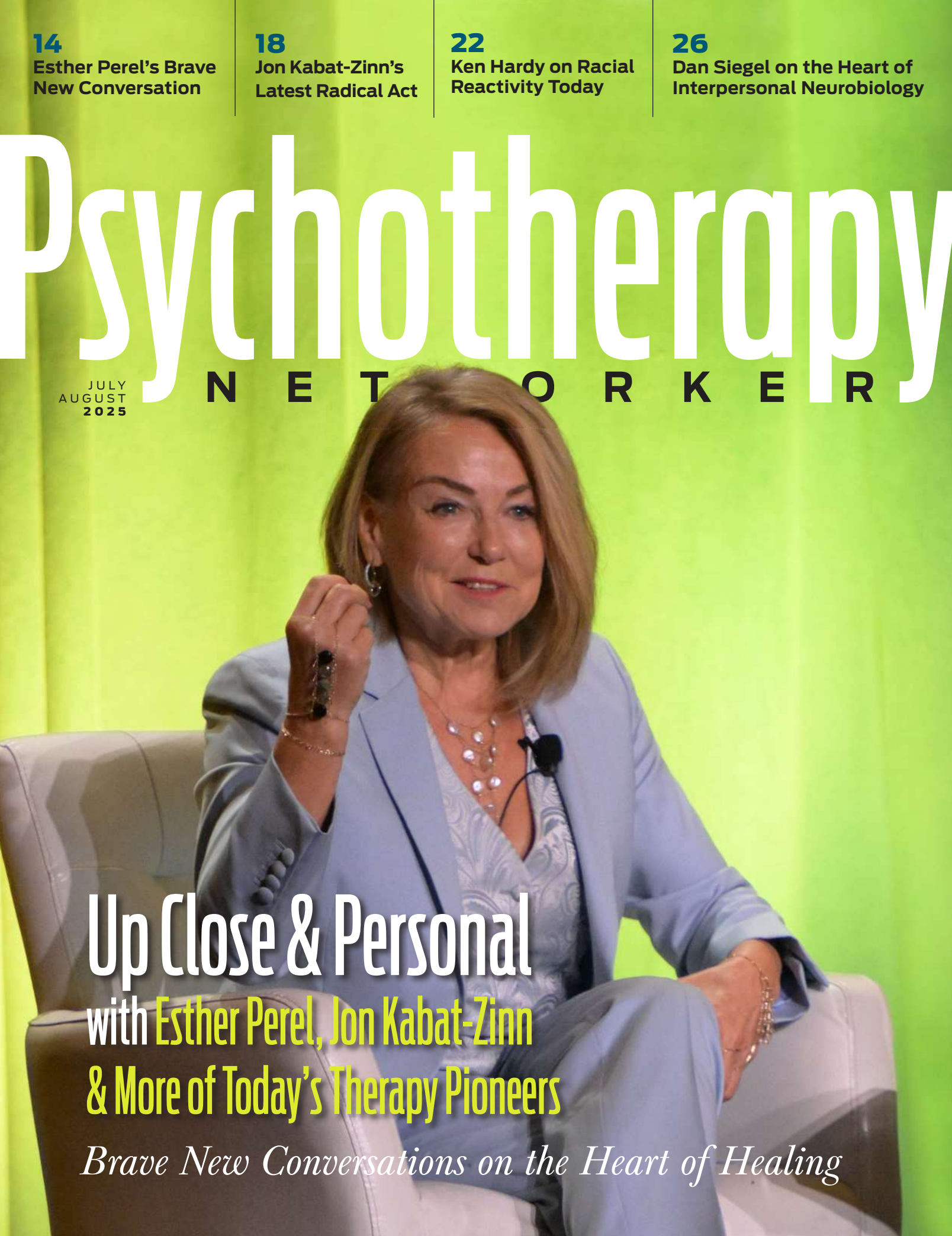

Up Close & Personal with Esther Perel, Jon Kabat-Zinn & More of Today's Therapy Pioneers

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Editor's Note

I once ran into Ben Afleck at an airport, literally. After realizing I'd crashed a movie set as I rushed to catch a flight, I whirled around in a panic and took him out with my oversized backpack. This was over 25 years ago, and I still remember the stitching of his well-fitted suit, how shockingly tall he seemed when he stood up, and how kind he was as I bumbled an apology. Even now, I get a thrill when I recount this interaction (however awkward and momentary) with a Hollywood celebrity.

But there's something even more thrilling about interacting with a *therapist* celebrity, the people we revere not for their fashion sense and acting talents, but for their clinical acuity and field-shaping innovations. Whether they developed an approach we use every day with our clients or wrote a pivotal text we clung to for dear life in our graduate programs, they likely loom large in our imaginations.

As we gaze upon their names writ large in the books lining our office shelves, we may wonder, *What are they like at dinner parties? Do they indulge in fancy coffee drinks? Are they aloof? Do they laugh easily? Do they check in with their most vulnerable inner parts at night? Or just scroll through their phones until they pass out?* After all, despite their names being as much a part of our clinical and even cultural lexicon as any technique they created, they're still human! They may emanate a certain godlike glow, but that's probably a result of standing beneath bright stage lights as often as they do—those things are hot.

Psychotherapy Networker's annual Symposium is a little like being on the therapeutic red carpet. For 49 years, we've hosted everyone from Virginia Satir and Jay Haley to Irv Yalom and Brené Brown. Many of these pioneers of modern therapy come back year after year, decade after decade. And each time they do, we ask them: What are you thinking about *now*? What should the field be talking about *today*? What do we need to be figuring out *together*?

Unlike my run-in with Ben Affleck, the run-ins people have at the Symposium are deeply meaningful and often touch their hearts and minds in unexpected ways. Yet this issue of the magazine isn't a ploy to get you to the Symposium next year (or to see a Ben Affleck movie, for that matter). This is our invitation to experience some of the most meaningful moments that happened at this year's event, with some of the premiere thought leaders in our field.

Of course, this isn't a comprehensive catalogue of every noteworthy connection or every inspiring presenter. There were many more moments, with many more speakers, than we can possibly capture here. It's a taste—an offering from the heart we hope will touch yours.

LIVIA KENT
EDITOR IN CHIEF

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Brave New Conversations on the Heart of Healing

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BY CHRIS LYFORD

Who Said It, Tupac or Brené Brown?

Test Your Knowledge of Therapists' Famous Quips

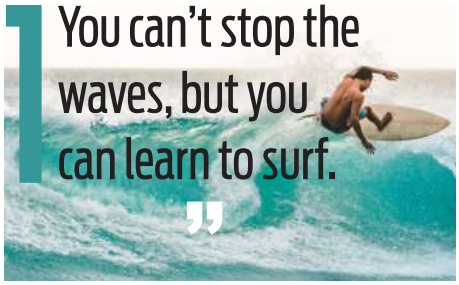
Therapists are fonts of wisdom, sages when it comes to secrets and stories, and guides through some of life's most complex experiences. As such, we tend to be incredibly quotable!

How well do you know your therapy quotes? We put a handful of legendary therapeutic aphorisms alongside sayings from world-famous philosophers, comedians, movie stars, rappers, writers, painters, chefs, and even superheroes to put your therapist's intuition to the test.

So, who said it, a therapist or … someone else?!

Quiz yourself, your friends, and your colleagues, and check your answers on page 61! (No peeking)

1 "You can't stop the waves, but you can learn to surf."



- **Jon Kabat-Zinn,** creator of Mindfulness-Based Stress Reduction
- **Matthew McConaughey,** *People's* "Sexiest Man Alive" for 2005

2 

"It is easier to build strong children than to repair broken men."

- **Frederick Douglass,** American abolitionist
- **Terry Real,** creator of Relational Life Therapy

3 "Happiness is the highest form of health."

- **The Dalai Lama,** leader of Tibetan Buddhism
- **Rick Hanson,** clinician specializing in positive neuroplasticity

4 "The greatest sources of suffering are the lies we tell ourselves."

- **Bessel van der Kolk,** author of *The Body Keeps the Score*
- **Alanis Morissette,** singer, songwriter, & Grammy Award winner

5 "It's never overreacting to ask for what you want and need."

- **Amy Poehler,** comedian & Golden Globe winner
- **Nedra Glover Tawwab,** relationship & boundaries expert

6 "The curious paradox is that when I accept myself just as I am, then I can change."

- **Carl Rogers,** cofounder of humanistic psychology
- **Vincent van Gogh,** Dutch Post-Impressionist painter

7 "You either walk inside your story and own it, or you stand outside your story and hustle for your worthiness."

- **Brené Brown,** social worker, researcher, and bestselling author
- **Tupac,** American rapper and actor

8 "Once you replace negative thoughts with positive ones, you'll start having positive results."

- **Willie Nelson,** country singer and activist
- **Martin Seligman,** creator of Positive Psychology

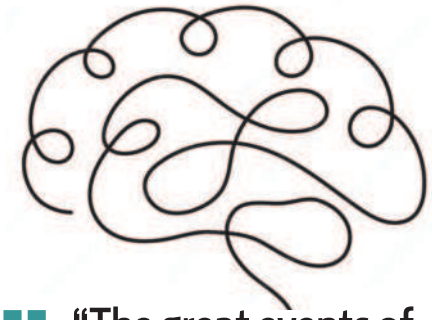
9 "The most important thing in life is not what happens to us, but how we respond to it."

- **Aaron Beck,** founder of Cognitive Behavioral Therapy
- **Aaron Spelling,** television producer of *Charlie's Angels* and *The Love Boat*

THE Therapy Beat

10 “Oh yes, the past can hurt. But you can either run from it or learn from it.”

- **Rafiki, *The Lion King***, Disney character and adviser to King Mufasa
- **Bessel van der Kolk,** author of *The Body Keeps the Score*



11 “The great events of the world take place in the brain.”

- **Oscar Wilde,** Irish poet and playwright
- **Dan Siegel,** psychiatrist and developer of Interpersonal Neurobiology

12 “Whenever there is tension, it needs attention.”

- **Gabor Maté,** bestselling author & developer of Compassionate Inquiry
- **Maya Angelou,** American poet and civil rights activist

13 “The greatest thing that we can do is to help somebody know that they are loved and capable of loving.”

- **Fred Rogers,** host of *Mr. Rogers' Neighborhood*
- **John Gottman,** couples researcher & creator of “The Gottman Love Lab”

14 “You never know how strong you can be until being strong is the only choice you have left."

- **Tupac,** American rapper & actor
- **Brené Brown,** social worker, researcher, and bestselling author

15 “We can learn something new any time we believe we can.”

Virginia Satir, family therapy pioneer

Stephen Hawking, cosmologist and theoretical physicist

16 “Certainty is the enemy of change.”

- **Salvador Minuchin,** developer of Structural Family Therapy
- **John F. Kennedy,** youngest American elected president at age 43

17 “It is often the small steps, not the giant leaps, that bring about the most lasting change.”

- **Queen Elizabeth II,** longest-reigning British monarch
- **David Burns,** psychiatrist and author of *Feeling Good*

18 When there is nothing left to hide, there is nothing left to seek.

- **Esther Perel,** Belgian-American psychotherapist and bestselling author
- **Confucious,** Chinese philosopher and creator of Confucianism

19 "We can't change the world unless we change ourselves."

- **The Notorious B.I.G.,** American rapper
- **Dick Schwartz,** originator of Internal Family Systems

20 "The meaning of life is to find your gift. The purpose of life is to give it away."

- **Pablo Picasso,** painter and cofounder of the Cubist movement
- **Steven Hayes,** codeveloper of Acceptance and Commitment Therapy

21 "To be human is to need others, and this is no flaw or weakness."

- **Sue Johnson,** founder of Emotionally Focused Therapy
- **Taylor Swift,** highest-grossing touring singer

22 "Life will bring you pain all by itself. Your responsibility is to create joy."

- **Milton Erickson,** family therapist and founder of the American Society for Clinical Hypnosis
- **Michelle Obama,** former first lady, attorney, and bestselling author

23 "It's not dying that you need to be afraid of, it's never having lived in the first place."

- **The Green Hornet,** fictional superhero, expert detective, and martial artist
- **David Kessler,** one of the world's foremost experts on grief and loss

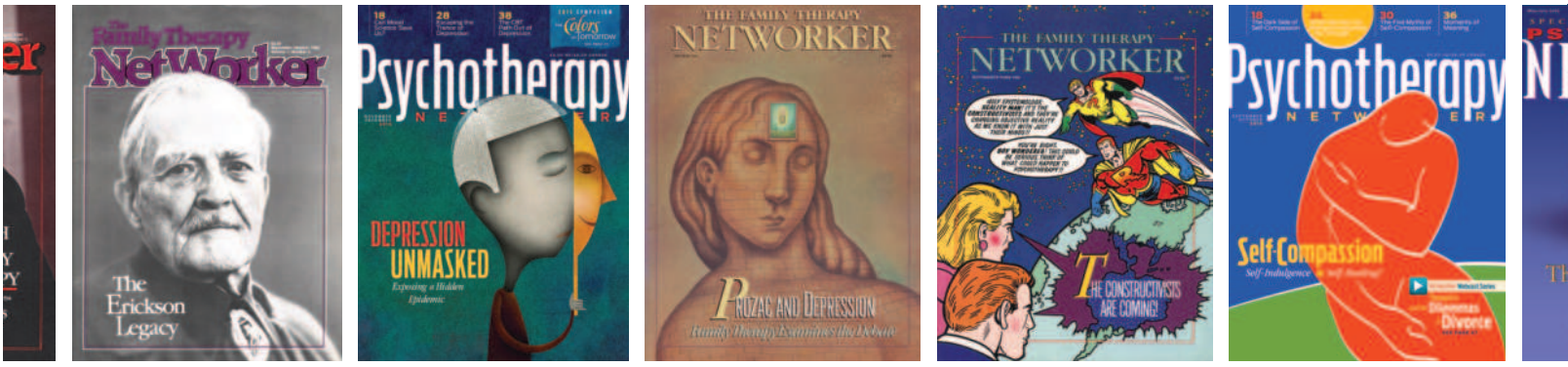
24 "When you change the way you think, you can change the way you feel."

- **David Burns,** psychiatrist and author of *Feeling Good*
- **Keanu Reeves,** Canadian actor and bassist for the band Dogstar

25 "Admit when you're wrong. Shut up when you're right."

- **John Gottman,** couples researcher and creator of "The Gottman Love Lab"
- **Winston Churchill,** former U.K. Prime Minister

Psychotherapy NETWORKER ARCHIVE



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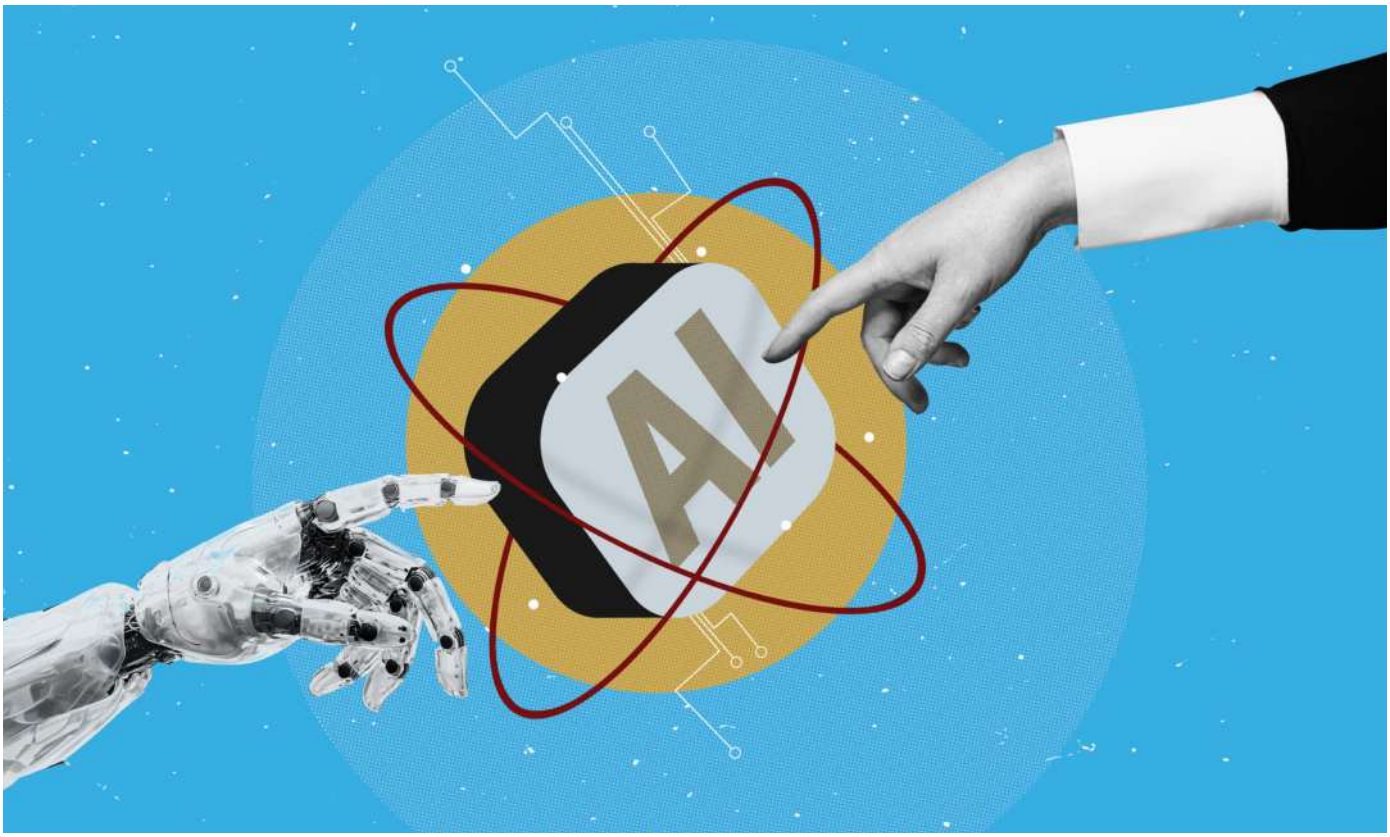
BY JOCELYN FITZGERALD

Supercharging Art Therapy with AI

A SURPRISING NEW TOOL TO ENHANCE TRAUMA HEALING



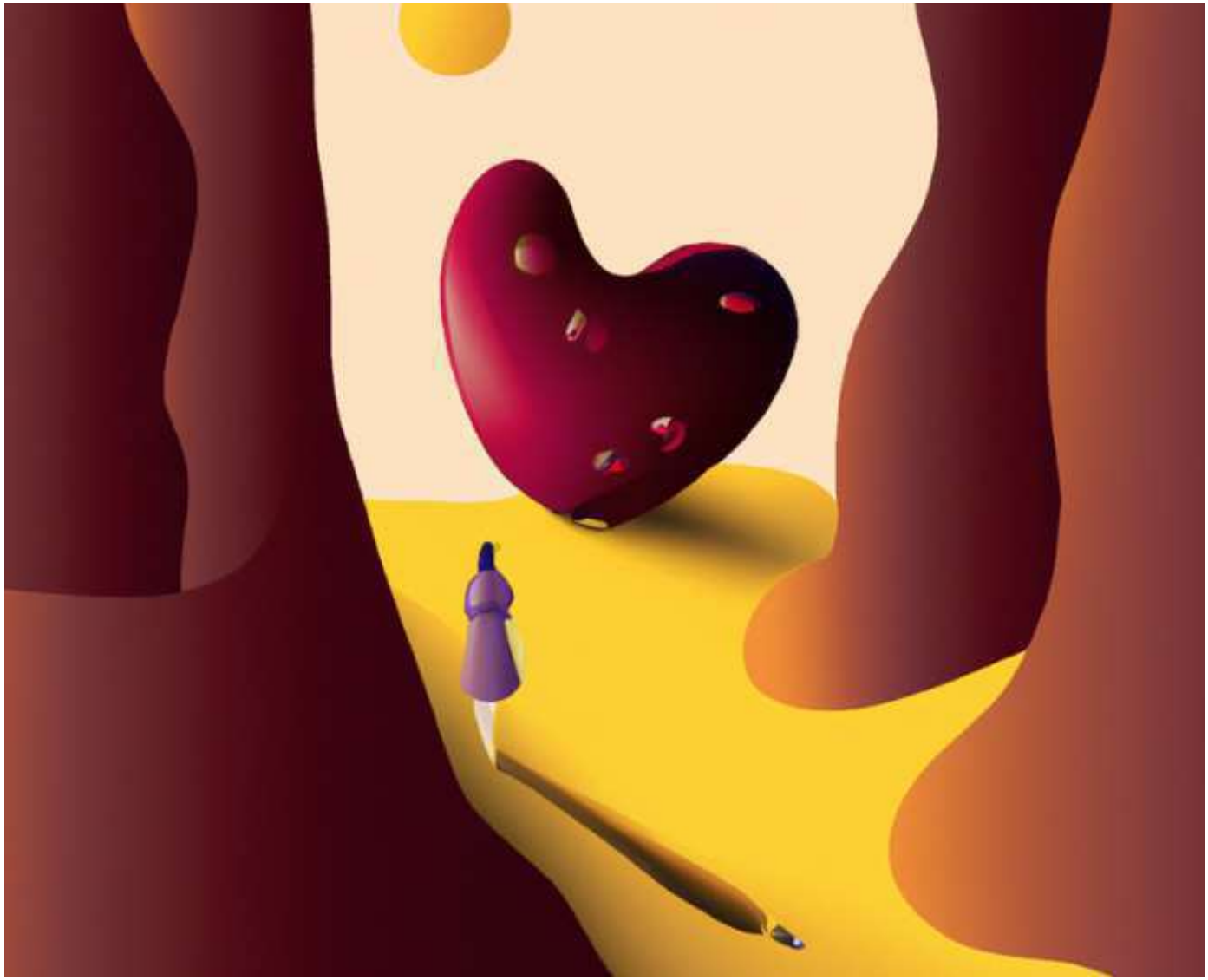
Q: Many of my more cognitive, intellectual clients struggle to access emotions, even when they're committed to trauma recovery. Are there any accessible, creative techniques that might help them go deeper?

A: As a trauma therapist, longtime EMDR consultant, and registered art therapist, I've found that art and collage-making offer a low-barrier, effective way to work through blocks to entrenched trauma memories. In fact, my clients often tell me the sessions they remember most are ones where we've made art together, images they could take home and work on between sessions. As a therapist, I can relate: although I may forget what clients say after a few months, I always remember the imagery they create.

But even highly creative clients sometimes balk at using traditional art therapy tools in conjunction with EMDR because they feel shame or self-judgement about painting or drawing. And then there's the recent surge in AI art, something that many people are still warming up to. Even many art therapists believe it's risky and may dampen creativity. Initially, I too had doubts. Then, a middle school principal I was working with brought an AI image he'd created to one of our sessions and it changed everything. The image was of a man standing inside a hollowed-out heart, shoveling pieces of it into buckets being held by a long line of people. "When I showed this to my wife," he told me, "she got how I was feeling about my job, and my life, for the first time." I too was moved.

Since then, I've been experimenting with AI art as a therapeutic tool to do what all forms of expressive art therapy do: help clients access their imagination through metaphors that reflect blocked emotional experiences. In bypassing their analytical thinking, they can foster deeper emotional insight and experience a more accessible, visual, and intuitive way of healing.

Here are a few of the benefits of using AI art to help clients generate these metaphors. It's efficient. Clients can work quickly, saving time and getting a dopamine hit within a few minutes. It can boost creativity by allowing clients to quickly create unexpected elements, enhance ideas, and combine different concepts. Customization allows



clients to quickly create a visual representation of a problem or situation they resonate with, adjusting the particulars of images to fit elements of their identity that are important to them, such as skin types, gender, and any other elements unique to them. Finally, it's cost-efficient. The availability of so many free AI tools makes this method well-suited to projects inside and outside of therapy.

Needing to Be Perfect

Harper, a female client in her late 30s felt alone and misunderstood. "I don't have the words for what I've gone through," she said, referring to her childhood trauma and the way her family had always dismissed it. "My heart hurts constantly."

When I asked if she might be willing to try to create an image of what her heart feels like, she dismissed the idea. "I can't do art," she responded. "It's too frustrating. I get pictures in my head, but they never come out right on paper."

"I hear you," I said. "And I have an idea. Maybe using AI could help you create what you have in your mind—and feel in your heart. Would you be open to that?"

"Maybe," Harper sighed. "I guess I just like getting things perfect."

Her response didn't surprise me. Trauma survivors can present with self-protection in the form of perfectionism, which can block their creative process. At the same time, what initially appears to be resistance to creativity can be a helpful metaphor in healing. So I asked Harper, "Where else do you feel blocked by this perfectionism?"

"Everywhere," she said. "I grew up *needing* to be perfect, so I wouldn't add to the problems in my family. I only felt loved when I looked and acted a certain way. Mostly, when I picture my childhood, I see myself alone in a desert with no horizon."

"If your heart was in this desert, what would it look like?" I asked, trying not to sound too enthusiastic, as I suspected we'd just co-created her first image—a lonely desert—where I could meet her and she could meet herself.

"My heart would be crying. It needs those tears—that precious water—to survive, but they keep spilling out from loneliness." As she described this

image, tears welled up in her own eyes.

"Would you be willing to pause?" I asked. "Just take a moment to close your eyes and place your hands on your heart as you breathe into this image."

After a few moments, she opened her eyes. Her features had softened. "So how do I use this AI thing?" she asked.

I clicked on the OpenArt tab in the browser of my laptop then handed it to Harper.

"Jot down whatever's bubbling up for you," I said. "Then press enter. It's that simple."

Harper began typing a few words onto the screen. A few minutes later, her face lit up. "Wow," she said. "That's it. That's how it feels."

The simplicity of discovering images by typing in keywords and layering one image over another gave her the power to hide things that needed to be hidden and magnify others. She was in the driver's seat as she traversed—and redesigned—her desert in a way that helped her heal.

A Golden Eagle

With my Mexican-American client Lucia, our EMDR work had stalled after several months. She lived with her aging father, and believed it was her duty to care for him no matter how abusive he was toward her. Some of this aligned with her cultural values, but at times, his degrading treatment of her reawakened the childhood trauma of witnessing him inflict physical violence on almost all of the intimate partners he'd had over the years.

Her goal for therapy was to find ways to set better boundaries in her life and have a healthy family of her own someday. First, I encouraged Lucia to create images of her most persistent negative beliefs, such as "I'm trapped and don't deserve freedom." Then, I asked her to create images of the beliefs she'd rather hold like, "I'm not trapped and can trust myself."

In our sessions, I showed her how to use a free AI program called DALL-E. The first image she created was of a dad holding chains beside a young, crying girl. Over time, as therapy progressed, she developed a second image with words between each broken link of the chain, each emphasizing the benefits of being her own person. This image served as a reference point for exploring the emotions, sensations, fears, and hopes connected to setting boundaries with her father. We used slow bilateral movements with EMDR to enhance this resource.

Over time, Lucia created an image of her future self and what she wanted. She used phrases like "I am courageous, bold, strong, and fearless. I have the ability to choose emotional maturity over feeling trapped." We were able to solidify these thoughts and feelings about her future into a concrete image of a golden eagle breaking heavy chains and flying out of a storm. Since then, she's created many collages to process traumatic memories. She plans to put them together someday and make a book about her healing experience with EMDR and collage art with AI.

■■■■■

Unfortunately, as we get older, many of us disconnect from our natural expressivity and innate imaginative powers. As an art therapist, I see this clearly in the contrast between what happens when I guide a roomful of kids through a creative exercise versus a roomful of adults. With kids, a sea of hands rises into the air when I ask, "Who wants to share their art?" In a roomful of adults, I'm lucky if I get one or two tentative fingers.

Bringing AI art into therapy can help reconnect "unartistic" clients to the imaginary realm of metaphor, helping them unearth feelings and ideas that need attention and compassion. Not every client is artistic, but they're all creative.

Jocelyn Fitzgerald, LMFT, is an Art Therapist, EMDRIA-approved EMDR Consultant, and coauthor of EMDR and the Creative Arts Therapies *and* Colorful Place: Mindful Story Art for Kids. *She specializes in using art and EMDR to help clients of all ages manage anxiety, process trauma, and build resilience, and mentors clinicians incorporating EMDR into their practice.*

AI Art Resources

OpenAI

Account required: Easy to create via Google
Cost: 1000 free credits (500 prompts), subscription plans start at $1.99/month
Features: Generates 2 designs per prompt, images are around 300 KB, downloadable without watermark; automatically saves created images and allows for organization in folders; creation time varies from 15 seconds to over a minute

Craiyon

Account not required: Optional account for saving work.
Cost: Free (ad-supported)
Features: Generates 9 low-quality images per prompt (about 1.5 MB total); allows upscaling of images for better quality; image generation can take 1-2 minutes per prompt

Picsart

Account required: Easy to create via Google
Cost: Free for AI image generation; additional features may require a subscription
Features: Generates up to 4 designs per prompt, with options for more; images are around 100 KB and can be downloaded without watermark; fast generation time, typically under 20 seconds

Google's ImageFX

Account required: Google account needed
Cost: Free
Features: High-quality, realistic image generation; quick generation times, good for beginners

Microsoft Designer's Image Creator

Account required: Microsoft account needed
Cost: Free
Features: Powered by DALL-E 3, offering high-quality outputs similar to ChatGPT's image generation.

A Brave New Conversation with Esther Perel

BY ALICIA MUÑOZ

How Do We Fix a Polarized World?

How do we cope with the perils of living in a hyper-polarized world? What's the secret to navigating our divided relationships? Do we distance ourselves from people we don't agree with—a strategy more and more clients are testing out? How do we remain hopeful when our country's future looks bleak? On a sunny morning in March 2025, six thousand therapists have signed up to listen to a panel of experts talk about one of the most complicated, overwhelming problems we're facing as a country today. Hoping for answers, those of us attending in person are squeezed into rows of sturdy upholstered chairs in a massive, gilded ballroom.

These panelists have written books, given TED Talks, and even founded therapy approaches. If anyone has access to the emotional and psychological antidote to our political anxiety, it will be a group of fearless thought-leaders like this one. As we wait, a lively singer prances across the stage belting a Miley Cyrus song into a mic. Though it's 8:45 a.m., we dance and sing along, despite our dark thoughts. We welcome this mindless distraction as we block out, just for a second, the ideological civil war raging around us.

At last, the music ends, and the audience chatter dwindles as the panelists make their way onstage. Mary Alice Miller, a former *Vanity Fair* editor, takes the chair at the far end, holding a sheaf of papers. She'll be moderating this Psychotherapy Networker Symposium event, which has been given the ambitious title "Bridging Divides: Exploring Polarization in Therapy and Society." Bill Doherty—renowned couples therapist and cofounder of a grassroots organization called Braver Angels—follows, plucking at his suit jacket before taking the adjacent chair. Mónica Guzmán, author of the book *I Never Thought of It That Way: How to Have Fearlessly Curious Conversations in Dangerously Divided Times*, climbs on stage next. And finally, Esther Perel—world-famous relationship expert, bestselling author, podcaster, cultural oracle, and champion of all that's maddeningly complicated and uncomfortable about our work—crosses the stage and takes the last armchair.

Ahhh. The room breathes a collective sigh of relief. In a pale blue pantsuit and white canvas sneakers, Perel looks equal parts familiar and mysterious, approachable and larger than life. As the embodiment of modern wisdom and insight into the paradoxes of the human condition, it feels like there's no one better to lead our journey and deliver us to a place of hope, confidence, and maybe even a distinctively Perelian form of heterogenous harmony.

"Over 6,000 therapists are joining us today," Miller begins. "But even though we're a large audience, we want this to feel like a living room conversation—a brave one, of course, given the context: global uncertainty, algorithms that prioritize emotions and extreme points of view, and a deep mistrust and anger toward 'the other side.'"

Perel smiles, undaunted. "Therapy often follows the trends of society," she reminds us. "For a while, our field was into mindfulness. Then it was attachment. Then the self and interiority. Then the brain and neuroscience. We forgot about the *world*. Now, all of a sudden, the world has reappeared in our consulting rooms: politics, religion, class, poverty, fires, climate change. This is where we find ourselves focused now, and why we're having a thought-provoking, somewhat disturbing, remember-to-breathe kind of conversation about it."

If you've been following Perel's 20-year trajectory from unknown family therapist to therapist rock star, you already know that thought-provoking conversations are her happy place. And for this conference, geared toward her professional tribe, she's hand-picked the cadre of people on stage to help her explore the messy, uncomfortable intersection between political crises and personal conflicts.

The Blues Can't All Move to Canada

"In the past year, how many of you have had conversations in your sessions about polarization?" Perel asks the audience. Hands float into view. "About whom you're voting for?" A lot more hands come up. "About whether you believe in God?" A few more hands. "About where you stand on abortion? Trans issues? Whether you're a Zionist?" At this point, most of the audience has their hands in the air. Perel asks her fellow panelists if she's missed something. Then, her face lights up, and she asks one final question: "About whether someone should cut off contact with their mother, brother, or friend over political differences?" With this one, a collective groan of acknowledgment rises into the air.

"Until now, I'd always thought it was a virtue *not* to discuss these types of things with clients." She pauses, and in a burst of wry outrage exclaims, "Now it's seen as a vice!"

Doherty, the lone older white man on the stage, nods. In his half-rim glasses and navy-blue blazer, he looks professorial and playful, like Steve Martin if he'd just stepped off the set of the old TV sitcom *Father Knows Best*. He's also a seasoned couples therapist who's witnessed not only society's various twists and turns, but our field's responses to them. "In the 1960s," he tells the audience, "only five percent of Americans said they'd be uncomfortable with their child marrying somebody of the other political party, even though interracial and inter-religious marriages tended to cause quite a stir. Today, it's reversed. About six percent report discomfort with interracial marriages, and 45 percent report being uncomfortable with inter-political marriages. In many ways, politics has become the new 'other.'"

At Miller's invitation, Doherty shares the story of how he cofounded Braver Angels, where a one-off workshop helping Democrats and Republicans talk to each other after the 2016 election turned into 5,000 more workshops, and an organization with 15,000 members. "I've never served in the military." Doherty grows visibly emotional. "Stepping up to lead that workshop was the first time I can remember feeling a call to serve my country. Don't get me wrong. A part of me still feels like giving up sometimes: we're under grave threat, and bridge-building is challenging. But the political right and the political left are like a couple on the brink of divorce who *can't* get divorced. We're stuck with each other. So when people ask me, 'Why should we keep trying to talk to each other?' I say, 'We have to! The alternative is coercion and violence. What can we do but keep the conversation going?'"

The question seems to hang suspended in the air like a wobbly soap bubble, soothing to contemplate but insubstantial and fragile. Therapists shift in their seats, unsure of where we go from here. It's one thing to ask estranged partners to see things through one another's eyes, but an entire country? Haven't we been trying to do that for years? And look where it's gotten us. More hate, more othering, more entrenched biases, and more widespread trauma.

In characteristic fashion, Perel forges ahead, circling Doherty's question without answering it. "With any complex issue," she notes, "we tend to split the ambivalence in ourselves. We cling to the side that's convenient for us and project the part we're less comfortable with onto others. It adds to the polarization."

She speaks with such authority that it's hard not to do precisely what she's talking about: split the ambivalence about leading our own brave conversations on these topics by projecting our hunger for leadership onto Perel. But ultimately, no one on the stage or in the audience can be satisfied with this as a solution to our discomfort, and the conversation continues.

"We're seeing a loss of faith in the very purpose of engagement," Guzmán interjects, "to the point where people have said, 'I'm out. Being open to learning about those who think and vote differently feels like abandoning my values. I won't do it.'" When communities stop talking to each other and project their fears onto other communities, they end up relating more to their negative assumptions than to actual people. "Whoever is underrepresented in your life," Guzmán says, "is going to be overrepresented in your imagination."

"Say that again," Perel commands. Without missing a beat, Guzmán repeats her last statement. Perel points a finger at the audience: "Write that down."

Strong Families

Guzmán is a poster child for the very kind of engagement she's advocating

for. Along with her mother, father, and brother, she immigrated to the U.S. from Mexico and became a naturalized citizen in 2008. In high school, she recalls a Bush/Cheney sign materializing in her mother's office. Although they're a close family, she and her parents hold radically different political views—she's a self-described liberal, whereas they're two-time Trump voters.

What does it feel like when families keep talking, raising children and grandchildren, going on trips, and celebrating holidays together despite disagreeing politically? How do you make space for the shock, disbelief, and sense of betrayal that can exist? How do you quell the knee-jerk impulse to lecture, judge, or emotionally strong-arm relatives to relinquish their views and see things your way? To help us, Perel cues a clip from a Braver Angels podcast in which Guzmán interviews her own parents.

"What's been hard for you about politics in our family?" we hear Guzmán asking them.

Her father's voice, with the Mexican accent Guzmán says she dropped in third grade, comes in. "It always felt like we were in the middle of a disagreement that could break our relationship. I tried not to be too adamant about making my points. I worried that we'd be prevented from seeing our grandkids if fights escalated. I'd heard stories about that happening."

"The hardest thing for me was giving up on trying to convince you," her mother confesses. "I have a very strong sense of doing what's right, and for me to say, 'Okay, I won't try to convince her anymore'—that was huge for me."

"I never questioned my love for you guys—never," Guzmán says to them. "But I *did* question if I was a bad person for not trying harder to change you, to change your minds about the liberal values I believe in."

It's obvious that Guzmán and her family have worked hard to stay connected. You can hear the tenderness in their voices alongside the frustration. The heartache is palpable in the audience today, too. Deep in the tissues of your aortic walls, you can sense that profound, unshakable familial love that wants both to cling and to let go. No matter what you choose to do in these situations, there's loss and pain. And as this mix of polarized emotions envelops the room, it's a struggle to hold all of it at the same time.

Later, Perel plays another audio clip, this time from her own podcast, *Where Should We Begin?* In it, she's talking to a daughter who's holding a similar dialectic: she reviles her father's conservative views but knows he'd get on a plane and fly across the country to be by her side if she needed him. "In that moment, none of his belief systems or values would have the *slightest* importance," Perel says. "Ideology matters, but so do people's behaviors. Family members might not cheerlead your choices, or go with you to pride, but they'll fly from wherever they are to be with you if you're in trouble. I know you see your father's values as a problem," Perel tells the daughter, "and I understand why. But I see these differences as a strength of your family."

Clearly, love is the alchemy here. It's what allows people's hearts to open—what helps them ground themselves in something bigger and more expansive than their individual agendas. But how do you tap into the alchemy of *love* when you can't even drum up the ability to *like* someone? How do you breathe through cruel, careless othering directed at you and those you hold dear? Sometimes, love's alchemy is out of reach.

The conversation continues, and so does the cavalcade of hard questions.

Social Atrophy and a Frictionless Life

"In your view," Miller asks, "what's been causing the paradigm shift into these 'no contact' and cutoff approaches to relationships?"

"For most of history, relationships used to be tight knots," Perel says. "You couldn't escape them. You couldn't get out of your family; you couldn't get out of your marriage. You got a lot of clarity, but very little freedom, and very little personal expression. You married one person and if you didn't like them, the best you could hope for was an early death—theirs, of course." Laughter erupts throughout the room.

"Since then, these structures have shifted to fluid networks," Perel continues. "Now relationships are like loose threads. We've never been more free, and we've never been more alone. Part of our aloneness comes from all this freedom, because at the center of relationships today is an individual in search of community, an individual ruled less by values and more by feelings—primarily the feeling of authenticity. *I must be true to myself. And in the name of being true to myself, I may need to forego relationships that demand a compromise.* Do you follow?" People in the audience nod, raise their thumbs.

"From there," she continues, her tone urgent, "I have to make all these hard decisions myself—with *authenticity.* How do I know if they're right? We're crippled with uncertainty, crippled with self-doubt. We have the freedom to define everything: What *is* a family to me? What is a couple? What is a circle of care? What are the boundaries? We talk about our family of choice very comfortably and at the same time, we've never been more focused on intergenerational trauma. Here are the roots and biology of everything you can't undo, here's what you can create, and here are all the cuts you have to make to create it. The burdens of the self have never been heavier."

"That Miley Cyrus song we danced to before was called 'Flowers,'" Guzmán interjects. "Just think about the lyrics. *I can buy myself flowers. Talk to myself for hours.* In these loosely structured relationships, where me and my authenticity are paramount, who needs you? I'm enough by myself! Look how free I am! I can talk to myself for hours, or to others who think just like me. *I can love myself better than you can.*"

"You can't talk about cutoffs without talking about social atrophy. This is the biggest piece of what's happening," Perel says. "On the one hand, we have

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BY CHRIS LYFORD

Jon Kabat-Zinn's New Radical Act

Recalibrating Our Relationship with Modern Mindfulness

Barely a minute into taking the main stage at the 2025 Networker Symposium, Jon Kabat-Zinn is already being disruptive—in the most Buddhist of ways.

"The first thing we always did with Mindfulness Based Stress Reduction groups at the hospital was move the furniture," he says, taking hold of a chair and side table that had been arranged just-so for his keynote. The audience chuckles as he shifts them a few feet. He picks up a large purple meditation cushion, ponders for a moment, and then drops it back onto the floor with a plop, apparently satisfied with the new feng shui.

"Moving the furniture is a radical act," Kabat-Zinn continues, cupping a hand over his brow and peering out into the crowd. "I think it's really important to do what we can to rearrange things, but there are limits to that," he adds with a wry smile. "The deck chairs on the *Titanic?* That's another story."

Jon Kabat-Zinn has become well-known for his cryptic wordplay over the years, for the clever idioms, sly metaphors, and nuggets of sage wisdom you can quickly unwrap and savor like some sweet morsel: intellectual but unpretentious. Many who've had The Jon Kabat-Zinn Experience can attest to being tickled like this, but also to being transported someplace deeper—even transcendent. With a long list of accolades and celebrity endorsements, Kabat-Zinn's reputation easily precedes him.

What can anyone really say about the man that hasn't already been said? About the New York kid who found himself blazing trails at MIT? The meditation student who became a molecular biologist? The Vietnam War protestor who sat shoulder-to-shoulder with Noam Chomsky? The founder of Mindfulness Based Stress Reduction (MBSR)—now used by more than 700 hospitals worldwide? After all, this is "the Godfather of Modern Mindfulness" we're talking about, the reason countless therapists and clients all over the country, on any given day, close their eyes, take a breath, and turn inward in their search for answers and healing.

Kabat-Zinn recently celebrated his 80th birthday, and even though he moves and speaks with the vitality of someone half his age, he's still confronting some hard truths. He no longer meditates the way he did in his younger years, he recently confessed on Rick Rubin's podcast, *Tetragrammaton*. "I still love it in the same way," he told the Grammy-winning record producer, "but as I've gotten older, I've gotten a lot more relaxed about the heavy-duty discipline"—trading 4 A.M. meditation sessions on the floor for late-morning sessions in bed, and more complex yoga poses for gentler ones, like "lying on my belly and pretending I'm swimming." His cultural protest days are far behind him too, as

are the days when he'd lead hundreds of avid meditators in public parks. "There's that law of impermanence," he told Rubin. "If you have a body, it goes through changes, and ultimately, it dissolves back into the elements."

All very noble, yes. But let's face it: it's hard to imagine a world without Jon Kabat-Zinn. Who else can tend to the mindful flock with such aplomb? Who's going to give us comfort and guidance in our darkest hours, when there seems to be every indication that our society is collectively barreling toward unprecedented social, economic, environmental, and political crises—when the ability to tap into an inner refuge won't just be an elective, but a necessity?

Kabat-Zinn's most "radical act" may in fact be a disappearing act, but it couldn't come at a worse time. American mindfulness is facing an identity crisis: the rise of McMindfulness. In the race to make therapy faster, more cost-effective, and more evidence-based, it sometimes feels as if we've lost our grip on what it *really* means to be mindful: that we've turned meditation into just another tool, or boiled it down to its most sedimentary components—*the breath, the body, the mind*—and lost its heart and soul in the process. If we've strayed from the mindful path, how do we find our way back home?

Granted, it's unlikely that anyone in the audience is racking their brain over any of this right now. Between their raptured attention and scribbling pens, it seems that people are simply enjoying themselves. But there *is* a sense of anticipation, a palpable hunger for whatever journey Kabat-Zinn is about to take us on, and I begin to think that if our culture *is* overdue for a mindful realignment, maybe he's exactly the kind of spiritual chiropractor we need. Wrinkles and grays be damned—nobody does it quite like Jon. Gazing out at the crowd with his sleeves rolled up, it's hard not to feel a sense of optimism, like mindfulness's Prodigal Son has finally returned.

The Many Selves of Kabat-Zinn

If you know where to look, you can find segments of an old 1982 VHS tape that doctors used to show patients lying in their hospital beds. *The Art of Relaxation* opens with a few plucky notes of harp music before fading with a crackle into a shot of Kabat-Zinn at just 38 years old. It's been three years since he founded the Stress Reduction Clinic at the University of Massachusetts Medical School—effectively bridging the gap between medicine and mindfulness—and he's dressed accordingly, sporting a slightly baggy, baby blue dress shirt, a burgundy tie, and dark hair coiffed like a young Kennedy. His face is thin and angular, sharpened by the ink-black room he's sitting in. Absent are any yoga mats, or meditation bells, or any tangible signs of the Jon Kabat-Zinn the world will soon come to know. Still, there's a certain magic in watching a legend before their prime, in spotting embryonic versions of the phrases and mannerisms that will survive and grow and become part of someone who appears as close to self-actualization as humanly possible.

But this man in the crackling video—The New York Kid, The Doctor, The Scientist, The Rebel, and The Philosopher all rolled into one—is without a doubt the same man onstage today. And it's not just the look that's the same—that no-nonsense, brow-furrowed, lips-pursed expression that Kabat-Zinn wears like one of those big Easter Island statues—but his cool confidence, and seemingly effortless ability to grapple with life, death, and everything in between—and bring you along for the ride.

"The full catastrophe of the human condition," Kabat-Zinn tells us, "is not all bad—it's the totality of the good, the bad, and the ugly. You'd better learn how to inhabit the present moment, because it's all you've really got. But *now* doesn't have to be oppressive, or a weight you're carrying. Liberation *is* possible."

How? Well, *medi*tation. It's actually a form of *medi*cine, Kabat-Zinn explains. "They're linked at the etymological hip," he says. *Clever*. "You'll notice that your mind is almost never in the present moment. It's a dis-ease." *Clever again*. "I wanted to do meditation and get paid for it," he jokes about his origins. But really, he says, the hope was to catch people falling through the cracks of the healthcare system, "to invite them to see if there was something they could do for themselves that nobody else on the planet could do for them."

By now, Kabat-Zinn has been cupping his hand over his brow for a while. Those stage lights can be oppressively bright. But then, a nameless savior emerges from the crowd, tiptoeing toward the stage and tossing a maroon baseball cap into Kabat-Zinn's hands.

"*Ohhh*, this is fantastic!" he declares, turning it over as the audience erupts in cheers. "It's not a Red Sox hat—but I'll *take* it!" he announces decisively, fitting it around his head. "I've been with the Dalai Lama in many situations where he's onstage and can't see a thing. In fact, can we turn up the house lights so I can actually see your eyes?"

The room brightens.

"*Ohh*, that's so much better!" he exclaims. "I haven't forgotten that you're here," he tells the audience. "I know you're here." He pauses for a moment before adding a bit of Buddhist humor that makes everyone burst into laughter: "But I doubt it."

The Mortal Master

It's easy to watch Kabat-Zinn in moments like these and feel like you're getting the real thing: not Jon the Keynoter, or Jon the Entertainer, but the same guy you might meet at the dog park, or the baseball stadium, or in line at the coffee shop. He's refreshingly down-to-earth. At one point, he walks over to a pair of meditation cushions that have been procured for him: one small and circular, the other large and rectangular. "This is called a *zafu* in Japanese," he says, dangling them each from a finger. "And this is called a *zabuton*." He lets them fall to the stage with an unceremonious flump. "And you don't have to use either of them."

Kabat-Zinn seems authentically, unapologetically himself at this stage of life, confident enough to ad lib, moving from quips like "But I doubt it" to

something kind of similar, but different. "As the Zen people say," he shifts, "little *doubt*, little enlightenment."

This linguistic wandering with Kabat-Zinn isn't some lecture from on high. These are free-flowing, imperfect musings from someone who could be your friend, or neighbor, or perhaps a wise uncle. And it's precisely this blend of intelligence and humility that explains Kabat-Zinn's enduring gravitational pull, why so many who listen to him talk about mindfulness find themselves practically hypnotized.

Kabat-Zinn keeps going: "Now, the E-word is seriously problematic," he tells us, "so you can expunge it from your vocabulary, and I will not use it again. But it has everything to do with whether you're actually awake in the only moment any of us ever have." He pivots again: "Or as Thoreau so famously said, 'I went to the woods because I wished to live deliberately, to front only the essential facts of life and see if I could not learn what it had to teach, and not, when I came to die, discover that I had not lived.' Thoreau realized that it's very easy to miss the present moment," he adds, "and that's what meditation is. It's an invitation to drop into now."

By this point, most of the questions I had coming into this event—about the cultural unravelling of mindfulness, or who's going to lead the next generation of meditators, or even the chaos raging in the world outside—have evaporated. Right now, I'm spellbound. But then, as if through some mystical feat of Buddhist telepathy, Kabat-Zinn reorients me to one of my most burning questions: What is mindfulness, anyway?

"What is mindfulness? I can give you two answers. The first one is awareness," he says before blowing a raspberry. "Bo-riiing!" The audience laughs. "The second angle is relationality. How are you in relationship? It's hard to wrap your thinking mind around relationality," he continues, "because it's so mind-blowing. Every moment is pregnant with the possibility of embodied wakefulness."

Equating mindful awareness with birth. It's a beautiful metaphor. Then, Kabat-Zinn performs another act of spiritual wizardry, turning to a different salient topic: aging and death. *His* aging and death.

"The law of impermanence is always at work," he says, lacing his fingers. "If you're fortunate enough to reach a certain age where the glide path out becomes undeniable," he says with a swooping hand, "accepting that becomes part of your practice. It's become part of *my* practice." Then, things take an even more personal turn.

"My grandchildren will say, 'Grandpa, you're *old*'," he continues, his lips curling into a mimicking sneer. Then, his face softens. "I say, 'I know.' And they ask, 'Are you going to die?'" He folds both arms across his chest. "And I say, 'Yeah, yeah. I'm gonna die'." He pauses for a moment. "'But not now.'" The audience is silent, the moment profound and bittersweet. But we don't linger here long. Kabat-Zinn uncrosses his arms and laces his fingers once again.

"Part of the challenge of mindfulness," he continues, "is not worrying about dying, but actually being alive, in this only moment, instead of zooming through it on autopilot to get to some fictious 'better' moment at some later time—and then waking up like Thoreau, right before the end, and realizing that we haven't lived."

Mindfulness, Kabat-Zinn seems to be saying, isn't just some useful therapeutic tool, or a thing to be slipped on and off when it's convenient, like some sort of spiritual sport jacket. It's a state of being, a compass for life.

The Song Goes On

As the journey with Kabat-Zinn continues, we take more gentle twists and turns. Gracefully, he takes a seat on the meditation pillows ("a radical act of sanity and love"), and waxes lyrical on MBSR ("it's everything: it's not doing"), ancient Chinese mindfulness traditions ("second to nothing in their beauty"), and self-acceptance ("what if you're good enough now, exactly the way you are?"). He reflects on his protest days ("the '60s were a lot like now"), children ("it's very important to see them as Buddhas"), and even pronouns ("the problematic ones are *I, me,* and *mine*"). There are periodic moments of beauty, as he effortlessly recites poetry from Walcott, Dickinson, and Chaucer by heart.

By the time he uncrosses his legs and pushes up off the ground with the grace of an Irish riverdancer, he's in the thick of a sermon about the "polycrisis" we're facing, an epidemic of rampant social division and waning empathy. Then, he poses The Big Question: "How do we thread the needle to sanity in an insane world?"

At this point, I have no doubt that everything Kabat-Zinn embodies—an impossibly rare combination of wisdom, compassion, self-insight, poetry, and street-smart straight talk—is exactly what the world needs right now. We need a Jon Kabat-Zinn in the halls of Congress. We need a hundred in every hospital. We need thousands in the thick of war-torn countries, passing out food and medicine and poetry. We need someone who won't just restore the heart and soul to mindfulness, but to our collective humanity. And this morning proves it: Kabat-Zinn *is* the man for the job, and he's still got plenty of gas in the tank. But will he lead the charge?

The truth is: probably not. For all the many selves of Jon Kabat-Zinn I'd accounted for, there's a crucial one I'd overlooked: The Reluctant Hero.

"You could write the story of me a million different ways depending on your angle," he says. "But it's not about the story, it's about how we are in relationship," he says, extending a hand toward the audience. "Just looking at your faces and feeling that we're in the moment together, on the same wavelength, you inspire me."

Between all the books you've read and the talks you've heard, you may

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BY ALICIA MUÑOZ & KEN HARDY

Ken Hardy On Racial Reactivity Today

A Clinical Tool for Navigating Defensiveness, Anger & Hopelessness

For someone who's about to lead a clinical workshop on racial reactivity and defensiveness, Ken Hardy looks remarkably unreactive, at ease even. Then again, he's been presenting various permutations of the topic at the Psychotherapy Networker Symposium for nearly three decades.

In the past, these kinds of discussions about race and therapy haven't always gone smoothly. Plenty of therapists—who are usually good communicators with advanced emotion-regulation skills—have raised their voices, sobbed into microphones, and even stood up and stormed out of the room. This year, the workshop unfolds against a political backdrop that includes a slew of executive orders promoting racial profiling and unlawful deportation, new policies criminalizing practices related to DEI, and landmarks being removed and renamed in ways that erase the history of Black Americans and other marginalized groups.

Yet Hardy is undeterred. In his role as supervisor, professor, and author of books like *The Enduring, Invisible, and Ubiquitous Centrality of Whiteness* and *On Becoming a Racially Sensitive Therapist,* he doesn't just teach about racial reactivity and defensiveness, he actually welcomes it into the room. The tensions and intensity that arise allow for honest discussions with real feelings, which Hardy then folds into clinical concepts and tools, offering an antidote to our culture's entrenched habit of avoidance and self-righteousness.

When Hardy first started giving a version of this workshop in the early '90s, nearly all the participants were people of color, in part because it was the only training that even touched on their concerns and challenges around race in the therapy room. But it was also a respite—one of the few spaces where Black therapists in a predominantly white field could let down their guard. Today, it's not just the racial makeup of participants that's different—there are plenty of white clinicians in the room. The conversation itself has evolved. Racial reactivity used to be thought of as the rapid, inevitable escalation of

anger and frustration, now we see it in a more nuanced way: as a complicated slow-burn of disengagement, defensiveness, and hopelessness.

"As you can tell," a Black man in the front row says to Hardy when he invites audience members to express their version of racial reactivity today, "I'm not a shrinking violet. I'm 6-foot-1 and 200 pounds. When I walk into a room, I take up space. I do this from the most authentic place I can. But as Ta-Nehisi Coates says, when simply being in my skin is perceived as threatening, I don't have much control over what happens to my body. I know it's my job to be aware of my own privilege as a highly educated person and a man, but I feel like that privilege sometimes puts an even bigger target on my chest."

Several white therapists admit to trying to be "the good white person" in conversations about race, a self-protective stance Hardy says makes it difficult to move the needle. "When we as white people try so hard to be nice," an older man adds, "that's a stress response. We're fawning. We're coming from a place of fear. We're defending ourselves rather than showing humility and openness."

A white woman discloses, in a trembling voice, her feelings of heartache and regret about an interaction she had with a client of color she'd worked with for several years. The client had made a last-minute request to switch his session from in-person to virtual. When he'd appeared on the telehealth screen, he was slurring his words. "In the past, we'd touched on his alcohol use, but this was the first time he'd shown up drunk to a session," she said. "We chatted for a minute or two, and then I just named the alcohol issue and said, 'Maybe we should wrap up for today and reschedule.' So we did. But the next morning, he sent me an email accusing me of being a 'Karen.' I wrote him back that I knew talking about this stuff was hard and I was here if he wanted to talk more, but he never contacted me again. After listening to you today, I'm wondering if I missed something important."

Hardy's response to hearing this story is to lean into VCR, which isn't a throwback to '90s movie nights, but an evolved clinical tool: validate, challenge, and request. It's a model Hardy has created to help people stay constructively engaged through tough conversations where there's high reactivity. Using VCR as a technique first requires assuming a particular worldview, though, one where the goal is to embrace complexity and resist the temptation of succumbing to reductionistic, either/or thinking. Given that a Karen has come to mean someone who's quick to act with little data and lots of prejudicial judgement—usually based on racial stereotyping—the client's reference to his therapist as a Karen was unquestionably a racial one.

Had the therapist been more practiced in adhering to a VCR worldview in this kind of high-stakes clinical situation, she might've thought to validate the client's commitment to showing up for sessions, which could've included an acknowledgement of how he's courageously defying the stereotype of Black men shying away from the challenging, vulnerable work of therapy. This acknowledgement, had it come before her comment about his intoxication, would likely have elicited a different response from him—one that was less reactive. Without it, the therapist became just another white person judging him in ways he interpreted as having racial—and possibly racist—underpinnings.

"Before you challenge, confront, critique, or correct," Hardy says to her, "you find something to validate. We tend to skip this step. But it's important to find the value in what another person is doing or saying before we challenge them. This is even more critical in interracial conversations because we live in a context of so much historical racial strain and harm. So I appreciate you for sharing your story. That's a very difficult situation to be in, and you made a game-time decision. You were correct to name his impaired state during that teletherapy session, but I believe you missed a few critical, preliminary steps in the process."

"Beginning with the validation part," the woman in the audience murmurs into the mic regretfully. "I could've noticed something good about what he was doing first."

"Once we validate," Hardy affirms, "we can then move to the 'C' of VCR—challenge—which we always start with an *and* rather than a *but*, because you're trying to hold complexity. That's where we engage the other person in compassionate accountability. With this client, that might have sounded like 'I really appreciate that you showed up today, and I'm worried that we won't get the full benefit of our session time.' Then we could have gotten to the 'R,' which is a request that we're making of the other person. Your request, 'How do you feel about us wrapping up for today and rescheduling?' might have been experienced differently by your client had the other two steps preceded it."

Hardy believes that when we're willing to apply this to conversations around race—however haltingly and imperfectly—it can serve as an antidote to the reactive-defensive loop where all we're doing is reinforcing old narratives and piling new harms onto old ones. He sees our culture's perverse relationship with race as arising from the fact that the significance of race is regularly denied and dismissed, even though it organizes nearly everything we do, from where kids sit in cafeterias to the legacy of Jim Crow embedded in our legal, carceral, educational, and medical systems.

A white therapist in the audience asks Hardy what racial healing actually looks like. "I'll give you the short answer," he responds. "I don't believe true healing can take place in a context of continual assault. It's like saying, I'm going to create a space for you to heal in our abusive relationship, but I'm also going to keep beating you up. At the same time, I think we can find ourselves on a path *toward* healing, which then becomes an ongoing process."

In Hardy's view, racial reactivity is the outward manifestation of an inward event—one that often goes unrecognized. No matter what our race, we're a constellation of privileged

and subjugated selves. When we're feeling reactive, it's because one or more of our subjugated selves is experiencing a threat, and if we're unaware of what's happening, we can easily tip into self-righteousness. An added complexity lies in the fact that this threat can be multifaceted and experienced in one or more of four domains: as a threat to our identity, to our autonomy, to our dignity, or to our safety, security, and survival.

"Every one of us has a preferred racial self and a disavowed racial self," Hardy says. "It's important to notice which self our reactivity is rooted in." He shares a story about a white woman at a university who stood up halfway through one of his talks and yelled, "How dare you talk about white people being privileged! I'm white, and I grew up dirt-poor!" This woman didn't recognize that she had multiple selves, including a privileged white self and a subjugated poor self.

"I looked for a pearl of functionality, for a pearl of worthiness embedded in her comment, and I validated her experience as a woman who grew up poor," Hardy says. "I applauded her for remaining present in the conversation even though she was hearing characterizations that seemed contrary to her personal experiences and circumstances. I said, 'It makes perfectly good sense to me that the gravity of the poverty you experienced would make it impossible to think of yourself as privileged.' I also assured her that based on class status, she was indeed anything but privileged. However, after validating her, I went on to challenge her by saying that in terms of race, being white was a privileged position. While all poor people suffer in our society, it's a fact that those who are white and poor tend to make out better than those who are poor and racially subjugated. 'What I'm suggesting,' I told her, 'is that you've been hurt and subjugated as someone who grew up poor, while at the same time holding privilege as a result of being white. I think your experience of growing up poor has the potential to help you be particularly good at understanding the plight of people of color because you, too, have experienced marginalization. I also hope that every person of color here can relate to the devaluation and degradation you experienced as someone who grew up poor.'"

"When I hear this story, and how you handled it," a Black man in the audience says, "it feels like you're asking me to level up even though I'm being beaten down. Frankly, I'm tired of that!"

"Your comment makes sense," Hardy responds with genuine warmth in his voice. "And I want to point out that what you did just now is exactly what I'm recommending here. You had an emotional response to the anecdote I just shared. But you recognized your response, and you verbalized it. That's what we all need to do more of. Because if that doesn't happen, the emotional *response* turns into *reactivity*. And I respect what you said about feeling like I'm asking you to level up. For me, though, it's not about being the bigger person. It's about accessing your personal power, so others' inhumanity doesn't rub off on you. It's about being the captain of your own ship, the author of your own story. Especially if you've been silenced, whether you're a person of color or a woman or someone who grew up with a tyrannical parent, the simple act of exercising your voice constructively and powerfully is critical. Maybe it changes a social condition, maybe it doesn't. But there's a deeper purpose to using our voice. I want us to speak because there are just certain things our ears need to hear our mouth say for the liberation of our soul."

"Amen!" a Black woman in her 50s calls out. A workshop volunteer passes her the mic, and she rises out of her chair. She doesn't speak immediately; instead, she glances around the room. Then, she faces the stage. "I needed to hear what you're saying about multiple selves. I've had a lot of painful experiences like what people have been talking about here, but I'm saying amen because I want you to keep preaching and teaching. And I want all of us to keep talking, interacting, and paying attention."

Hardy nods. For a moment, it's as though everyone in the room has been lifted up on a swell of collective emotion.

As the end of the workshop approaches, a white man shares a painful experience he had on a therapist listserv after the murder of George Floyd: the online interactions between therapists of color and white therapists got so heated and combative that the administrators decided to pull the plug, ending all communication.

"To me, that's the worst-case scenario," Hardy weighs in sadly. "When we go silent. That breeds hopelessness—and hopelessness is contagious. But hope is also contagious."

Hope can come from different places. For Hardy, it begins with recognizing our personal power. Even when we don't have what he calls "positional power," the way—for example—a president of a country does, we're still powerful. Hardy shares that he sometimes tells his clients and supervisees, "Try to spend more time defining yourself and less time defending yourself. I'm not saying don't get angry. I'm saying direct and guide your anger to your advantage. Because when you're *defending* yourself, someone else is controlling you. But when you're defining yourself, you're exercising personal power."

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BY CHRIS LYFORD

Dan Siegel's Song

Teachings from the Heart of Interpersonal Neurobiology

The words *interpersonal neurobiology* don't exactly roll off the tongue—and for most people, they're even harder to parse. So it's only natural you're feeling some trepidation as you prepare to watch Dan Siegel's recent Symposium workshop, "Temperament, Attachment, and Personality: Individual Development through the Lens of Interpersonal Neurobiology." Maybe you're wondering whether this brainy-sounding training is yet another attempt to scientize the beautiful, heart-centered, and often nebulous work of therapy. You wouldn't be wrong, but you also wouldn't be right.

Sure, Siegel is a Harvard-trained psychiatrist, a former clinical professor of psychiatry at UCLA's School of Medicine, and the author of books like *Brainstorm, The Developing Mind, The Yes Brain,* and *The Whole-Brain Child*. But before you think you've got him figured out, just give this workshop a few minutes. Chances are you'll be surprised.

"I'd like this experience to be as *immersive* as possible," he tells the audience moments after walking onstage. "I want the material to be something you *feel* into, not just think about. We'll be doing some things that aren't my usual. We'll be going on a journey." Intrigued yet?

There's a reason why Symposium staff refer to Siegel as "The Keynote Machine." He's undeniably brilliant and accomplished (after all, he's written five *New York Times* bestsellers), but he isn't slick, stiff, or pontificating. And he isn't squirrely or neurotic the way you might expect from someone of his intellectual stature. Rather, he's warm, gentle, and unassuming. He speaks slowly and intentionally, as if channeling the spirit of Fred Rogers—with a hint of Bill Nye the Science Guy. As comedian Chelsea Handler—who personally chose Siegel to be her therapist—will attest, he can also be deceptively witty.

"If you were born into a body, then you have a nervous system," he says. "And that shouldn't make you nervous! Now if you'll reach under your chair," he instructs, "you'll find a take-home model of the brain. Reach down and pull your hand out," he says, making a fist, "and you'll find attached to your wrist is … a hand! This is your own model of the brain." The audi-

ence laughs, and Siegel proceeds to break down the different parts of his fist-brain, including the top part, the limbic area. "This is the part that's always learning, learning, learning," he says. "And if I do my job right today, hopefully this part of your brain will grow."

The Ghost in the Machine

As the workshop continues, Siegel walks through temperament ("a feature of a child present at birth, not learned through experience") and personality ("enduring patterns of emotion, thought, and behavior that persist across all situations and stages of life"). But just as you start to wonder what any of this has to do with therapy, the revelation comes: when you understand the machinery under the hood, Siegel says—the things that science *can* explain—you get a little bit closer to understanding the things it can't, like the invisible, connective energy that exists between lovers, friends, or family, or between a therapist and client in a moment of shared discovery. This connection, Siegel says, is the *interpersonal* half of interpersonal neurobiology—and a function of the mind.

It's here that the essence of Siegel's workshop begins to come into focus—and it's also where he diverges from the scientific establishment. "For more than 30 years, I've been trying to translate the science for clinical application," he says, "but also explain that the mind is not just the brain." This was especially controversial during the '90s, known as "The Decade of the Brain" and the heyday of the pharmaceutical industry, and he was chided by many colleagues who insisted that "relationships don't matter unless we're talking about the genes." But Siegel was, and remains, undeterred. "It's an error to say the mind is a synonym for brain activity alone," he says. "So hopefully you realize that as therapists, you're specialists in both the embodied and relational mind."

Whether you call it *rapport* or *the therapeutic alliance* or something else, this invisible force that materializes between the therapist and client—perhaps the most vital element in successful therapy—can't *really* be explained or measured. And therein lies the problem: 25 years after The Decade of the Brain, our field still puts a premium on processes that can be objectively measured. Manuals, diagnoses, and evidence-based treatments certainly have their place, but have we assigned them too much value? And if so, at what cost? Even if you believe the key to healing is something elemental and mysterious—a function of the mind, as Siegel contends—would you openly admit this to your clients and colleagues? Or would you hold your tongue to maintain the appearance of "credibility"? This is what makes Seigel such an excellent advocate for this invisible force: he can sway the naysayers with a little science—and once they're listening, guide them toward the heart of healing.

Thirty minutes into the workshop, Siegel begins to make this pivot. As he's breaking down human development—the meeting of the sperm and the egg—his voice softens and slows. "Two halves become one," he says. "Just *feel* into that. *Two halves become one*. Of all the many sperm and all the many eggs, that's a *miracle*. Of all the infinite possible combinations," he continues, extending a cupped hand toward the audience, "something happened from this vast sea of possibility, which is you. You are … a sacred being."

The tone in the room is different now. Some audience members nod their heads; others give a knowing *Mmmm*—in that way that therapists often do. Siegel continues. "This miracle that is you—and I don't want to shock anyone with this one—gets about a century to live." You start to wonder where Siegel is heading with this, and then his voice begins to crack.

"Twelve weeks ago, when the fires were erupting in Los Angeles, my mom had to be evacuated from her assisted living home," he announces. "The air was terrible, and two days later, she died from a lung complication at age 95. She died peacefully, surrounded by everyone she loved: her kids, her grandkids, and her two dogs. She had a smile on her face before she passed away," he continues, "and as she looked at us, her last words were, 'You've all been *so wonderful*.'"

It's an unexpected, bittersweet disclosure. Several audience members let out audible, empathic sighs. But Siegel keeps moving. He shares how he recently attended a friend's memorial service, where he heard a song that not only made him think of his mother, but lingered with him long afterward.

"My growth edge is to try to do things that are new and uncertain and filled with fear, so now I'm going to sing it to you," Siegel announces, raising a finger. "Actually, I'm going to teach you the chorus, and we can sing it together." More than a few audience members exchange sidelong glances. After all, this is a *conference workshop*. Singing feels a little out of place. And what does a song have to do with therapy, anyway?

The Measure

This song, Siegel tells the audience, is called "The Measure," by Bob Sima. "Not only is it amazing," he says, "but it's totally relevant to what we're learning about today. Mom got about a century to live, and many of us will get even less. So what are you going to do with it? With this wild and precious life? That's what this song is about."

Siegel takes the microphone with both hands. "Inside this body called Dan, I'm incredibly anxious," he confesses. "I have no training as a singer. I can't sing on pitch, and I've never sung in public—not even in front of my family. I make sure the door is closed and the shower's

running. But I'm going to sing this with you." He closes his eyes, takes a deep breath, shakes out his shoulders, and begins:

Tell me what is the measure
Of a life well done?
Tell me how do you count
An uncountable song?
A collection of your minutes,
Your hours and your days,
The number of heartbeats, breaths,
And the lines on your face.

Siegel keeps going, pinching his thumb and forefinger together to accentuate the final notes. The audience is silent, seemingly moved and entranced. Then, he pauses.

"You know, at the end of life you have nothing more to give because your body has given out, and you have nothing left to receive, and the symbol of that is your empty hands. So here's the chorus."

When your hands are empty
And your heart is full,
And you can smile on your very last day,
There is nothing you need to measure
And nothing you need to say
And nothing to take with you
But what you have given away.

Siegel repeats the chorus—a bit slower this time—and invites the audience to join him. The sound fills the room, gentle and melodic. The notes are a little sharper now, refining Siegel's tune, and his face lights up with a smile as he lets the audience carry the rest of the chorus alone. Suddenly, you realize what's happening. Between their rapt attention and Siegel's nerves fading into a smile, brains are stirring. Pleasure and learning centers are lighting up, secreting cortisol, then endorphins, then serotonin and dopamine. But something else is happening too, a timeless and beautiful call and response that humans have been performing since the dawn of civilization. This, you realize, is what Siegel was talking about all along: this is the invisible force, it's connection in real time.

Siegel shifts to another verse:

In the final-hour curtain call,
Did you sing the song you came to sing?
It's the thoughts and the words and the actions you choose.
It's paying it forward and speaking your truth.
It's a call to love a little deeper, and kiss just a little bit sweeter.

Then, with just a sweep of Siegel's hand, the audience sings the chorus once more before Siegel sings the final verse:

You're an accumulation of the lives that you touch.
You're a celebration of the wind and the dust.
You were put here for a reason.
Be of service and be a beacon.

"Was that okay?" he asks.

The audience erupts into applause, and Siegel brings a hand to his heart. "Thank you for singing that with me," he says. "That song plays in my head every day. It's about getting interpersonal neurobiology out into the world," he explains. "We're relational beings, and in our work as therapists, if we can help our clients—and our inner selves, too—achieve what Bob Sima is saying, then we can smile, like my mom did, on our very last day. We're all going to die one day, so why not die with dignity? That's what we're trying to help people do."

Truth, Inside and Out

Several weeks after his Symposium workshop, Siegel is still metabolizing things. Not just what unfolded that afternoon, but the confluence of it all: his mother's passing, his life and work, the role of therapists, the gifts and limitations of science, the mysterious energy that connects us all, and the song that helped him put his thoughts and feelings and call to action into words. "My work has always been about trying to seek truth," he says, "and that song is full of truth."

A scientist with a poet's heart, who's unafraid to muse on the mysteries of the mind and human connection, Siegel's internal compass has always seemed to point toward the truth. But even now, he seems to be working toward a truer version of *himself*, a version that thinks and acts more intentionally about what it means to live a life fully and well. He confesses that his decision to sing "The Measure" wasn't always part of his agenda, but the night before the workshop, he had an epiphany.

"I realized I should walk the talk and show what a growth edge looks like," he says. "Sometimes as a professional, you feel like you're supposed to take a neutral, objective, professional stance. I certainly know how to do that, being trained as a scientist, and I can teach that way too. But I think we need to be more than that. When I got onstage, I didn't just want to be present as an intellectual. I wanted to be present as a person."

For now, some truths, like the intangible connections that unfold in therapists' offices, or on hospital beds, or in conference rooms, will remain a mystery. And it's just as likely that the field will continue to chase interventions that can be measured and proven with numbers and data. But just because something can't be seen under a microscope—like the wetness of water, Siegel says—doesn't mean it's not there. That energy is a very real, scientific thing, he explains. "It's the feeling of being alive."

Chris Lyford is the senior editor at Psychotherapy Networker

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BY ALICIA MUÑOZ

The Vulnerability Junkie

A Fresh Look at the Pursuer-Distancer Dynamic

"Here's what happens when we first start working with couples," declares George Faller, a certified Emotionally Focused Therapy (EFT) trainer and the presenter of the high-conflict couples workshop I'm attending at the 2025 Psychotherapy Networker Symposium. Faller looks comfortable on stage. He's unphased by the ungainly speech-to-text microphone clipped to his flannel shirt, and it's clear from the way he holds the clicker that he's a PowerPoint pro. He raises his hand, and a slide featuring two pictures of Nicolas Cage appears. In the first, the actor grins under dark aviator sunglasses as only Nicolas Cage can, equal parts cool and goofy above the words *Of course I can do this!*

"But pretty soon the couples we see change our minds," Faller says with ominous humor, using the laser pointer to circumnavigate the second Cage picture. In this one, Cage's hair is a mess, his face and chest are caked with dirt and blood, and he's squinting maniacally above the caption *Three months later.*

From the tenor and intensity of the laughter rippling through the room, it's clear a lot of my fellow couples therapists can identify with that dramatic progression. It's nice to know I'm not alone in this experience, and its particularly comforting to recognize the faces of well-known, acclaimed clinicians in the audience nodding along with the rest of us—EFT trainer Leanne Campbell, co-founder of The Couples Institute Ellyn Bader, and in the third row, the woman many consider the queen of couples therapy: Esther Perel herself.

"We need to be ready for things to go wrong with couples," Faller says. "I think we're always hoping for empathy to emerge, so we don't plan for the moments in session when it doesn't—when partners go into a fight or flight response, when they interrupt each other, protest, and shut down."

Despite the number of people in this huge workshop, it still feels oddly intimate, like I'm hanging out with a few colleagues and an off-duty New York City fireman. This is probably because Faller speaks off the cuff, as though we're all trusted friends, here—but also because he himself is a former New York City fireman. Putting out literal fires and running into non-metaphorically burning buildings appears to have shaped his penchant for action-packed acronyms for couples therapy interventions like CPR, TARGET, TEMPO, and TERROR, but what really captures my attention is his take on a couples dynamic older than Antony and Cleopatra. It's a pairing everyone's heard about in relationships—as ubiquitous as hot-cold, love-hate, and introvert-extravert. In both pop culture and marriage and family therapy circles, it's referenced so often that I, for one, have stopped paying attention to it.

Until now.

The Pursuer-Withdrawer Dynamic

Faller tells us a story about a young couple. They've been working too much. The wife takes out her phone one morning and sends her husband a text. "Hey, just thinking about you. Really hoping we get a chance to talk

tonight. I feel like we're disconnected." When he sees her text, her husband thinks, *She's probably right*. But he's at work and doesn't want to get into it now. He sends a quick smiley face emoji.

Are you kidding me? she thinks. I'm pouring out my heart, and I get an emoji? She follows up with another text. "We have to prioritize our connection. It's the oxygen of the relationship. Why is it my burden to educate you on this? It would be nice if you initiated these conversations. You're setting a bad example for our kids." Her text goes on and on. He doesn't know how to reply in the moment, so he does what withdrawers do well: he compartmentalizes what's happening and gets back to work.

She waits. Nothing. Every time she looks at the phone, she feels rejected. *I can't believe he's not responding,* she thinks. *He doesn't care. I'm doing all the emotional labor here.* Finally, she can't take it anymore and calls him. *Why not deal with the problem now?* she's convinced herself. *Why wait until later?*

He's eating lunch and checking sports scores when the phone rings and her name pops up on the display screen. He silences the phone and doesn't answer. *We're going to fight when I get home,* he thinks. *Why fight now and later?*

Her call goes to voicemail. *What kind of jerk did I marry?* she asks herself. This is unacceptable. *How did we reach this point of such disconnection? I can't allow it.* She gets in her car. When she arrives at his office, his secretary gives him a two-minute warning. "Your partner is here, and she seems upset."

He goes to the bathroom, locks himself in a stall, and tries to think clearly. *What am I going to do?* The only solution he can come up with is to drop his phone in the toilet so when she asks why he didn't pick up, he'll have an excuse.

"Pursuers and withdrawers live in completely different realities." Faller says.

The slide on the screen changes to a cartoon of someone on a desert island looking up at the sky and waving their hands. A bunch of stones at the person's feet have been arranged into the letters SOS, and a fire by a palm tree sends up smoke signals. "Help!" Faller shrieks as he channels the pursuer's despair. "They're building fires, sending smoke signals, making SOS signs. Their body's mobilizing. They're trying to engage and get the connection they need. That's what's happening for the woman in that couple as she's shooting off texts, calling, and eventually driving to confront her partner."

Faller then brings up a different cartoon of a bearded man leaning against a palm tree on a similar island. He seems to be enjoying the ocean breeze as he watches a TV half-buried in the sand. "Separation for a pursuer is agony, but for a withdrawer, it's a break. They can exhale. So why do you all think withdrawers shut down, walk away, and put up walls? Come on, you're all therapists here! Shout out your answers!"

"Protection!" two people yell simultaneously.

"To defend themselves!" a voice calls from the back of the room.

"They're in survival mode!" a therapist near me says.

"Fear of vulnerability!" someone else cries out.

"Yes! Keep it coming. I love it!" Faller nods, tracking each response. "All these words and phrases around defenses and survival." As the audience settles, though, he says something I'm pretty sure none of us is expecting to hear. "And yet what everyone here is saying also shows therapists' bias against withdrawers."

Inside the Withdrawer's Circle of Hell

"Close your eyes." Faller is about to take us on a journey, and I'm not sure I want to go. I peek at the red-haired therapist sitting next to me. Comfortably settled into her fold-out chair, she's already allowed her eyelids to lower. I lower mine, too. Faller, the stage, the screen, and the ballroom disappear into darkness. Like Dante, he's leading us into a place many therapists in this room probably aren't familiar with, given that we're largely a group of pursuers (Gottman's Love Lab research suggests women tend to pursue and 75% of therapists are women). We're descending, little by little, into the withdrawer's unique, internal hell.

"As a withdrawer, all you want to hear is 'good job,'" he says quietly. "All you want is to be appreciated. Your heart wants to smile. Nothing more. This is why you're in therapy. This is why you're trying, even though you know you're probably doomed to fail."

I flash on the faces of withdrawers I've worked with—and some I'm still working with. I let myself feel them in a different way, with a little less impatience and a little more humility. It's true—they're doing their best. They're trying to figure out what their partners want and how to provide it. They long to be appreciated for their efforts.

"But guess what?" Faller continues. My body braces instinctively for the impact of whatever he's about to say next. "You don't get the 'good job' you need. In fact, you never get it. Instead, you hear you've failed—again—and the reason you've failed is because you don't care. You hear the opposite of what's true for you, and you even hear it from your therapist when they confront you about withholding feelings or not "showing up," or fail to challenge your partner's complaints about the walls you've erected."

The face of one of my pursuer clients appears in my mind's eye. I see her mouth moving. I hear the angry words she's directing at her partner. Despite being a large man, he seems to be shrinking into the cushions of my couch. She tells him he doesn't care about their relationship, because if he did, he'd try harder. He'd give her the emotional closeness she's been begging him for. How

hard can that be?

"As a withdrawer, a part of you believes that what you're being accused of is true," Faller says. "You've heard this message so many times before. You've heard it as a kid, and in a lot of other relationships. You've heard you're not smart enough, strong enough, thoughtful enough, good enough. You've heard, 'You're a failure.' You've heard over and over how much other people don't like you; and in this place, you don't like you, either."

I can sense how this version of not liking oneself—the withdrawer's version—has a different emotional flavor than what I'm used to as a pursuer. In a way, it's worse. There's a cold, full-bodied numbness to it. It's voiceless and suffocating. It feels a little like being buried alive in a sensory deprivation chamber.

"If there was ever a time you needed another person's help," Faller says, "this would be it. You're alone. In hell. And no one's coming. And as a withdrawer, you've only got one resilient move available to you. All you can do is put up walls and get back to performing in your attempts to earn love. But here's the kicker: as soon as you make this move, your partner will hate you for it."

Pursuers and Vulnerability Junkies

When I open my eyes, I see the people around me nodding their heads, exhaling, and making eye contact with one another as if to assure themselves that they're back—thank god—from the chilly, desolate landscape we've all just visited together. The redheaded therapist hands me a tissue. I take it gratefully and blow my nose.

"My purpose in doing that exercise with you isn't so you leave this workshop depressed," Faller says. "What I want you to understand is that in our field, we get withdrawers wrong. It's not that they don't care. It's not that they don't feel. As a recovering withdrawer myself, I can assure you, we care and feel a lot. But here's the thing: why would I, as a withdrawer, want to go to therapy when even there, I'm seen in such a limited way?"

How many of us, when we see a withdrawer in our consulting room, think, *If only they weren't quite so stubborn. If only they'd try a little harder to tune into themselves, access their feelings, and express them vulnerably and openly.* I don't think I'm the only therapist who has clung to the hope that I could "heal" a withdrawer with a colorful feelings wheel and a few emotionally cathartic conversations with their inner child as their partner bears witness. Before today, I knew—however vaguely and theoretically—that for withdrawers, going to therapy was an act of courage. Now, I genuinely feel it.

"Personally, I'm not good at emotions," Faller says. "I'm sensitive to failure, and in therapy, I'll likely be asked to do things I'm going to fail at. Therapists see the protective part of what withdrawers do, but they don't always see how brilliant it is. Withdrawers' ability to turn off their emotions when they have to is incredibly valuable. And it's often what withdrawers like most about who they are. They've worked really hard to stay calm under pressure. The world loves them for it, just maybe not the therapy world."

In our field, lots of different words and phrases reveal our preference for the pursuer's desires and worldview—*going deeper, attachment, somatic, psychodynamic, right brain, bottom-up*. Unless you're a CBT therapist, you probably favor emotional self-expression as the desired result of your work with clients, but also as a moment-to-moment indicator of progress. Emotions are the pot of gold therapists look for at the end of the intervention rainbow—and understandably so! Being able to experience emotions within the context of a safe, affirming relationship is one of the most curative things humans can do for each other.

Faller wants us to consider the possibility that we're missing the mark in subtle but significant ways when it comes to helping withdrawers feel safe enough to access their emotions and other internal experiences. "The goal isn't to turn withdrawers into pursuers," he says. "It's to help them feel safer experiencing and expressing emotions at their own pace so that they can become more relationally flexible." We're not very good at matching withdrawers' affect in a way they can receive. We say things like, "You must feel so lonely," or "That must make you enraged," instead of "That must be hard," or "That sounds frustrating." We use words that are too emotionally charged too soon in our work with them, and we also miss the mark when it comes to making sure they experience "wins" with us. *If I can't succeed here,* they end up thinking, *why even try?* We're emotionally out of tune with them because we see them through our pursuer lens, with our field's pursuer bias.

"When you're on the operating table, do you want your surgeon to say, 'My partner and I had a bad fight last night, so I'm feeling pretty sad right now?' What about the lawyer representing you?" Faller asks. "How would you feel if they said, 'Wow, that lawyer on the other side of the table is really good. I'm intimidated.' When I was a firefighter crawling into the flames, I didn't want the guy next to me whispering in my ear, 'Hey, George, it's hot and I'm scared.'

"We therapists are vulnerability junkies!" Faller exclaims. The laughter this statement elicits is so noisy and contagious that it takes the room longer than usual to quiet down. "We've lost our balance in our quest for vulnerability, don't you think? We're the only profession that measures our worth in the number of tissues a client goes through in a session."

Or a roomful of therapists go

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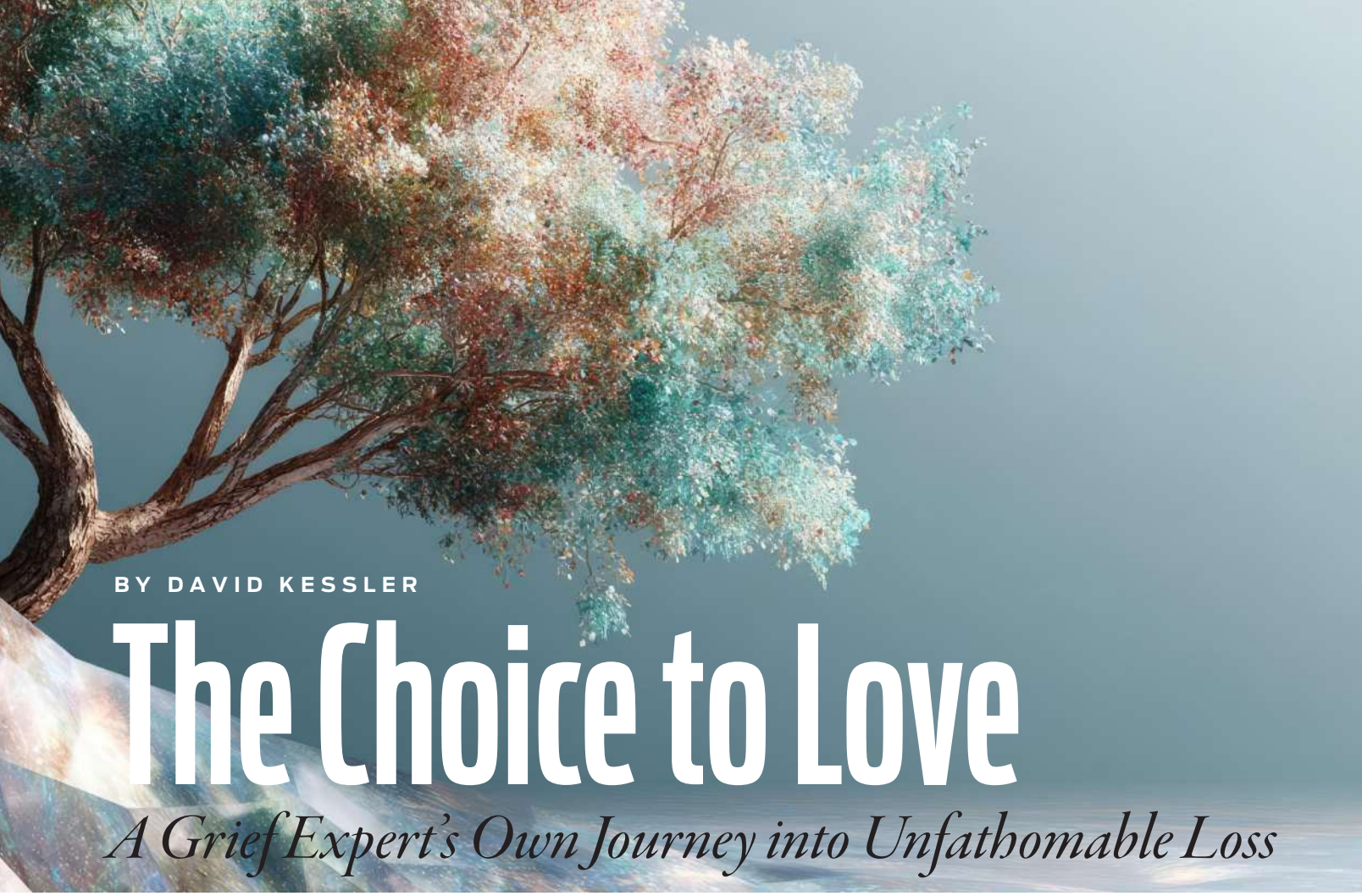

BY DAVID KESSLER

The Choice to Love

A Grief Expert's Own Journey into Unfathomable Loss

At Psychotherapy Networker, we make it our mission to create space for clinicians to be humans—with their own stories and raw, unvarnished pain. In that spirit, at our annual Symposium, we host an intimate evening of storytelling, where we eat, drink, and take in the exquisite vulnerability inherent in our shared humanity.

This year, grief specialist David Kessler told a version of the story below about his own grief journey after the tragic death of his son.

In 1969, Elisabeth Kübler-Ross identified the five stages of dying in her groundbreaking book *On Death and Dying*. As a psychiatrist, she saw that patients who were dying appeared to go through common experiences or stages. Her work captured the world's attention and would forever change the way we talk and think about death and dying.

Decades later, I was privileged to have been her protégé, friend, and coauthor. In the second book we wrote together, *On Grief and Grieving*, Elisabeth asked me to help adapt the stages she'd observed in the dying to account for the similar stages we'd observed in those who are grieving. The five stages of grief are denial (shock and disbelief that the loss has occurred), anger (that someone we love is no longer here), bargaining (all the what-ifs and regrets), depression (sadness from the loss), and acceptance (acknowledging the reality of the loss). There's nothing easy about this final stage. It can be extremely painful, and acceptance doesn't mean that we're okay with the loss, or that the grieving process is now officially over.

These stages were never intended to be prescriptive, and this holds true for both dying and grieving. They're not a method for tucking messy emotions into neat packages. They don't prescribe: they describe. And they describe only a general process. Each person grieves in his or her own unique way. Nonetheless, the grieving process does tend to unfold in stages similar to what we described.

In the years since that book's publication, I've experienced a great loss myself, and I can confirm not only that the five stages really do capture the feelings we experience as we grapple with the death of loved ones, but that there's actually a crucial sixth stage to the healing process: meaning. This isn't some arbitrary or mandatory step: it's one that many people intuitively know to take. In this sixth stage, we acknowledge that although for most of us grief will lessen in intensity over time, it will never end. And we come to understand that through meaning, we can find more than pain.

When a loved one dies, or when we experience any kind of serious loss—the end of a marriage, the closing of the company where we work, the destruction of our home in a natural disaster—we want more than the hard fact of that

loss. We want to find meaning. Loss can wound and paralyze. It can hang over us for years. But finding meaning in loss empowers us to find a path forward. Meaning helps us make sense of grief.

What does meaning look like? It can take many shapes, such as finding gratitude for the time we had with loved ones, or finding ways to commemorate and honor loved ones, or realizing the brevity and value of life and making that the springboard into some kind of major shift or change.

Those who are able to find meaning tend to have a much easier time grieving than those who don't. They're less likely to remain stuck in grief. Because ultimately, meaning comes through finding a way to sustain your love for the person after their death while you're moving forward with your life. That doesn't mean you'll stop missing the one you loved, but it does mean that you'll experience a heightened awareness of how precious life is.

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All that said, nothing in either my personal or my professional life as a grief specialist had prepared me for the loss I experienced with the death of my 21-year-old son. This was a loss so shattering that despite all the years I'd spent helping others through their grief, I didn't know if there was anything that could assist me through my own. And despite my awareness that the search for meaning is one of the keys to healing from grief, I didn't know if there was any way I could find meaning in this loss. Like so many others who grieve, something in me felt that my grief was too great to be healed.

In 2000, I'd adopted two wonderful boys from the Los Angeles County foster care system. David was four years old and his brother, Richard, was five. By that time the two of them had been in five different foster homes and had one failed adoption. Addiction in their family background had hindered their permanent placement, as had the fact that David had been born with drugs in his system. When I heard that, I feared that it might mean something was wrong with him that wouldn't be fixable. But it only took looking at the faces of those two little boys to tell me that love conquers all. The adoption went through, and in the years that followed, my belief in the power of love appeared to be confirmed. David and Richard both made an amazing turnaround and were wonderful kids.

Unfortunately, the trauma of David's younger years came back to haunt him when he became a teenager. At around 17, David began experimenting with drugs. Luckily, he came to me not long afterward and told me he was addicted and needed help. In the next few years, our lives were filled with rehab and 12-step programs. By the time he was 20, however, he was sober, in love with a wonderful woman who was a recent social work graduate, and entering his first year in college. David had shown a real interest in following a career in medicine, and I felt hopeful. But then a few days after his 21st birthday, he made some typical relationship mistakes, and he and his girlfriend broke up. That was when he met up with a friend from rehab who was also having a tough time, and they used drugs again. The friend lived. David died.

I was across the country on a lecture tour when I received a call from Richard, sobbing that his brother was dead. In the months that followed, I was in an agony of grief. Fortunately, I was surrounded by friends and family who saw me not as a grief expert, but as a father who had to bury his son.

My friend Diane Gray, who headed the Elisabeth Kübler-Ross Foundation at the time and is a bereaved parent herself, told me, "I know you're drowning. You'll keep sinking for a while, but there will come a point when you'll hit bottom. Then you'll have a decision to make. Do you stay there or push off and start to rise again?"

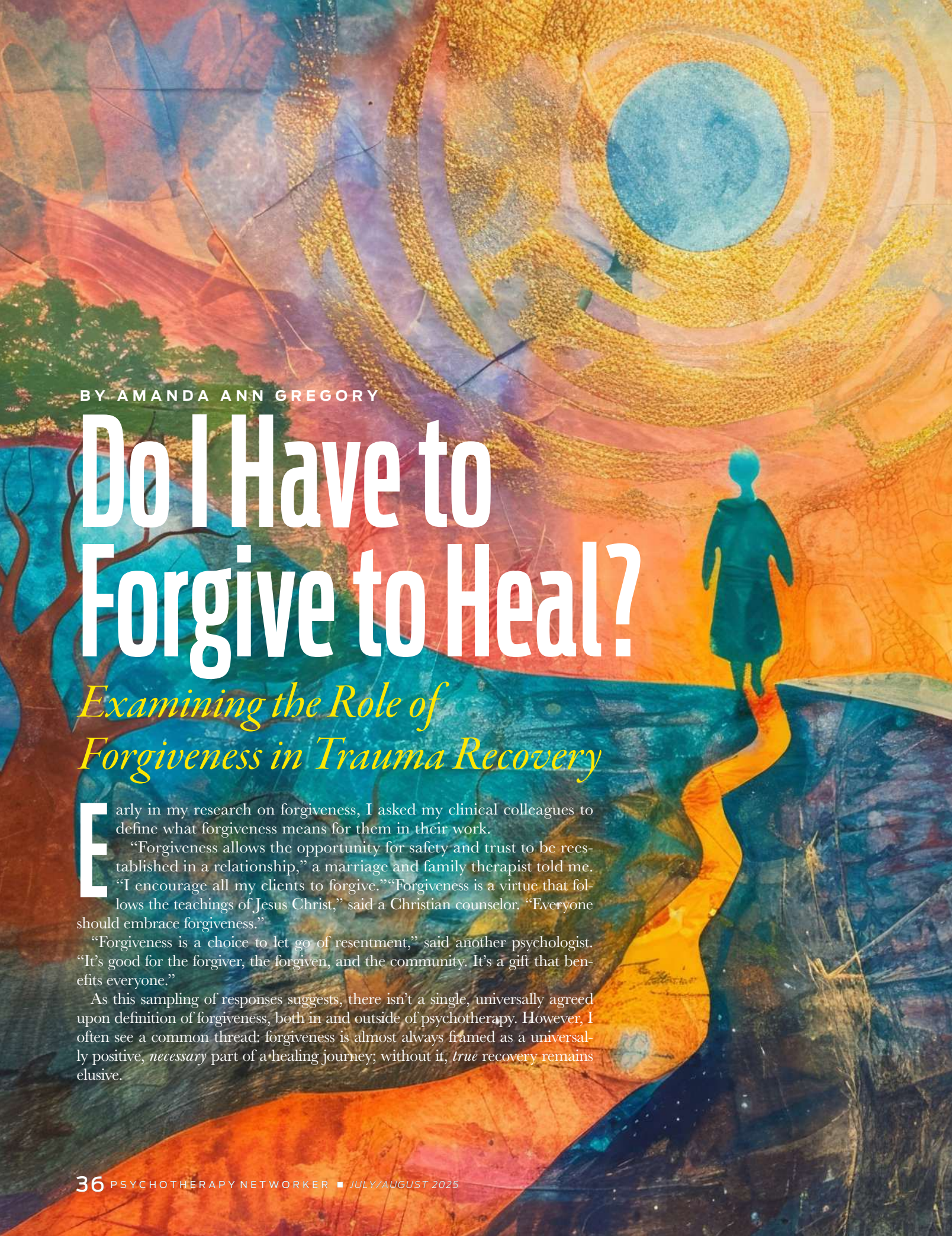
What she said felt true. I knew in that moment that I was still in the deep end of the ocean, and I also knew that I was going to have to stay there for a while. I wasn't ready to surface. But even then, I felt I would continue to live, not only for the sake of my surviving son but for my own sake as well. I refused to allow David's death to be meaningless or to make my life meaningless, but I had no idea what I would do to wrest meaning from this terrible time.

At first, I wasn't able to find any consolation in memories of my love for my son. I had a lot of anger at that time—at the world, at God, and at David himself. But in order to go on, I knew I'd have to find meaning in the grief I was feeling. In my deep sorrow, I thought about a quote I share at my lectures: grief is optional in this lifetime. Yes, it's true. You don't have to experience grief, but you can only avoid it by avoiding love. Love and grief are inextricably intertwined.

As Erich Fromm says, "To spare oneself from grief at all costs can be achieved only at the price of total detachment, which excludes the ability to experience happiness."

Love and grief come as a package deal. If you love, you will one day know sorrow. I realized I could have skipped the pain of losing David if I'd never known and loved him. What a loss that would have been. In the moment when I really began to understand that, I found gratitude for my son having come into my life and for all the years I got to spend with him. They weren't nearly long enough, but they'd changed and enriched my life immeasurably. That was the beginning of my being able to see something meaningful in my grief.

As time goes by, I've been able to keep finding deeper meaning in David's life as well as in his death. Meaning is the love I feel for my son. Meaning is the way I've chosen to bear witness to the gifts he gave me. Meaning is what I've tried to do to keep others from dying of the same thing that killed David. For all of us, meaning is a reflection of the love we have for those we've lost. Meaning is the sixth stage of grief, the stage where the healing often resides.



BY AMANDA ANN GREGORY

Do I Have to Forgive to Heal?

Examining the Role of Forgiveness in Trauma Recovery

Early in my research on forgiveness, I asked my clinical colleagues to define what forgiveness means for them in their work.

"Forgiveness allows the opportunity for safety and trust to be reestablished in a relationship," a marriage and family therapist told me. "I encourage all my clients to forgive.""Forgiveness is a virtue that follows the teachings of Jesus Christ," said a Christian counselor. "Everyone should embrace forgiveness."

"Forgiveness is a choice to let go of resentment," said another psychologist. "It's good for the forgiver, the forgiven, and the community. It's a gift that benefits everyone."

As this sampling of responses suggests, there isn't a single, universally agreed upon definition of forgiveness, both in and outside of psychotherapy. However, I often see a common thread: forgiveness is almost always framed as a universally positive, *necessary* part of a healing journey; without it, *true* recovery remains elusive.

I question that. Just how necessary is forgiveness on the path to healing? Psychologist Sharon Lamb calls forgiveness "the porn of movies," because the film industry's depictions of forgiveness are just as inaccurate as the pornography industry's depictions of sex. Films don't really show what forgiveness from a survivor's perspective actually looks like.

As a trauma therapist and survivor who's spent almost two decades researching attachment trauma and forgiveness—and worked with hundreds of trauma survivors along the way—I've found that pushing forgiveness on our clients can be deeply triggering, wounding, and inhibit their recovery for years to come. I've heard many stories from clients who said therapists told them that forgiving their abusers was a requirement if they wanted to heal, that if they didn't forgive the offender, they'd remain emotionally stuck and therapy would stall. Unsurprisingly, many of these clients ended therapy prematurely. Some told me they were so hurt by the experience that they didn't return to therapy for years. Some never returned at all. They described their therapy experience with words like *alienated, manipulated,* and *judged.* It pains me to hear this, since I know these mistakes can be easily avoided.

To be clear, I'm not anti-forgiveness. But I do believe that, like any suggestion we make to clients, it should be used on a case-by-case basis. But how can you tell which clients may benefit from forgiveness and which ones may be hurt by it? What does it mean to forgive, anyway? And do trauma survivors really need to forgive their abusers in order to heal? As I began to explore these questions, I began to think back to the moment when my own trauma began.

First, My Parents Disappeared

I'm not sure when my father disappeared. I have few memories of him, although we lived in the same home for my entire childhood. I could see him, but he wasn't there. He went to work, sat in the kitchen alone eating his meals, and retreated to the den or the porch to read the newspaper. He avoided his three children. Everyone viewed him as a kind, gentle, shy man, but trauma survivors know that those who are publicly perceived as friendly and charismatic are often the most vicious offenders.

My father had an affair and fathered a child when I was six. He was covertly paying a considerable amount of monthly child support, which I later learned was partially blackmail money intended to keep the mother and her family silent. No one in my family would discover the affair, the child, or where the money went until after he died. This revelation explained why our lower-middle-class lifestyle was quickly reduced to invisible poverty. At times, food was scarce, and as a child, I was responsible for fielding calls from bill collectors. We didn't qualify for food stamps or free school lunches because my parents' joint income was too high, and the blackmail payments were not documented. My father was financially abusive, as he controlled all the family's money and never explained to my mother where it went. He also began controlling, manipulating, and isolating my mother. I believe that my father—whom I suspect suffered from undiagnosed and untreated depression and avoidant attachment—was destroyed by the strain of keeping his secret. He isolated himself for the remainder of his life. He lived in front of newspapers and TV screens, rarely speaking. He didn't cook, clean, or care for his basic hygiene needs. He officially retreated into a hell of his own creation. That might have been tolerable since I never truly felt I had a father. Yet it became intolerable when he took my mother with him.

I was nine years old when my mother disappeared. This happened gradually due to an accumulation of adverse experiences, including a drastic and unexplained change in her financial security, working long hours, enduring spousal abuse, and the birth of her third child. I suspect she also suffered from undiagnosed and untreated depression and childhood complex trauma, which prevented her from coping, seeking help, and advocating for herself. The gardener who planted tulips in our front yard, the artist who sewed homemade Halloween costumes, and the loving mother who called her children by the pet names of Pretty Ditters, Mr. K., and Lambikins slowly slipped away. She stopped cooking and cleaning, and when she wasn't working long hours to pay for a child she didn't know existed, she locked herself in her bedroom. My father and extended family members told me that my mother was delicate and needed support.

"You need to be nice to your mother. She needs you," said my grandmother.

"Promise me that you will look out for your mom," my aunt implored.

"You need to behave so your mother doesn't get too stressed," my uncle insisted.

"Don't upset your mother; you'll kill her," my father warned.

"Your mother matters; you don't," said my nine-year-old internal voice as it interpreted these messages during such a vital stage of development.

"Your mother matters; you don't" became my motto. By the time I was eleven years old, most of my decisions were motivated by how they would impact my mother. *If I got a B in math, would that upset mom? Would she get stressed if I told her I felt sick and needed to go to the doctor? Would she die if I misbehaved?* There was no consideration for what I wanted or needed. I was consistently told to leave my mother alone, and I—the "good daughter"—did what I was told. I stopped knocking on her closed bedroom door, stopped telling her about my day, and left her alone. All I could do was watch as she slowly, steadily, and silently disappeared.

My childhood home became a physical manifestation of my disappearing family. My house was infested with colonies of cockroaches and spiders whose bites left welts. The floors were caked in dirt, the carpets were drenched in cat urine, and it was always cold because the windows leaked. I was isolated in that home and learned to create my own joy. I used kitchen knives to scrape the black grime from the floors, and I'd peer at the clean tan wood underneath in amazement. I fed the spiders who lived in the corners of my bedroom walls with ants and rollie pollies that I'd captured in the backyard. My favorite game was the "cockroach hunt." My brother and I would creep into the kitchen at night and turn on all the

lights at once. Colonies of cockroaches would then scurry away, and we'd see how many we could squash with our bare feet before they disappeared into the cracks in the walls and the rotted holes in the floor. We'd push and shove each other to sabotage the other's success, yet we could never keep track of our kills, which caused heated late-night arguments. This is one of my happiest childhood memories.

From my point of view, my childhood was not unusual. The children who lived in clean houses with parents who were present, caring, and attentive were strange to me. Why did their parents want to know where their ten-year-old daughter, my friend, was at all times? Why did they cook her meals? How did they know her teacher's name, her grades, and what she liked to do? Why did her parents talk to me? Why were they asking me about school and things that I liked? I assumed these girls were rich, as I attributed my living conditions and my parents' disappearance to poverty. In fact, not having money was the excuse my parents used when others questioned their lifestyle. Yet, many children live in poverty and don't experience emotional or physical neglect. The truth is that I was a victim of physical and emotional childhood neglect, and that neglect had become my way of life.

Then, I Disappeared

When you're a child and your parents disappear, you have no choice but to join them. How does a child know they exist if their parents cannot see them? They don't. How does a child acknowledge their value if their parents do not show them their value? They can't. Without others, a child doesn't truly exist.

Children need safe, healthy, capable adults to be their attachment figures. These adults serve as the foundation upon which children build other relationships. Imagine that you're building a house upon a foundation that isn't stable. Perhaps the concrete foundation wasn't laid properly and, as a result, there are large cracks in it. You can build a house on this foundation, but it will need constant repairs and might collapse. This is what happens when you're a child without an attachment figure. You're constantly trying to build your house on a shaky foundation. To survive, I learned to disappear just like my parents. The clinical word for disappearing is *dissociation*, which means that you feel disconnected from yourself, others, and the world.

At 13 years old, I had limited emotional capabilities, as I couldn't feel intense emotions. My brain and body could only tolerate mild-to-moderate short-term emotions. This meant that I rarely felt furious, fearful, or sad. Yet, I also didn't feel much comfort, joy, or love. Dissociation is an automatic and unintentional survival response that impacts thoughts, emotions, and physical sensations. When I didn't have enough food to eat, my body shut down, so I didn't feel the hunger pangs. When I didn't have warm clothes, my body went numb, so I didn't feel the sting of the cold. When I was ill, I didn't feel much pain at all. Dissociation helped to protect me, but it also left me feeling as if I didn't physically or emotionally exist in the world; it made it difficult for me to know when I was seriously ill or injured, and it prevented me from connecting with others. When people physically touched me, I rarely felt it. I went through the motions of life mechanically, as if I were not fully alive, but not yet dead. I was neither truly present nor wholly absent; I was a ghost.

"Don't you love your parents?" a high school classmate once asked me when they noticed I never mentioned my family.

"Of course I do. All kids love their parents," I responded.

But I didn't. As a teenager, I'd developed full-blown avoidant attachment. It's challenging to explain attachment wounds to those who haven't experienced them. This is why I don't try to explain it. Instead, I show people a video clip of Dr. Edward Tronick's "Still Face Experiment," which explores the impact of childhood emotional neglect. The video shows a mother playing with her toddler daughter. They smile and laugh together until, suddenly, the mother stops engaging with her daughter and sits silently, motionlessly, with a blank stare on her face. The baby immediately knows that something isn't right. Her mother has disappeared. The baby instinctively tries everything she can to get her mother to reengage. She smiles, points, reaches for her mother, screeches, and eventually cries with her arms and legs flailing at her sides. She has lost control of her body. Then, she looks away from her mother and disconnects. Perhaps she is trying to disappear, to follow her mother into whatever other world she entered. After two painful minutes, the mother reengages, and her daughter quickly smiles and reaches for her as they promptly repair the break in their connection. This cycle of connection–break–repair happens in all healthy relationships. However, when there's no reengagement or repair, a child is left to figure out how to meet their emotional needs independently. I was that toddler, but my parents never reengaged, and all I could do was disappear. Some trauma survivors have nightmares of their offenders harming them or of the terrible events they experienced. My nightmares are of my parents' still faces and vacant eyes and of that constant reminder: your mother matters; you don't.

At age 33, I began intense trauma therapy. I participated in EMDR, attachment therapy, somatic experiencing, internal family systems therapy, and animal-assisted therapy; I engaged in support groups, took psychiatric medication, and embraced my realization that I was a trauma survivor. After five years, I'd made significant progress. I began to feel like I existed in the world and had value. I learned how to experience emotions and physical sensations. I rekindled my relationship with my older brother, began to build authentic friendships, and married a safe, loving partner. As a clinician, I continued my work with trauma survivors with renewed vitality, empathy, passion, and insight. I earned a reputation in Chicago as one of the top referrals for clients with severe complex trauma. Yet, there was one glaring obstacle in my recovery progress: forgiveness.

During therapy, I ceased all contact with my mother without any plans to

reconcile. I did this for two reasons: First, she hadn't changed much, and I didn't see any evidence that she was capable of participating in the adult mother-daughter relationship that I needed. Second, I didn't feel safe. She and my extended family were stuck in an intergenerational trauma dynamic, and I was determined to break the cycle. If I were to be in her life, I would be expected to act as her caregiver until her death, with no consideration given to how this would impact me. I knew that I needed estrangement. But did I need to forgive her to make more progress in my recovery? Or would forgiveness be harmful?

Before we consider this question, we need to start by recognizing that when forgiveness is forced, pressured, encouraged, or recommended by those in positions of perceived authority (mental health clinicians, religious leaders, authors, politicians, social media influencers, family, and friends, etc.), it can cause harm. Indeed, forgiveness can be one of the most significant obstacles in trauma recovery. Many believe that you will progress in therapy only if you forgive your offenders. Though usually well-intentioned, such a prescription can unintentionally cause harm when it fails to meet, or suppresses, your actual needs. Imposing forgiveness can sabotage trauma recovery by overriding or compromising your feelings of safety, by reinforcing damaging gender roles, by reinforcing societal inequalities, by hindering or attempting to repress your need to feel, express, and process negative feelings such as anger and rage, and by promoting shame and self-blame. Unfortunately, some people even intentionally use forgiveness as a weapon to harm, silence, or police you—or to in fact center and prioritize the interests of your offenders rather than those of survivors themselves—under the guise of moral virtue.

What is Elective Forgiveness?

How can we avoid harming trauma survivors with forgiveness? We can offer forgiveness not as a recovery requirement but as an elective. When a student attends college in America, they have several optional courses they must complete, called electives. A few of my college electives were creative writing, feminist literature, and badminton. I didn't need to take a feminist literature class to earn a degree in psychology, but I found it to be a helpful addition to my academic course of study. Many students wouldn't find a feminist literature course helpful and are free to choose a different elective.

What happens when we consider forgiveness as an elective? You may choose to forgive, you may choose not to, and you may not initially choose to forgive yet find that you unintentionally experience organic forgiveness. You may forgive on your own terms in your own time, while others may experience various levels of forgiveness (which may fluctuate over time). You might choose to withhold, resist, or forgo forgiveness. You might not be capable of authentic forgiveness no matter how hard you try and therefore cannot make a choice. Elective forgiveness can meet you where you are at in each moment regarding your capabilities, as it creates an environment where forgiveness is no longer an obligatory component of trauma recovery. When I permitted myself to consider forgiveness as an elective, I experienced forgiveness for some of my offenders and not for others, and I continued to progress in my recovery.

Forgiveness should never be forced, pressured, encouraged, or recommended for trauma survivors in recovery. Elective forgiveness can take the experience of forgiveness off the recovery table unless you need it to be on your table or it organically appears. In contrast, forgiveness should never be discouraged, shunned, or sabotaged in recovery when it does not negatively impact your safety. Forgiveness should be viewed as an elective component of trauma recovery. You should have the agency to explore, discover, embrace, ignore, oppose, or withhold forgiveness throughout your recovery. This neutral approach to forgiveness can be helpful to you and anyone involved in their recovery journeys, such as mental health clinicians, family, friends, life coaches, religious leaders, and community members.

In case I haven't been clear enough already: I'm not antiforgiveness. My thesis isn't that forgiveness is always wrong or clinically counterproductive; indeed, many trauma survivors benefit from forgiving their offenders. My position, rather, is that forgiveness is not universally necessary for trauma recovery and that not only are suppositions to the contrary poorly supported by actual empirical research, but they're also problematic for both ethical and clinical reasons. To question forgiveness feels like an act of all-out rebellion.

As philosopher Jeffrie Murphy would say, I'm "bucking a trendy and almost messianic sentimental movement that sees forgiveness as a nearly universal panacea for all mental, moral, and spiritual ills."

If you're a trauma survivor, you may choose to forgive or not to forgive, or you might not be able to forgive at all. I hope that your journey is based on your specific recovery needs. If you're a mental health clinician, you'll need to determine how you perceive forgiveness in trauma recovery. I hope your clinician integration is based on the specific needs of your clients and not your own. Forgiveness is not a panacea.

Decades after my own trauma, I've allowed myself to take forgiveness off the table as far as my recovery is concerned—but I'm also leaving space for it in the future, if I find a need for it.

Adapted from You Don't Need to Forgive: Trauma Recovery on Your Own Terms, *Copyright 2025 by Amanda Ann Gregory. Reprinted with permission from Broadleaf Books.*

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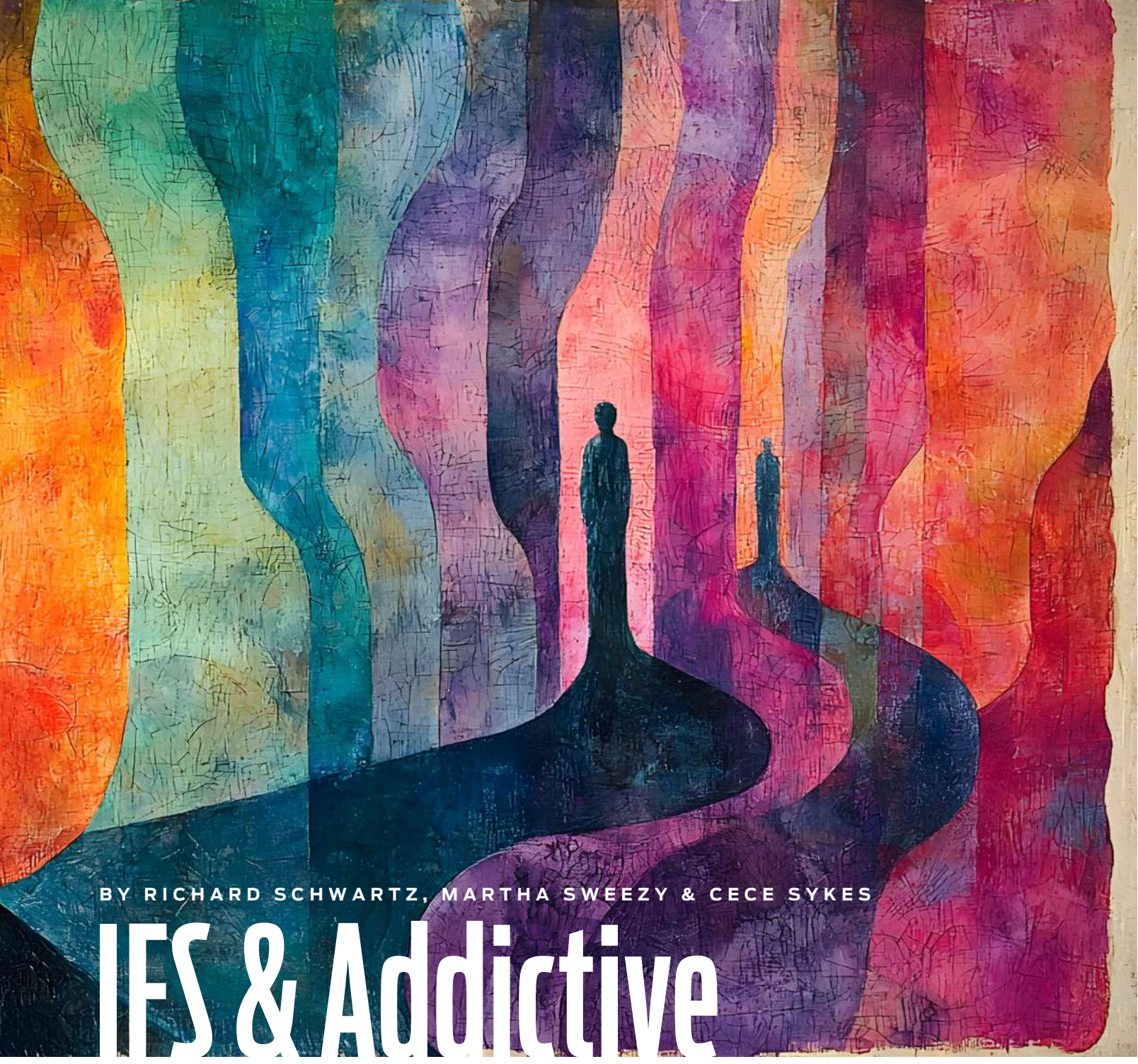


BY RICHARD SCHWARTZ, MARTHA SWEEZY & CECE SYKES

IFS & Addictive Processes

Bridging the Gap Between Psychotherapy and Recovery

Early in my career, before I'd developed Internal Family Systems (IFS) into the approach it is today, I (Dick Schwartz) had many clients who struggled with addicted behaviors, and I believed what most of the addiction field still believes: Since addictions are biological drives that need to be controlled, recovery is one long fight.

My reeducation began during an outcome study with bulimic clients, who taught me to listen to their inner parts (or subpersonalities) rather than lock them away. When a client asked her bingeing part what would happen if it didn't make her eat that way, it would explain that other parts that felt sad, worthless, empty, or terrified would take over. Beyond that, the bingeing part often feared suicide. *If I stop bingeing*, it would say, *she could die*. As we soon learned, the motives of the suicide part were also protective. On perpetual standby, it was always ready to take the client out if the pain got too intense. In short, we could not deter or control the bingeing part because it was on a mission to save the client's life. For me, this was a novel view of addiction.

When therapists don't listen to addict parts or ask about their fears, these parts feel alone, misunderstood, and defensive. When we fail to recognize their primary goal of protecting clients from prolonged emotional pain, they ramp up. As addictive behaviors become more heedless and disruptive, therapists get sidetracked. A need to control whatever crisis is underway eclipses the underlying, fundamental problem of vulnerable parts feeling shameful and unlovable. As I saw how judging and trying to control these parts harmed clients, I committed to developing a parts-based treatment approach, which I've been doing for the past 30 years.

However, as IFS lead trainer Cece Sykes—who has advocated for using IFS with addictions for decades—can attest, IFS psychotherapy for addiction has been a tough sell. Therapists are often skeptical or afraid of welcoming parts who are known for causing harm and have typically been seen as the enemy. They argue, understandably, that traditional residential treatments and 12-step recovery groups help desperate people and save lives. Even so, therapists and addiction specialists can agree that too few people get treatment, too many drop out, relapse is a continual threat, and it would be great to have better options. We propose that IFS is tailor-made to bridge the clinical gap between the psychotherapy and recovery communities.

Exposing Fragile Parts

Looking pale and tired, Georgie rushed through the door, plopped onto the sofa, and let out a huge sigh. "Sorry I'm late," she said. She had warm, brown eyes, an easy laugh, and a headful of curly dark hair.

I (Cece Sykes) nodded, thinking, *Okay, no big deal*. She was in her mid-30s, taught theater in a public high school, and had started therapy with me a few months earlier after a painful breakup with her longtime girlfriend, Delia, which fueled near-constant rumination about what she'd done wrong as a partner. She had also started focusing on the personal lives of her students in an attempt to help them make wise decisions in their own relationships, but these attempts drained her and were often unwelcome.

"How are you?" I asked.

"Bad. I feel like crap," she said. "I was out drinking last night with friends and got home late—*very late*."

I nodded, encouraging her to continue.

"I hate that I'm getting hammered on a Wednesday night. And I brought some woman I just met home with me, too. Honestly, I'm sick of myself."

I felt her pain, self-disgust, and fear and made a note of what she was implying: there'd been bouts of late-night drinking in her past. A part of me immediately wanted details: *How many drinks? Any drugs? How often?* But probing for specifics at this point would probably have shamed her. Mentally, I asked my worried, hard-working therapist parts to step back, freeing me to simply offer Georgie Self-energy—warmth, clarity, and an open heart.

Clients are especially vulnerable when they work up the nerve to talk about risky behaviors with sex, gambling, food, or substances in therapy. Georgie was exposing fragile parts of herself, and I was glad we could learn more about her addictive process together. I said, "You sound miserable, Georgie. I'm glad you trust me with this. It's a hard thing to bring up. Let's take a moment to appreciate your courage."

"I guess," she said. "Delia and I used to party a lot—like, *a lot*. I haven't gone out much since we broke up. But last night I couldn't stop myself. I drank way too much and then hooked up with someone I barely knew." Georgie paused and grinned ruefully. "I prefer drinking and sex to crying. And, hey, at least I got to work on time!"

Along with her bravado, I noted how quickly she shifted to minimizing her pain and the costs of drinking. "Sounds like partying with Delia was a regular thing," I observed. "But a lot has changed. I hear relief that you made it to work today. Sounds like you're feeling hungover, regretful, disgusted, and maybe ashamed of how much you drank."

A Seat at the Table

I wove IFS principles into Georgie's therapy from the start. She'd quickly taken to the idea that her psyche was a system of interrelated parts: protectors (managers and firefighters) and the more vulnerable exiles, each with unique feelings, thoughts, and agendas. She'd also learned that protectors who escalate in response to each other become more extreme over time yet have good intentions and are trying to maintain systemic balance.

When we're stable and functioning well, our proactive manager parts help us accomplish basic work, school, and relationship tasks. They ensure that we're safely embedded in various social groups and negotiate well with the protectors who advocate for an even-handed distribution

of *shoulds* versus *wants* in daily life.

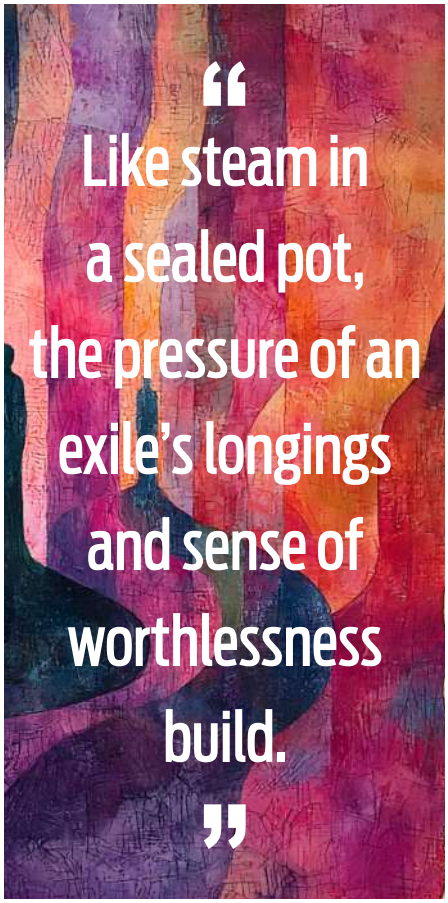
Georgie knew that her well-meaning manager parts could become extreme, depleting and exhausting her with criticism, caretaking, and shaming. She understood that her firefighter parts (those advocates for rest and recreation) could also become extreme and were motivated to depressurize when the inner shaming got intense. Sometimes, they told her to stay in bed all day, binge TV shows, and eat junk food. Additionally, we'd explored the needs of her tender, open-hearted parts who felt abandoned and alone after the breakup. She knew how easily they got silenced—and exiled from consciousness—by protective parts who were allergic to their pain.

But banishment is never fully effective. Out of sight is not really out of mind. Like steam in a sealed pot, the pressure of an exile's longings and sense of worthlessness build. In response, managers—who crave control and stability—double down on shaming and self-improvement projects. These behaviors amplify the exiled part's pain, which, like heat from flames, sets off the alarm that calls in firefighter parts with their single-minded, short-term goal of putting out the fire. They have many tools at hand (think of the whole array of possible addictive processes) to distract or soothe emotional pain.

Although proactive managers and reactive firefighters generally work at cross purposes, they do align on one thing: a need to contain the innocence, vulnerability, and negative feelings of wounded exiles. When these feelings break through to consciousness, the power struggle between protectors who shame or soothe kicks off again. While all protectors focus on the short-term goal of suppressing emotional pain, their polarized methods—inhibition (shaming) versus disinhibition (e.g. using addictive substances)—inevitably cause trouble over the long haul.

In Georgie's case, I knew her managers would double down on criticizing her when she drank so much and hooked up, which would frighten her exiles and motivate her firefighters to act again. I didn't expect this vicious cycle to end until we addressed the underlying pain of her exiles.

"Let's explore what you just shared with a parts-based visualization," I suggested. "Imagine you're sitting at the head of your kitchen table." I chose a table, but a campfire, classroom, or meadow would have worked just as well. "Some part feels nervous about mentioning what you did last night, right? And a part who was upset about the drinking kept yelling that you messed up."



"True," Georgie replied.

"Let's invite all the parts who don't like drinking or hookups to sit on one side of the table," I said. "Then invite the parts who like to drink and hookup, along with the ones who eat junk food and watch Netflix all night, to sit on the other side."

At first, Georgie's manager team was indignant. "They don't want to include the drinking and hookup-seeking parts!" Georgie reported. "They say they're bad and make everything worse."

"I know they feel that way," I said. "Assure them that we're not endorsing what those parts do, but we need to understand their perspective."

Reluctantly, Georgie's managers agreed to let the drinking and hookup-seeking parts take a seat. One good way of helping clients organize inner chaos is to call a meeting in a safe space, hosted by the client's Self. In IFS, the Self is our core essence—curious, present, accepting, and accountable. As the client notices their parts and vice versa, the parts are more likely to cooperate. They want validation. They want to be felt, seen (if the client is visual), heard, and understood. When they get into intense disagreements, they also need help depolarizing.

While people like Georgie can visualize internally with ease, people who are not internally visual can feel, hear, or somatically sense their inner community of parts with equal facility and success. The IFS therapist facilitates this process until the client and their system can do it without help. The essential relationship between parts and the Self develops as parts separate (or *unblend*). Once the Self has witnessed (sensed, felt, heard, seen) a part's experience from the part's perspective, the part becomes willing to also see its problems and dilemmas through the adult, fully resourced perspective of the Self.

It turned out that Georgie's drinking and hookup-seeking parts were equally unenthusiastic about sitting at the table with her critical managers, who routinely attacked them for causing relational, physical, and emotional problems. The drinking part absolutely did not trust Georgie to protect it. "Would the drinking part be willing to meet with you separately, away from these critics?" I asked. "Maybe in a separate room?"

When they were alone, the drinking part said, "Without me, you're weak and alone."

Georgie recalled hiding in her bedroom closet when her mother was angry. "Okay," she said. "I get that. Now I have a question for you, okay?" The part nodded. "How old do you think I am?"

"Six," the drinking part promptly replied.

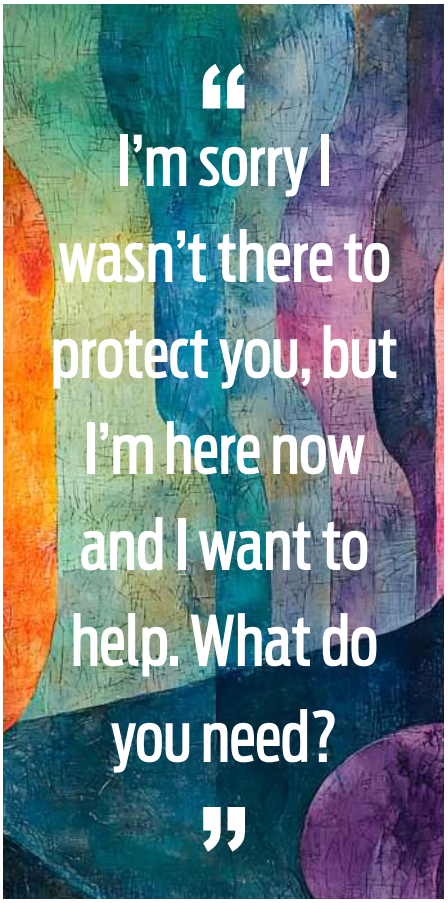
Georgie sensed this six-year-old part within her, feeling what she'd felt when she hid from her mom in a bedroom closet. She invited this young part to sit next to her and then asked the drinking part to look at her again. The drinking part was surprised to see that Georgie was actually a grown up. "I want you to know that I appreciate all you've done for me. You've helped me have a social life, made sure I had fun, and distracted me when I felt desperately alone." When the drinking part felt appreciated and understood, Georgie asked it, "Can we go back and talk to the parts who've been critical of you now?"

They returned to the table, and Georgie took the lead, "Does everyone see me? I'm here to help. And I'm grateful to all of you. Would you like my help?" Slowly, they all nodded. "Who needs my attention first?"

After some discussion about their cycle (the shaming causing the drinking and hookup-seeking behaviors), Georgie asked if they'd be willing to allow her to help the little girl who was still hiding in her bedroom closet. When they agreed, Georgie called on the little girl, but she wouldn't make eye contact or come out of hiding. When Georgie asked why, the girl said, "Where have you been? Why did you leave me alone?"

Georgie apologized, "You didn't deserve the bad things that happened to you. I'm sorry I wasn't there to protect you, but I'm here now and I want to help. What do you need?"

At this, the little girl came closer and began to show Georgie some painful, shaming memories. When she felt sad and fearful after being ridiculed at school for having short hair and "boy clothes," her mother had been impatient and dismissive. Then, the girl showed Georgie times when she'd felt alone and confused because she loved her best friend. Georgie listened with an open heart and expressed understanding. After a while, the little girl said she was ready to leave the past with Georgie and come into the present. She wanted a hug. Georgie held her and asked if she was ready to let go of the belief that she was bad and unlovable. Looking at me, Georgie reported, "She says it's good to be with me.



She's relieved."

After the little girl unburdened those toxic identity beliefs, we asked her protectors how they were doing now. They were relieved, too, but not ready to go off and do something else. They wanted to see how this would go. Would Georgie be reliable? Would she be able to keep everyone safe?

Georgie validated their concerns and asked them to make a deal with her. "If you see a problem, tell me. I'm here to help. You don't have to be sneaky or do things impulsively without me knowing. Come to me directly and I'll help us find a solution."

As we wound up the session, Georgie emanated a newfound calm and tenderness. I was moved by her sweet, affectionate tie with the little girl. Going forward, I knew her critics and partying parts would need more attention, and I suspected we'd find more exiled parts burdened with both family and cultural legacies. But I also sensed that Georgie's big leap today would ricochet through her whole system beneficially.

Georgie's story is typical of clients who struggle with compulsive, high-risk, distracting or numbing behaviors. IFS links the inner focus of trauma treatment with the behavioral focus of addiction treatment. Since clients in the grip of addictive processes often require a lot of support, they may need to attend a residential program, an intensive outpatient program, a 12-step peer support group, couple therapy, or family therapy. Additionally, they may need medical interventions and medication.

IFS, which treats a system rather than a symptom and anchors clients in the knowledge of their essential goodness and capacity to revive, is well-suited to be the hub of this treatment wheel.

Cece Sykes, LCSW, is a clinical consultant, IFS Senior Trainer with over forty years of experience treating trauma and addiction, and co-author of Internal Family Systems Therapy for Addictions.

Martha Sweezy, PhD, is a therapist, assistant professor, and supervisor who teaches IFS nationally and internationally, and has authored, co-authored, and co-edited several books on IFS.

Richard C. Schwartz, PhD, is the developer of Internal Family Systems (IFS) therapy, and has published over fifty articles and many books about IFS.

Let us know what you think at letters@psychnetworker.org.

A Special Case Study

BY MEGAN DEVINE & LEANNE CAMPBELL

When Grief Is a Soft Gray Animal

Megan Devine & Leanne Campbell Reveal Unlikely Paths to Healing

How do you work with a client who's thriving in their career and relationships, but can't seem to make sense of their overwhelming sadness for a beloved, deceased pet? Megan Devine, world-renowned grief expert, and Leanne Campbell, internationally acclaimed EFT trainer, walk us through their different approaches to this clinical challenge.

Meet Marcus

Marcus is a successful 40-year-old lawyer who works for a Fortune 500 company. In therapy, he tells you he feels fulfilled in and outside of work. He has a loving wife, a baby girl on the way, and a handful of close friends from the local kickball team he joined last summer. Lately, you've been helping him find ways to manage his worries about fatherhood, especially given his rocky relationship with his emotionally distant and alcoholic father.

But in your last session, Marcus returned to discussing the event that brought him to therapy one month ago: the death of his pet cat, Snickerdoodle. You'd helped him process his initial grief, and by session four, he said he was ready to focus on other issues. But in your last session, Marcus broke down sobbing. "I can't believe she's gone," he said. "Snickerdoodle was there for me through so many milestones: the law school years, new jobs, a bad breakup, and meeting my wife. I know she lived a long, happy life. I'm just having trouble with this

new normal. She was like family, you know?"

Marcus has tried a variety of grounding exercises on his own to help him deal with his grief, like deep breathing and body scans. He's also been journaling, and recently put together a scrapbook of his favorite photos of Snickerdoodle to keep as a memento. "These things help," he tells you, "but when I think about the good times with Snick, I inevitably get a sinking feeling in my stomach, my heart races, and then I fall apart."

"I know this must sound so stupid," he says. "I know it's 'just a cat.' But she was *my* cat. I just feel so *alone* right now."

An Experience to Be Tended

By Megan Devine

My role as a therapist is to hold the full expression of my clients' grief, while balancing the need for both validation and action. Marcus came to therapy to address what he felt would be a simple cure for his grief, with tools that would help him focus on the good things unfolding in his life. His returning emotions, or rather, his *confusion* about his returning emotions, highlight a common misconception about grief: it's not over in a few short weeks. Although we'd discussed the realities of grief outside of what media and self-help books often describe, Marcus appears to hold himself to the ideal of "getting over his grief," and doing it quickly.

Our culture sees grief as a kind of malady, a terrifying, messy emotion that needs to be cleaned up and put behind us as soon as possible. As a result, we have outdated beliefs around how long grief should last and what it should look like. Books, movies, and even articles on the psychology of grief often present grief as something to overcome or something to fix, rather than something to tend or support.

When we're holding on to the idea that grief is a problem to be solved, it puts us in an adversarial position with *life*. Life is full of losses, large and small. Trying to force ourselves through sadness, pain, or grief in order to resume a "happy, normal life" is simply unreasonable. Grief is part of love. Marcus loved (in fact, still loves) his cat. No part of love should be rushed or dismissed like it was no big deal.

Since he uses words like, "I know it was just a cat," I suspect Marcus thinks his grief is unwarranted. Sometimes this self-dismissal comes from the client's own beliefs, and sometimes it's a reaction to outside judgement. Sometimes it's both! Because we treat grief as a temporary problem that can be overcome with the right attitude, lots of people think they're doing grief wrong. And when you've lost a companion animal, not a human being, it can be harder to see that loss as valid.

Sitting with Marcus, I'm careful not to rush him through his tears. When his sobs have quieted somewhat, I ask, "it sounds like you think you should be over her loss by now. Is that true?" By adding *Is that true?* I'm inviting Marcus to clarify the thoughts behind his emotions. This also helps me avoid making an assumption about his feelings, allowing me to change course if necessary.

"No. I mean… yeah," Marcus replies. "I'm doing everything right. But looking at her pictures just makes me feel worse. I know she had a good life. *I* have a good life!" Marcus begins crying again.

As clinicians, we're often trained to see grief as a disorder rather than a natural response to deep loss. And this extends to the tools and practices we "prescribe" to grieving clients. Nothing is going to make a client's grief go away. The best tools help a client understand their emotional experiences, providing insight and guidance on how to live alongside their losses.

"Doing all the right things doesn't make it hurt less," I tell Marcus. "She was a huge part of your life. Of course you miss her." When Marcus doesn't reply, I add, "Things like grounding exercises and reminding yourself of the good times aren't meant to take grief away. They're meant to help you stay present with it and find ways to survive it."

"I know," Marcus replies. "They did help a lot in those first weeks. There are just much bigger things going on, and it's not like I lost a child."

There are several places I might go next with Marcus. Because we'd extensively discussed the judgment attached to grieving a companion animal in our first two sessions, I'd like to bring his current emotional state into relationship with the big changes in his life, rather than inquire more deeply about that judgment. At the same time, I don't want to ignore the way he dismisses his grief.

"It's hard to give up that habit of downgrading your grief, isn't it?" I say. "You're facing big life changes without the one being that helped you through all the big milestones in your life."

Marcus nods and reaches for a tissue. "I don't want to worry my wife, you know? And it's not like I can call my dad for guidance on how to not screw up. I don't know…. I could tell Snick anything, and I'd feel better. Without her, I don't know how to do *any* of this."

"She was your constant," I affirm. "It makes sense that you'd feel sick thinking about becoming a father without her."

Acknowledgement is a powerful intervention. Clients often present with an internalized narrative detailing all the ways they've done things wrong. So much of our clients' suffering is simply being out of alignment with their true emotional experience. It's as if there's a tug-of-war happening inside of them between how they're "supposed" to feel and how they *actually* feel. Because we don't talk about the realities of grief (or really, any emotional pain), many clients think they're the only ones struggling, and view their grief as a personal failure.

Helping Marcus see his unreal-

istic expectations about grief—and his internalized judgment—is not a one-and-done thing. Habits learned over a lifetime can be hard to break, especially when the outside world reinforces the idea of bouncing back quickly. We need to help clients learn to recognize their own emotional judgments and the actions they take when trying to manage their emotions rather than accepting them. For Marcus, his grief over Snick's death intersects with his fears of becoming a father. Facing this big unknown without a major emotional supporter sets off feelings of insecurity; knowing his own father didn't set a good example has made Marcus feel doomed to repeat those mistakes. And that comment about not wanting to worry his wife isn't a throw-away statement either—it hints at internalized gender roles about being "strong" and fears that sharing his feelings is a burden to others.

Helping Marcus see the connection between all of these different elements without reducing Snick's loss to a "life lesson" is a tricky process. So often, a typical therapist statement like, "new losses can show you old grief that hasn't healed" inadvertently causes harm: it positions the current grief as a mere portal to the past, and shames the client for their previous lack of healing. We don't mean it to come across this way, of course, but given that grief can make people sensitive to even perceived judgment, the language we use matters.

Instead, I want Marcus to make those connections. I want *him* to decide what Snick's loss brings up, and how it relates to both his fears and his longing.

"There's so much in that statement," I tell him. "You don't want to bother your wife, you can't rely on your own father for guidance, and without Snick, you feel like you have to do all of this alone. It's not really how you want to enter fatherhood, is it? I know it might not make sense to jump from Snick's loss to fatherhood, with all its pressures, but it sounds like Snick was really an anchor in uncertainty for you. What feels most daunting about what's ahead?"

Marcus is quiet for a moment before replying: "I miss knowing what to do."

After another few moments, he adds, "and then I start to feel sick. And then I instinctively reach for Snick because I always did when I felt lost. And then I remember she's gone." His eyes begin to well again. "And then I feel helpless and overwhelmed because I can't rely on her anymore. I don't know what to do when *that* happens, so I'm just stuck feeling screwed and alone."

This is another choice point in my session with Marcus. I can help him feel less alone by exploring communication tools and ways to feel safer sharing his feelings with his wife and friends. We could address concrete ways to increase his parenting confidence and lessen his anxiety. But this time, I'd like to use that emotion-response cycle in a different way, almost as a precursor to those interventions.

"I'd like to try something with you, Marcus," I begin. "You know, when most people feel something uncomfortable, their impulse is to *stop* feeling that way, like they try to talk themselves out of it. Or maybe you tell someone you're feeling overwhelmed, and they tell you why you shouldn't feel that way. I could tell you that by coming to therapy, you're already doing something your father would never have done. But that stuff doesn't actually work, it just makes people feel more misunderstood. So instead of talking you out of discomfort, I'd like you to try noticing it when it happens."

Therapy tools like mindfulness and awareness can feel vague for both clients and providers. Becoming aware of an emotion isn't about making it go away. When you recognize a feeling state as familiar—and normal—it opens up new ways of responding to those feelings. When Marcus notices that sick feeling in his stomach, he might say something like, "Oh, I'm feeling overwhelmed and helpless again. Right. It makes sense that I feel this way—fatherhood is a huge unknown. And I don't have Snick to lean on. Feeling sick is a cue that I'm feeling alone and unprepared."

"Snick gave you a consistent action to take when you felt this way," I tell Marcus. "Without her physical presence, you need to find something else to lean on. This isn't always easy. So when you notice that sick feeling in your stomach and say to yourself, 'Right, this happens when I feel alone, and then I panic,' you can add, 'What do I need when I'm feeling this way?'"

There's no one right answer to this question—not for Marcus, and not for anyone. It's the practice of recognizing feelings and physical symptoms as *needs*, not problems that helps shift things. After Marcus thinks about this question, he says, "I think what I need is comfort. Just sitting quietly with Snick calmed me down. So what you're saying is I need to look for new sources of comfort instead of winding myself up."

"Exactly. Notice that helpless feeling when it shows up in your body, and use that as your cue to ask yourself what you need. Sometimes the answer is clear, like *I need to go for a walk* or *I need to ask for help*. Sometimes it leads to more questions, like *What the heck brings me comfort?* That's a great question to carry with you today. This is really about stepping outside of the feelings to ask yourself what you need."

Marcus takes a deep breath, and exhales. "And if what I need is Snick?" he says with a half-smile.

I smile back. "Then you lean into missing her, thinking of her, carrying her with you."

Grief is not a problem to be solved, it's an experience to be tended. My work with Marcus helps him get into the right relationship with *all* of his feelings, especially the uncomfortable ones. Learning how to respond to his emotional needs with kindness and skill will serve him well in the years to come, as a parent, a partner, and a friend.

Emotion Lights the Path Home

By Leanne Campbell

In working with Marcus, I begin to wonder, *Is he moving through the grief process and successfully navigating his transition to fatherhood as he considers his relationship with his own father, or is he somehow stuck?*

What does *stuck* mean from the perspective of Emotionally Focused Individual Therapy (EFIT), an attachment-based, humanistic, experiential, and systemic approach to therapy?

From an EFIT perspective we are hard-wired for connection and intrinsically motivated to grow, and emotions are the motivating force that move us. When we get stuck, it's most typically because we haven't moved through the emotions associated with some key event, such as a trauma or loss event, or a relationship event. In some cases, there have been longstanding protective strategies in place, like turning emotion up or down as a means of managing intolerable distress, developed amidst emotional overwhelm and interpersonal isolation. In other circumstances, suppressing or intensifying emotion is temporary, later countered with a template for secure attachment that brings people home to themselves and their loved ones, and through the emotions they might have temporarily blocked or tempered. In EFIT, we look for the rationality, not the pathology. If clients are stuck, we assume it makes sense in context. I listen closely as Marcus tells me how Snickerdoodle was a significant source of support during important developmental transitions in his life, moments of joy and celebration, and challenging times. Now about to embark upon another significant developmental milestone, fatherhood, Marcus's relationship with his own father is understandably on his mind, as well as the loss of a longstanding source of solace, Snickerdoodle.

Holding an attachment frame, I would anticipate a period of disorientation and disorganization following the loss of a key source of security, and I would expect Marcus to be on his own unique grief journey. I would also expect his grief to come and go, with waves of emotion punctuated by periods of reprieve. In short, I'm not concerned about Marcus's grief reemerging, but I am struck by his comment that he feels alone, despite saying he has a positive relationship with his wife and feels fulfilled in and outside of work. Marcus's relationship with his father is relevant, of course, but I wonder whether there's more here to be discovered. Are there other relationships—perhaps with his wife, mother, or other family members—that might be instrumental in helping him move forward through grief and embrace fatherhood with some of the same confidence and competence he feels in other parts of his life?

In trying to answer this question, I start by tracking, reflecting, and validating as I listen to Marcus share his experience with me. I offer summary reflections, which focus our sessions and offer openings for discovery. "I hear you, Marcus," I say. "Snick was an important part of your life during pivotal, defining periods—your law school years, new jobs, a bad breakup, and meeting your wife. Of course you miss her. She was there when perhaps others weren't or couldn't be, and now, during another very important time of life, the void is palpable. Am I getting this right?"

"Yes, that's right," he replies. "I could never depend on my dad—or my mom for that matter. My mom was and remains in denial about dad's drinking and his absence as a father and a husband."

"More loss," I quietly reflect. As we maintain eye contact, I feel myself become teary as Marcus's eyes fill with tears. I can feel the same sinking feeling in my stomach that he referenced earlier. I remain silent. As Marcus uses the space I've provided to embody his felt experience, more grief emerges. He sobs—and I encourage him to do so.

Secure attachment offers the therapist a beacon, as typified by clients' capacities to tune into their internal experiences (needs, fears, longings, and vulnerabilities), share those directly and coherently with key people in their lives, and give and receive love. Emotion lights the path home to self and inner experience, and offers the opportunity to share that with others.

"That's good, Marcus. It's good to cry." As Marcus begins to breathe and looks up, I respond with a soft and slow voice. "This is good. There's much to cry about—Snick, and your parents. From what you've said, your parents provided in some ways but were absent in others, especially emotionally. And now, as you embark upon your own family life with a child on the way, it makes sense that all this would be emerging, especially given the recent loss of Snick."

As Marcus catches his breath and looks up, I maintain eye contact. "What are you feeling now, Marcus?"

"Some relief," he replies.

"What was it like to share those deep feelings of loss with me?"

"Good," he says. "I've felt so alone."

"Maybe say more about that. I think I understand, but perhaps not fully. Help me understand more. You feel alone. . . ." I wait for Marcus to fill in the blank.

He pauses. "I really don't know."

"That's okay," I respond gently. "This is a lot." Then, I reflect and summarize. "Do you see what just happened?"

Marcus nods.

"As you get close to the feelings of loss surrounding Snick, this also puts you in touch with the sense of loss surrounding your parents. What you didn't have and don't have are poignant now as you prepare for your own role as a parent."

"Yes," he quickly replies,"and I'm so worried about messing it up."

"I hear you. Yeah, being a parent is an important job, and you want to be the best you can be, of course."

I turn my attention to Marcus's wife, Tara. A positive response from Tara would offer a corrective emotional experience—an opportunity to share

his inner world and be met with safety and security from a central figure in his life. Blocks to growth are dissolved and change occurs through a new experience and a new relationship event.

"Have you shared your fears with your wife?" I ask.

"No, she has enough to worry about."

Using myself as an instrument in this process, I wheel my chair a little closer to Marcus. Making my voice soft and slow, I invite Marcus to tell me about his wife in more detail, with the goal of bringing this key attachment figure into focus and moving him deeper into the felt experience he has now accessed. Marcus closes his eyes and describes his wife: her blonde hair, her eyes soft and locked on his. He tells me he can feel her soft hands and the ring he gave her on her index finger.

Backing away slightly, I invite Marcus to stay still in his inner experience, to be guided by it, using it as a compass for life and love.

"Let's stay really still in this moment, Marcus," I say, closing my eyes as well. "Your wife is here. I'm here too, in the background, and I can also see her. Beautiful. If you stay really still, what do your eyes want to say to hers? From your body, not from your brain? From deep inside of you?"

"I'm so scared of disappointing you," he says, clutching his knees with both hands. "I'm so afraid of letting you down, of letting our child down." As tears roll down his cheeks, I remain attuned, intervening after a few moments when I see his breathing begin to change.

"What did Tara's eyes say to you?" I ask. "What did you hear, feel, see from her—from her eyes?"

"Reassurance," he says, smiling. He opens his eyes, and they look brighter now. His voice lifts a little. "She said we'll be imperfect, but we'll be imperfect together."

EFIT is a bottom-up process, so I proceed by summarizing for Marcus what happened in the session, highlighting what he has discovered as he tunes into his inner experience more deeply, as well as the contrast between being alone with his inner experience and sharing it with someone else. The goal is to help him cognitively integrate and consolidate the gains he's made on an experiential level.

A few months later, Marcus comes to our session reveling in the joy of his baby and his new role as a father. His insecurities have been gradually fading, and when he's felt them more palpably, he's felt comfortable enough to share them with his wife, leading to heartfelt conversations about the enormous responsibility they share, but also their gratitude for the opportunity to parent their beautiful daughter together.

So what happened here? How do we make sense of what happened with Marcus through the lens of EFIT and attachment? In essence, Marcus was able to more fully connect with the sense of loss he felt, not only surrounding Snickerdoodle, but his parents as well. Having grieved what was lost in his relationship with his parents, Marcus was later able to embrace what they *could* provide, this time with their granddaughter: snuggles during dinnertime and strolls in the park. He was able to grieve these layers of loss, and in doing so, was able to make space for something new. In this case, it was a deeper relationship with himself and his wife, the birth of a baby, and a new identity as a father.

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Perel FROM P 17

more freedom to negotiate our relationships than we've ever had, and on the other, we've lost the skills for those negotiations. We've lost the ability to tolerate ambiguity, uncertainty, experimentation, surprise, the unknown. Why have we lost these skills? Because we're ruled by predictive technologies that promise to remove all of life's discomforts and inconveniences. Every obstacle removed."

"All the messy interactions we'd rather not have," Guzmán agrees. "Gone."

"A frictionless life." Perel moves her hand in a gesture that evokes the flat line of an emergency room heart monitor. "But conflict is friction," she says, raising the other hand and making a chopping motion in the air. "And so, by the way, is sex."

Laughter washes across the stage. She smiles. Like a slightly obsessed, formidable detective, she's linked the red threads of overlapping themes on an evidence board, creating a living, pulsing map of the current socio-political moment. In a rare flash of shyness—or maybe it's relief at having landed the plane she built mid-air on a narrow runway—she covers her face. Then, she lowers her hand, and we get her fullest, most mischievous grin.

"Esther, talk about friction," Doherty deadpans.

"We need friction!" she exclaims, her hands rubbing together. "Friction and obstacles. I had a conversation with Trevor Noah recently, and he said, 'You need obstacles. Every experience with obstacles becomes the story you tell. If there's no obstacle, there's no story.'" She turns toward Guzmán. "You were talking about your parents, and it reminded me of how, when I was 16 or 17, we used to have these heated Friday night Shabbat dinners in my family. We had the worst screaming matches. 'How can you think that way?' 'Go back to Russia!'—the whole bit. And then, in the middle of it all, someone would say, 'The cheesecake is delicious!' So that's what I aspire to. *That's* friction."

Miller poses the million-dollar ques-

tion: "What role do therapists play when it comes to polarization? Is it on them to provide answers?"

"No," Perel emphatically responds. "Clients can look to us for answers, but we don't have them." She believes our role is both simpler and more challenging than that: we're here to help people sit with ambiguity and uncertainty, with the unknown, with the consequences of their choices. We're here to help them experience healthy tension and work against fragmentation—that cultural undertow pulling us to simplify complex problems by severing ties.

■ ■ ■ ■ ■

After the panelists leave the stage, the applause dies down, and roughly 6,000 therapists exhale. People log off computers in different time zones. And in the back of the ballroom, there's a line of thirsty audience members by the exit pouring water into paper cups. People look dazed; others, star-struck; still others, tired and irritable. "I've never heard about Braver Angels...." "Anyway, this new book I read…." "Did you go to sleep or did you guys end up…." "When she was talking about trends in society…." "So that Thai restaurant we went to last year…." "Honestly, I think a Republican panelist would have...."

Mini conversations are happening everywhere at once, interspersed with coughs, exclamations, and laughter. When you relax and let the words wash over you, they thrum and vibrate in a kind of collective echo-location system, bouncing off furniture, people, and walls.

In this moment, conversation itself—with no answer, grand finale, or coda—feels like the answer we most need to hear, even if it's not quite the one we hoped for.

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Let us know what you think at letters@psychnetworker.org.

Kabat-Zinn FROM P 21

think you know Jon Kabat-Zinn. But the likelier truth, I've realized, is that you probably don't. After all, he says, we're constantly, unconsciously, erroneously assigning labels to people. He's not Jon the Rescuer, or Jon the Guru, or even Jon the Meditator. He's just Jon.

So without a captain behind the wheel, how do we thread the needle to sanity in an insane world? And what about the rise of McMindfulness? How do we find our way back to what meditation is really about? Over two hours, Kabat-Zinn shared some moving stories and sublime poetry. He helped us slow down and take a breath. No doubt many therapists will walk away from this experience with some quotes in their back pocket, feeling lighter on their feet and renewed passion for their work. Is that enough?

For now, yes. After all, as Kabat-Zinn says, the mindfulness movement has never really been about him; it's been about us. He's been telling us all along, ever since he filmed that grainy VHS tape 43 years ago: I can point the way, but the rest is up to you. *You* are the source of your own divine healing.

"When you take your seat," he says, "it's not about pretending to be enlightened. You don't need to pretend, because you already are." Pivoting once more, he invokes poet Rainer Maria Rilke:

"My life is not this steeply sloping hour in which you see me hurrying. Much stands behind me; I stand before it like a tree; I am only one of my many mouths, and at that, the one that will be still the soonest. I am the rest between two notes, which are somehow always in discord because Death's note wants to climb over. But in the dark interval, reconciled, they stay there trembling. And the song goes on, beautiful."

"The song is you," Kabat-Zinn tells us. "The song is life."

Chris Lyford is the senior editor at Psychotherapy Networker.

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through in a workshop like this one. I ball up the tissue my neighbor gave me and slip it into my purse.

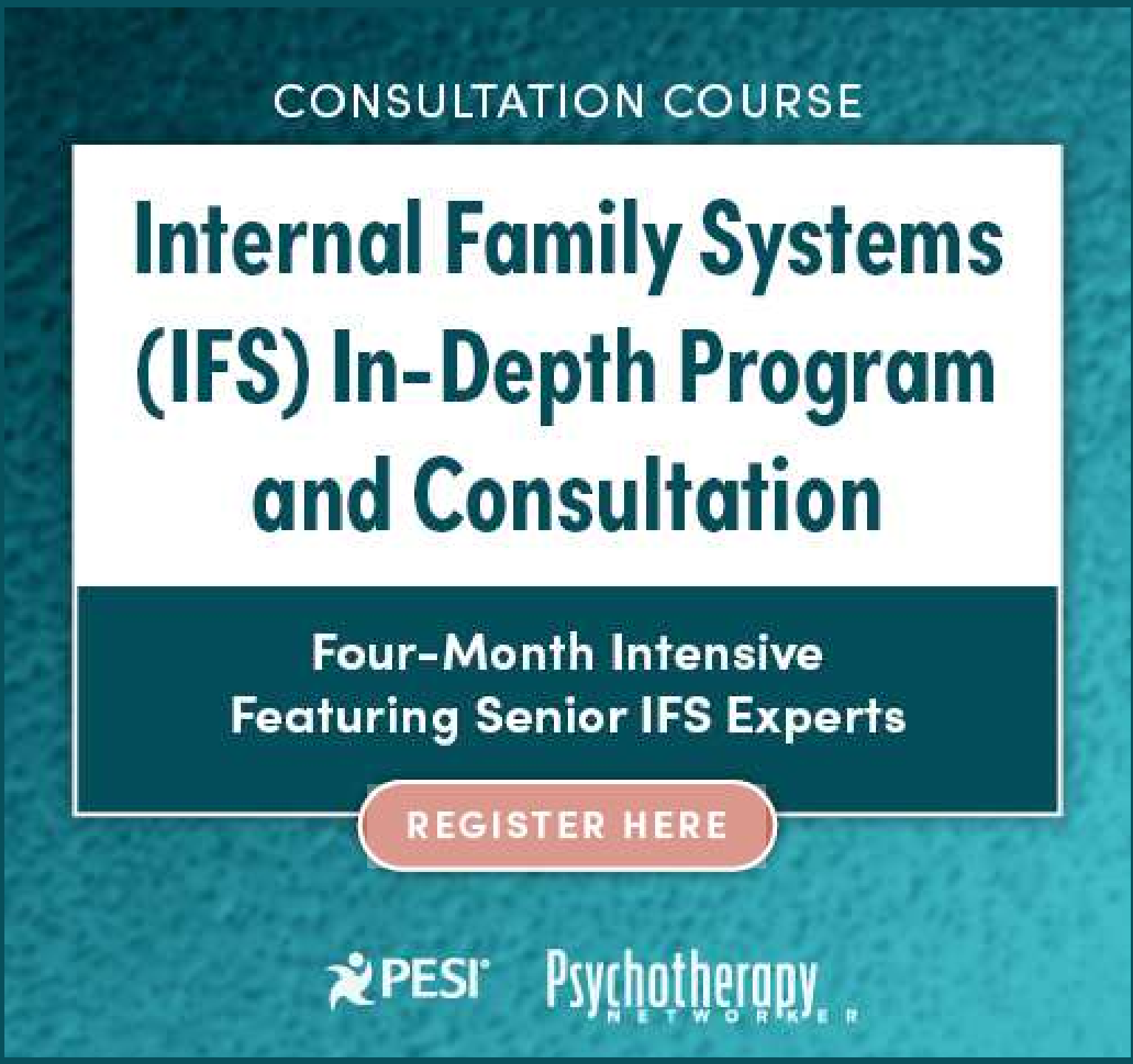
I've been guilty of excessive zeal in my pursuit of vulnerability, particularly at the start of my career. For years after I got my license, I seriously wondered if there was anyone in the world with a better job than mine. I got paid to feel connected to people! There were days when I felt sad about leaving work because it seemed like my relationships with clients gave me more uncomplicated closeness than my "real" relationships. Was being a therapist the equivalent of being an alcoholic who'd been hired to work as a beer taster at a brewery? Maybe a bit. If you're someone who craves intimacy, there aren't too many jobs as emotionally meaningful or satisfying. And sometimes, this can get in the way of being even-handed with couples caught in a pursuer-withdrawer dynamic.

"I've made it a rule of thumb that if I have a withdrawer in the room," Faller says, "I make sure they experience success with me. I make sure they get the caregiving they need—especially when their partner isn't able to give it to them."

The workshop is winding down, but it's not over, yet. We're about to take one last guided tour, one that will reveal the inner world of pursuers. "What do pursuers want from withdrawers?" Faller asks. The audience crackles with a seemingly endless litany of responses. "Love!" "Co-regulation!" "Safety!" "They want to connect!" "They want to be valued!" "Attention!" "To be taken seriously!" "Understanding!"

My neighbor has her tissue packet out on her lap. Even though I know the landscape we're about to visit like the back of my own hand, I relax into my chair, close my eyes, and get ready for the ride.

Alicia Muñoz, is a senior editor at Psychotherapy Networker.



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BY RYAN HOWES

Embodied Healing in a Disembodied World

METABOLIZING INTERGENERATIONAL TRAUMA AND COLLECTIVE GRIEF

LINDA THAI

For many people, trauma isn't just a singular experience—it's something they were *born into*, so ingrained in their day-to-day life that they don't recognize it for what it is.

This is the kind of trauma therapist Linda Thai would like you to know about. Thai is especially well-versed when it comes to trauma treatment, having worked with organizations like the Trauma Research Foundation, the Asian Mental Health Collective, and Fairbanks Memorial Hospital. She's keynoted for the U.K.'s Royal Society of Medicine and the National Education Association, as well as at the Oxford Trauma Conference and the Psychotherapy Networker Symposium. As a therapist, author, educator, coach, and storyteller, Thai is candid about her journey as a survivor of the post-war Vietnamese Boat People diaspora that dropped her at the intersection of trauma, addiction, attachment wounding, and grief.

Thai found healing and recovery in yoga, which helped her process the trauma stored in her body. She studied Somatic Experiencing, Brainspotting, Internal Family Systems, Trauma-Informed Stabilization Treatment, Havening Touch, and Flash Technique. She also caught the attention of renowned trauma expert Bessel van der Kolk, with whom she's partnered to lead workshops aimed at healing attachment trauma. And along the way, she traveled the world, bringing her expertise to thousands.

Thai's unique approach draws from the "wisdom portal" of her ancestors. After settling on the traditional lands of the Tanana Athabascan people (modern-day Fairbanks, Alaska), she learned to live off the land with a combination of "mutuality, reciprocity, kindness, and collective responsibility." She and her husband live in a 550-square-foot cabin they *built by hand,* heated by firewood they cut themselves. They pick wild berries, raise animals, fish, and hunt.

No, not everyone needs to take up woodworking to process trauma or combat the traumatic forces of sexism, racism, homophobia, and colonialism that exist in our systems and institutions. But some of the most profound healing, Thai says, comes from time-honored cultural practices, like a reverence for nature and community. She believes we must buttress our mainstream therapy approaches and techniques with an acceptance that at the heart of healing is something more innate—instinctive practices that may feel more elemental than intellectual.

Thai recently sat down with us to share how we can all cultivate more wholistic healing practices, with characteristically honest reflections on her own journey and the spiritual act of finding your way back home.

Ryan Howes: What drew you to somatic treatment for trauma?

Linda Thai: Quite simply, yoga and meditation saved my life. I was in addiction recovery, and these practices helped connect me with my body in real-time. So I started teaching them in addiction and trauma recovery settings. I also got into Bessel van der Kolk's work, IFS, Sensorimotor Psychotherapy. I was learning all of that even before I started studying to become a therapist. I've also benefited a lot from studying attachment theory and applying attachment-based principles to my work.

But I've never felt any of it truly captures the fullness of what it means to be human: interdependent and in inter-relationship with the world. Psychotherapy hyperfocuses on dyadic relationships: between two partners, between parent and child, between therapist and client. We may see families; we may even facilitate groups—but we're still only focusing on *human* relationships.

As a society, we've been severed from the holistic, expansive experience of our relationship to nature, to our bodies, to our ancestors, and to time itself. You could say we have an insecure, avoidant, anxious, disorganized relationship with all those things.

I immigrated to the United States as an adult. But as a toddler, I was a refugee, first in Malaysia and then Australia. Home ceased to exist long before we left it, and there was no home to go back to. I then became a refugee from a country called The Body. It put me in close proximity to all kinds of loss, including the embodied experience of secure attachment and the full experience of being human.

This is common for all refugees—religious refugees, people fleeing domestic abuse, trans youth fleeing their families, abducted and enslaved Africans, transracial and transnational adoptees. They've all experienced forced displacement and disrupted relationships with themselves and their sense of home. Disrupting the relationship between a people and their home is the first act of disembodiment, and once people are disembodied, they're easier to make compliant. That's colonialism: the trauma of colonialism is the trauma of disconnection.

This process of colonialism happens with all waves of immigrants that were othered and all indigenous people who were invisiblized. Speaking as an Asian-bodied person, my people have colluded with the model-minority myth, because it gives us more proximity to whiteness and separates us from other Black and Brown bodies. You can learn about this process as information to put it into your head, but there's a metabolic process of grief that also takes place within the body.

RH: Much of your work focuses on intergenerational trauma and grief. How are those connected?

Thai: In graduate school, I learned that the dynamics of a dysfunctional family are "don't talk, don't trust, don't feel." Not naming your losses, not naming your sadness, not crying: those are survival strategies, especially when our rituals and ceremonies for embodied grieving have been taken from us.

As Resmaa Menakem reminds us, when trauma is decontextualized, it looks like culture. It looks like stoicism. It looks like sucking it up, or stuffing it down, or rubbing some dirt on it. And it also looks like the shaming and blaming of emotions in others and in oneself.

Parents with unresolved losses and traumas aren't able to be there for their children in developmentally appropriate ways. And then the children learn not to cry, not to feel. You see the individual informing the family system, which informs the culture. And now we have a society that, as Francis Weller says, is replete with mechanisms for amnesia and anesthesia.

RH: Which leads to addiction for a lot of people, right?

Thai: Exactly. When I worked in addiction recovery, we'd do a timeline of our drug use alongside a timeline of our transitions, losses, and traumas. It showed how unresolved losses often become the platform for using. Some losses, like moving schools as a child and losing friends, may not have registered as a trauma, but if your parents didn't acknowledge the losses or provide resources for support, then it most certainly was traumatic.

In the absence of an embodied way to grieve, and in a culture of patriarchy and unhealthy masculinity, the acceptable go-to emotion is anger. In my work, we often looked at fury and rage as indicators of unresolved grief and trauma. And we bring mindfulness awareness to the physical sensations of those emotions, because that's what emotions are: physical sensations.

RH: What does healthy grieving look like for you?

Thai: Grief is a primal human need, and it's a solitary journey that we can't take alone. To grieve, you need to be in community, some sort of group, where the fullness of your body's need to express grief is welcomed. It's important we reclaim cultural rituals that make space for song, story, movement, silence, togetherness, and aloneness. You can see these elements in African American funerals, Vietnamese funerals, funerals with people who are hired to wail—professional keeners—which come out of several European traditions.

Once we expand our conceptualization of what it means to be securely tethered and have a sense of place in the world, we can then get curious about the things that were taken from us (that we may not have realized shouldn't have been taken from us) and the things that were given to us (that we may not have realized shouldn't have been given to us). That applies within our family systems and on a societal level. In the latter sense, collective trauma requires collective healing.

We need to come together every new moon, every full moon—something to give us a sense of rhythm. We need to be in community as a witness, as a container. And when the fruit of grief ripens in the moment, we need to know it, to carry it. Just like how we metabolize food, when we metabolize grief, we create fuel for our growth, for our humanity.

Ryan Howes, PhD, ABPP, is a psychologist, writer, and musician in Pasadena, California. Contact: RyanHowes@mindspring.com

BY KAREN PANDO-MARS & DIANA FOSHA, STEVE SHAPIRO & MARK O'CONNELL

4 Top Therapist-Recommended Movies

FROM LOST CONNECTIONS TO A HORSE DOCUMENTARY

There's nothing quite like unwinding on a couch in front of a good movie, especially when so much of what we do (including therapy) feels like hard work. But what often makes the best movies engaging and memorable is the way a film can be two things at once—entertainment and a form of healing. We asked some prominent therapists about their favorite therapeutic movies—and here's what we learned.

Lion

By Karen Pando-Mars & Diana Fosha

In 2016, I saw the movie *Lion*, which moved me and has stayed with me ever since. Based on a true story, the main character, a five-year-old boy named Saroo, falls asleep on a train in India and ends up 1,000 miles from home, hopelessly lost. All the while, he maintains an unfaltering connection to his family and sense of place, which stay with him, guide him, and even help him to find his way back 25 years later.

In one scene, Saroo is lying under a bridge in Calcutta, wearily moving little stones from one place to another. The scene shifts to show him listening to his mother's soothing voice, saying, "What a good boy!" He remembers visiting her while she was working at a rock quarry. He helped her carry heavy rocks from one pile to another, until they sat together, and his mother shared a juicy mango with him. Under the bridge, we see through his mind's eye just how his mother beams at him, repeating, "What a good boy!" Saroo also replays memories of his older brother, with his cheerful, bopping gait, who turns and smiles at him, cajoling him to skip across the train tracks together.

Saroo's ability to soothe and self-regulate by calling on his memory of his mother brings to mind the Accelerated Experiential Dynamic Psychotherapy practice of using portrayals to invoke a natural mechanism of secure attachment. We help our patients heal what's gone wrong by engaging the neural circuits in the brain that are active when things go right.

Later in the film, Saroo ends up in an orphanage. Despite having been separated from his family, he holds on to the certainty that they miss him, even as he enters into a new life with an Australian couple who want to adopt him. Soon, he attaches to his new parents and thrives under their love. Eventually, he travels back to India and locates his village. Body memory helps him navigate the alleyways to the door of his childhood dwelling, where he meets a woman dressed in a pink sari: his mother. She never moved from the village in the hope that one day her son would return.

So even though Saroo was lost at age five, he displayed a deep sense of confidence and faith that he'd be found. Throughout his journey, he was full of zest. He showed a playful and heartfelt capacity to engage with people and life, and to deal with both adverse and fortunate circumstances.

I like to recommend *Lion* to patients and nonpatients alike because it's an amazing illustration of how secure attachment functions as the most profound life insurance that exists on this planet. Instead of being haunted by the loss of his cherished mother and older brother, Saroo is accompanied by the presence of their love, which stays constant within him. This story is miraculous and a profound testament to how secure attachment instils resilience and the capacity to deal with adversity. Healing insecure attachment is nothing short of restoring nature at its best. The mechanisms of secure attachment reside deeply in our brains, despite circumstances, and under the right conditions can be activated to set healing and transformation in motion.

Adapted from Tailoring Treatment to Attachment Patterns: Healing Trauma in Relationship, *Copyright © 2025 by Karen Pando-Mars and Diana Fosha. Used with permission from W. W. Norton & Company, Inc.*

Diana Fosha, PhD, is the developer of AEDP. Karen Pando-Mars, MFT, is senior faculty at the AEDP Institute.

Defending Your Life and *Buck*

By Steve Shapiro

Every two years, I offer a four-day training in intensive experiential dynamic psychotherapy approaches to therapists. We cover a lot each day, but evenings are dedicated to fun, relaxing activities, including watching movies. This isn't purely entertainment, though. The two films I show trainees are actually a continuation of principles they've been absorbing during the day.

The first movie I show is *Defending Your Life,* a romantic comedy from 1991. As the dead characters' lives are evaluated by a prosecutor, defense attorney, and two judges in Judgment City, penetrating debates follow—both in the movie and between trainees, when the movie is over—about how to define "success" on earth. Is success professional advancement and financial growth? Or is it having the courage to follow your convictions, be kind and generous, live

authentically, embrace values with integrity and passion, and—perhaps most poignantly for therapist-viewers—be kind to *yourself*?

In the movie, Meryl Streep's character lives joyfully and spontaneously, showing us what it's like to be relatively unconflicted. Albert Brooks's character is clearly "neurotic" and "defense dominated." He's anxious, indecisive, ruminative, and concerned with appearances. He viscerally exhibits the pain of what it's like to live at war with yourself. As a therapy client, he'd be a lot harder to get close to than Meryl Streep's character but, I would argue, he's just as worthwhile to get to know.

I believe this movie provides a rare opportunity for viewers to step back and consider the ways we can embrace our true nature and live passionately instead of constantly holding back and allowing fear to dominate us. As a trainer and supervisor, I enjoy how it illustrates, in an artistic format, clinical phenomena such as the relationship between feelings, anxieties, and defenses. Although my trainees like to remind me that the ending is a bit clichéd (I won't give it away), it still speaks to our human potential for resilience and change, along with our capacity for overcoming internal obstacles that cause suffering.

The second film I show trainees is *Buck*, a 2011 documentary about Buck Brannaman, a horse trainer who endured severe child abuse. This movie demonstrates his unique, paradigm-shifting way of training wild horses. Instead of a confrontive, competitive "breaking" of the horse (the equivalent of a therapist having an agenda and leading too much in therapy), or passive coercion (a therapist following too much and colluding with existing self-defeating patterns), his approach is respectfully collaborative, firm, and kind. Too much following creates uncertainty and anxiety, whether in a horse you're training or a client you're working with. Conversely, clear leadership builds safety and trust. The trainer must be confident enough to provide clarity about the next task they're inviting, and to do this, the trainer needs to clearly know what it is they're attempting to do. In a misguided effort to always be attuned to clients, therapists with their own trauma may avoid the discomfort of directly challenging a client. But truly "seeing" another person means you see all of them, including their limitations. When therapists are more selectively active with clients, they can sensitively provide growth-enhancing challenges much more rapidly.

Buck's authentic, deeply held stance provides the basis for creating trust and safety, motivating the horse he's working with to collaboratively connect with him. His deep understanding and effectiveness, most likely due to the sensitivity he developed as a child, transcend intellectual understanding or verbal communication. Because his interactions are with animals, his communication is strictly nonverbal. For many trainees, when we discuss the film later, this is one of their biggest takeaways: that nonverbal communication is incredibly powerful. There's an old expression: affect leads and intellect follows. Many of us tend to over rely on talk and logic with our clients. We explain, give reasons, persuade, and provide psychoeducation. But accurate empathy is expressed nonverbally far more than we realize, in a way that even wild horses can pick up on—and people, too.

Steve Shapiro, PhD, is a clinical psychologist and a founding member of the AEDP Institute.

All That We Love

By Mark O'Connell

Director Yen Tan's *All That We Love* (available for streaming Fall 2025) stars a luminous Margaret Cho as Emma in a tender, beautifully observed exploration of grief, connection, and transformation. The story begins with the death of a beloved pet, but soon expands into a richly textured portrait of relational loss. Not long after Emma's dog has died in her arms, her daughter announces her plan to get married and leave the country. Emma's subtle response to this news is layered with such raw heartbreak and desperate self-protection that I couldn't help but identify with both her frailty and her feisty will to endure. One of the gifts of grief, after all, is its universal power to connect us as human beings.

Tan's direction is paired with poignant performances by Cho, Jesse Tyler Ferguson as her best friend, Alice Lee as her daughter, and Kenneth Choi as her ex-husband. As in his extraordinary movie, *1985*, Tan uncovers exquisite beauty and laugh-out-loud humor in seemingly ordinary moments between people, the kind of everyday moments that are often overlooked. As such, he invites us to embrace life's heartbreaks with bravery and openness, and I found myself laughing out loud much more than I expected to at the numerous idiosyncratic bits of silliness, each borne out of credible bids for connection between the characters.

But what I found most affecting are the gentle, dog's-eye-view shots of Emma, hinting at a spiritual presence and underscoring her journey to rediscover herself through loss. For me, this served as a reminder that healing can come when we're brave enough to let go and love with a renewed and expanded sense of self.

A lot of what we do in therapy focuses on helping clients face loss, live with loss, and make meaning of losses. Tan's exuberant and refreshingly true-to-life film invites us to do just that with grace, humor, and imagination. *All That We Love* is a soulful, resonant gem—one that's rapidly becoming my top recommendation for clients this year.

Mark O'Connell, LCSW-R, MFA, is a psychotherapist and author in New York City.

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BY JANINA FISHER

A Therapist's 40-Year Learning Curve

MAYBE THE HARD WAY IS HOW WE LEARN BEST

In 1987, I was more than halfway through a doctorate, working as an unlicensed counselor in a psychiatrist's practice. Catherine, my new client, was sitting in the waiting room, looking like someone carrying the weight of the world on her shoulders. Her hair was pulled back, and tears were running down her face. It would be another two years before I'd meet trauma-work pioneer Judith Herman—so I didn't think *trauma* when Catherine told me about her childhood, how her single mother had depended on her to be the adult in the family, how her depressed father had been emotionally unavailable, and how her grandmother—who took on a parental role out of necessity—had been fiercely stern.

But Catherine wasn't in my office because of childhood neglect; she was there because her husband, Abe, wanted to end their marriage—to "be free" as he'd put it. She was overwhelmed, brokenhearted, distraught, and unsure how she could go on without him.

They'd been married for 10 years and had two sons. Catherine was the family breadwinner. Abe was a free-spirited Peter Pan, capable of making a good living but unable to find a job that would allow him to come and go as he pleased—or do what he pleased. Despite his childlike disposition, she described his presence as her rock. Clearly, he represented the family she never had growing up, but when I made that interpretation, as my psychodynamic training had prepared me to do, it precipitated a new flood of tears and wailing. "What will I do

now? How can I live?" she cried.

The more I heard about Abe's behavior, the more I believed my role was to help her say goodbye to this man, whose symbolic meaning far outweighed his actual contribution to her life. He went out late at night with no explanation of his whereabouts, had little patience for her tears and fears, often forgot to pick up the children after school, and liberally spent the money she earned.

I tried to help her see how little he brought to the relationship, but that just evoked more tears. Within a few months, she began talking about suicide as the only answer, saying things like, "I don't want to live without him!"

Week by week, her conviction that suicide was the answer became stronger. Looking back, I realize she was experiencing what I call a "long, slow flashback," emotionally reliving the years she'd felt abandoned, alone, and unwelcome. Today, I'd recognize her fear, grief, and despair as feeling memories rather than as situational. I'd understand her suicidal ideation as the only option imaginable to a little girl in a world in which she had no control.

Instead, week by week, I became increasingly anxious. I understood suicidal ideation as a determination to die, rather than a way to self-soothe. I was too new to the role of therapist to know what to do with suicidal clients other than to check in with them and make sure they were still alive. That's what my colleagues and supervisor recommended: keep asking her to contract for safety and keep checking in.

A Kernbergian Point of View

Catherine welcomed the check-ins and soon began seeking them out, calling me throughout the day whenever she became overwhelmed. The more contact I offered, the more her need for contact seemed to grow. But I reassured myself that at least she was still alive.

Feeling a bit desperate for advice, I joined a peer supervision group of psychiatrists and psychologists at a local teaching hospital. It was there that I learned about a different approach, espoused by Otto Kernberg, for what we then called borderline clients. Kernberg recommended that the therapist keep a tight treatment frame to limit borderline clients' "manipulative, attention-seeking behavior." In those years, we didn't think about trauma or posttraumatic triggering or implicit memory or autonomic dysregulation. We thought about the unconscious and attachment, but not about the brain and nervous system. Kernberg's theory blamed the client for the difficulties in treatment.

I'd never thought of Catherine's crises as manipulative or attention-seeking, but the more the group of senior, mostly male mental health professionals pushed this perspective as the only way to think about her, the more tired I grew of the daily check-ins. If I thought of them as necessary for successful treatment, it was a small price to pay. But if I thought about them from a Kernbergian point of view, they were stressful, inappropriate, and intrusive.

After two years of treatment, I decided to respond to Catherine as Kernberg advised. In 1989, we didn't have cell phones, but we did have pagers. Ironically, Catherine paged me just I was preparing to leave the hospital after the end of the peer-supervision group meeting. I can still picture the little hospital meeting room from which I called her back.

Looking out the window at the brick wall facing it, I heard her sobs on the other end of the phone. Before she could speak, I said, "Catherine, this is inappropriate. We should not be talking between sessions. We'll talk about this on Wednesday." There was shocked silence on the other end of the phone, and then more sobs. "We can talk on Wednesday," I repeated.

I thought Kernberg would be proud of me, but I felt terrible inside. I'd abandoned Catherine, just as her mother had done so many times—showing up, appearing to be loving and supportive, and then disappearing again.

Catherine didn't come in on Wednesday and didn't want to discuss what had happened when I'd called. I didn't see her again for almost 10 years. The peer supervision group members were congratulatory, but the idea that I'd done the right thing didn't sit well with me. I knew I'd hurt Catherine, and hoped she was okay.

Apologizing for a Mistake of the Heart

By 1998, I was a licensed psychologist and trauma specialist. I'd trained with Judith Herman, and I'd been a supervisor and instructor at Bessel van der Kolk's clinic for several years. At van der Kolk's urging, I trained in eye movement desensitization and reprocessing (EMDR) and spent eight years honing my craft as a trauma therapist. Then, one day, to my shock and surprise, Catherine called me to see if she could make an appointment.

So often we're advised not to apologize for our therapeutic errors because of risk-management concerns. I agree that apologizing to litigious, chronically devaluing clients is indeed risky, but I think we can always apologize for what I call mistakes of the heart—made out of a wish to help, out of well-meaning attempts to do what we're advised to do, or because we care too much. It was a mistake of the heart to cut Catherine off suddenly and change therapeutic frameworks without explanation—on the phone, no less. Thinking I knew too little and believing my white, male colleagues with doctorates and MDs to know more, I did what they'd told me to do. Had I listened to myself, I would've found a more relational way to contain the phone calls and bring order to the treatment. I now know how to prevent long meetings outside of the therapy, but I didn't back then.

Catherine received my apology with tears and gratitude. It meant so much to her to have me take back the pathologizing of her behavior and the abrupt rejection that had devastated her. She'd been wounded before but had never experienced someone taking responsibility for hurting her and trying to repair the relationship. We both felt closer as a result, thanks to her courage in coming back to therapy with me.

Still prone to tears, she was more confident and centered in sessions this

time. She and Abe had weathered the storm of his midlife crisis, and their children were doing well. The reason she was wanting to see me was that her mother had recently died, unexpectedly opening the floodgates to a tidal wave of traumatic, overwhelming memories.

It made sense now why Abe's threat to leave had triggered her collapse. The traumatic memories bubbling up were all connected to her parents' divorce and subsequent traumas, like being molested by one of her mother's boyfriends, physical abuse by her father, and emotional abuse by her mother and grandmother. She'd come to me with the hope that she could regain her balance before more old traumas caused her to crumble.

In the 10 years since we'd last met, trauma treatment had changed, and with it, psychotherapy. Brain experts like Allan Schore and Dan Siegel had made neuroscience mainstream. Van der Kolk had introduced the concept that the body keeps the score. Now, Catherine and I could talk about her desperation to talk to me as a feeling memory of her childhood experience, when no one listened, understood, or took the time to make sure she was safe.

"Of course that desperation gets triggered when you're flooded by these memories," I told her. "That's only natural. It's part of the memory you must have felt many times." I validated her experience again and again, but I did not offer, nor did she ask me, to be available by phone.

I did offer to do EMDR with her. We found she could easily access memories and tolerate the intense feelings that came up, once she discovered that they subsided if we just kept on going. Still, she got blocked when she tried to process certain emotionally painful pieces of her past. Other times, she'd suddenly lose connection to the feelings and memories and space out or go numb.

After seeing this pattern repeat session after session, we both felt certain that, deep down, Catherine had a fear of going any further, and it seemed pointless to keep pushing against the immovable block she kept encountering. At this point in my career, I wasn't sure how to move us forward. This time, however, we said goodbye with mutual warmth and appreciation.

But apparently our work wasn't over.

Becoming a Parts Whisperer

Earlier this year, I received an email from Catherine, asking if I'd see her again. The pandemic had triggered a frightening level of panic in her, and she was beginning to feel depressed.

With more than 40 years of practice since we first met and two books under my belt, I'm now an over-the-hill therapist, but one who's still committed to exploring approaches to trauma that were unimaginable in 1998. I knew this time that Catherine and I could work with her body and nervous system, or we could work with my Fragmented Selves model, Trauma-Informed Stabilization Treatment (TIST). TIST is inspired by concepts from Sensorimotor Psychotherapy, Internal Family Systems, and Structural Dissociation, conceptualizing trauma survivors as inherently fragmented and self-alienated. The imperative to survive at all costs, especially when we're young, depends on the mind's ability to split, fragment, or dissociate, so that part of us can keep on keeping on, and part of us can remain vigilantly focused on the traumatic threat.

After hearing Catherine describe the struggles she'd been experiencing since the pandemic, I grasped the fragmentation that had always existed within her. I hadn't seen it earlier because I hadn't understood it myself back then. In the 1980s and 1990s, parts were an extreme symptom of dissociative identity disorder. As far as we knew back then, "normal" clients didn't have parts.

By 2021, however, I'd become a parts whisperer, and I could hear the parts speak through Catherine. She described the panic she was feeling every morning, the separation anxiety that mounted when Abe would go out to the store or coffee shop. I was reminded of the 1989 Catherine, realizing I'd been treating her cry-for-help part then, the young part overwhelmed with separation anxiety. Starting with the assumption that every distressing thought, feeling, or physical reaction is a communication from a part, I asked Catherine to assume that her fear belonged to a part trying to tell her how scared she was. It took some practice for her to notice the fear as the panic of a child part, rather than her own feeling, but when she did, she immediately felt more curious about it than afraid.

"That part is mostly triggered by Abe," she observed. "He wants to go down to the coffee shop and hang out with the guys. I can't talk any sense into him."

We observed the pattern that occurred almost daily: the child part would panic as Abe would get ready to go out, and then Catherine would lecture him about taking proper precautions, which Abe would brush off, further frightening the child part. I asked her if she could try to offer support to the young part, rather than letting her lecturer part try to control Abe.

"It's okay. He's always like this," she told the part. "But he always comes home, and he always ends up being okay. He'll come home, I promise." She could feel the child part calm down a little and then get fearful again until Catherine reassured herself once more. While the young part could only anticipate abandonment, Catherine realized that she herself had learned to trust Abe's ability to land on his feet, but the young, frightened part had no way of knowing it without her reassurance.

Next, we addressed Catherine's depression.

"I'm up half the night and wake up tired at 1 or 2 in the afternoon," Catherine told me. "Then I fall asleep on the couch after lunch, and wake up again around 5 p.m., but I don't feel like doing anything. I'm just too tired."

I asked Catherine to assume that this was a tired part and to ask that part what it was worried about if Catherine didn't nap.

Catherine paused and closed her eyes. "She's worried that it will be too

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BY REGINA KOEPP

Sex and the Older Couple

HELPING PARTNERS REIGNITE DESIRE

My 87-year-old client, Cliff, who uses a rolling walker and is hard of hearing, has a penchant for plaid, button-down shirts—and sexual bondage. In an early session, I had to shout to ask him, "When you watch your BDSM porn, who do you identify with more, the sadist or the masochist?"

"Both," he answered loudly yet calmly, as his wife, Lorena, shifted in her seat.

"I see," I said. "Tell me more."

In earlier sessions, Cliff and Lorena had admitted to struggling with communication difficulties during their 55-year marriage. Lorena prefers being direct; Cliff not so much. He has a laissez-faire personality, while she's organized and task oriented. As we talked about their dueling sexual preferences—BDSM vs. missionary-style—I was curious about how their intimacy dynamics were reinforcing the wedge that had grown between them in their later years, and how

we could work to resolve them.

As someone who's specialized in working with older adults for more than 15 years, I've come to understand that other practitioners may not delve as quickly as I do into the sex lives of octogenarians. Like many in the general population, plenty of therapists have internalized the common misconception that at a certain point in our lives, humans are no longer interested in sex and intimacy. But much like Cliff and Lorena, many of my older clients are keen to maintain sexual connection.

A recent survey in *Clinical Gerontologist* echoes this reality. It found that about 50 percent of men and 30 percent of women between the ages of 65 and 80 remain sexually active. Yet fewer than a fifth of older adults regularly speak to their healthcare providers about their sexual health, and of those, the vast majority have to initiate the conversation themselves. It turns out that by avoiding "the sex talk" with older adults, we professionals are playing a significant part in ensuring that sexuality and aging remain a taboo—even invisible—topic.

I work to counter this taboo in my practice and, like any couples therapist, I always ask about my clients' sex life, no matter what their age. But I've worked with many clinical trainees who are reluctant to broach the topic with this population. When I ask why, they'll say, "That's private," or, "If it's important, they'll tell me." Sometimes they even say something overtly ageist like, "Is sex really that important at their age?"

The truth is, a dearth of mental health professionals are trained in older adult issues or willing to work with this population. Even I had my own ageist indoctrination to contend with. For a time, I struggled with publicly claiming my professional identity as a psychologist who specializes in older adults. I feared that people would see me as out of touch and no longer cool—in essence, "old" myself. But after much reflection, I realized that I was internalizing ageist messages from a society that tends to devalue people as they get older.

Don't Assume Your Older Client is Straight

Helping trainees and other professionals discover just how harmful ageist thinking is can feel like a herculean task, especially when the topic of sex is broached. Researchers have found that the general public views sex among older adults as shameful, disgusting, laughable, and even nonexistent. This alone can lead older adults to internalize sex stigma, resulting in an increase in sexual problems in their lives.

I believe we can shift the narrative about aging and sexuality toward a more accurate and holistic view. After all, there are many documented benefits to sexual relationships over 50, including better heart health and a greater sense of attachment and belonging. There's also a link between frequent sexual relations and scoring better on cognitive tests. Plus, sex improves mood in older adults and can even provide a spiritual lift, in some cases heightening a sense of meaning and purpose.

But don't just assume your older client is straight. The intersection of discrimination experienced by older LGBTQ+ adults and ageism can be profound. In fact, studies show that many older LGBTQ+ adults fear having to re-closet themselves when moving into a long-term care community. When the time does come to move, many choose to hide their sexual orientation. The experience of transgender older adults is even more dire, with studies showing that many older transgender folks prefer death by suicide to moving into a long-term care community.

Once, in the span of six weeks, two older adults married to spouses of the opposite sex, with whom I'd been working in individual psychotherapy to manage their depression and anxiety, revealed to me that they'd had same-sex relationships earlier in their lives. While they loved their spouses, they feared their lives would end without experiencing that kind of deeper love again. We spent several sessions processing the suffering that LGBTQ+-phobia had caused them, grieving the missed opportunities it had meant for them, and creating a space where they could be seen and valued for who they are. As therapists, it's on us to help repair some of the damage that has been done to LGBTQ+ folks excluded from communities, then and now.

Changes in the Body Over Time

Whatever our clients' sexual orientation, supporting their sense of themselves as sexual beings in later life is important. But as we do this, we need to acknowledge the physical shifts that occur with age. For example, their bodies will experience menopause and andropause, and these changes may lower their sex drive.

For women, hormonal shifts, as well as structural changes in the vagina and in the body's ability to lubricate the vagina, can result in a reduction in sex drive. Because these changes can make certain types of sexual activity, such as vaginal penetration, painful, many women find lubricants beneficial, and some work with their doctors to use hormone therapy to treat menopausal symptoms and intensify their sex drive.

For men, andropause, the natural lowering of testosterone with age, may result in a drop in energy and desire, erectile problems, less muscle mass, trouble focusing, and mood changes, including increased irritability. I've found that some older men with suboptimal levels of testosterone have had a positive experience using testosterone replacement to increase their sex drive.

A decline in libido may be relat-

ed to medical issues, mental health issues, or medications used to treat medical and mental health issues. I always encourage clients to work with their doctor to discuss sexual side effects of medications, and I readily help them manage the common problem of one partner's sex drive having changed over time while the other's hasn't.

Dealing with Sex Drives

Recently, my 68-year-old client Jerome, who was experiencing erectile dysfunction following surgery to treat his prostate cancer, was grieving the loss of intimacy with his wife, Sondra. He wanted to share his feelings with her but was afraid of appearing "less than a man" in her eyes. Naturally, we explored his perception of "being a man," processed his grief, and even role-played the conversation he'd have with his wife. In the end, he found that she wasn't as affected by the change in their sex life as he feared she'd be. He was projecting his own feelings of inadequacy onto her, when, in fact, she continued to enjoy the physical affection that they shared without intercourse.

This dynamic is reflected in a recent study that looked at couples in which one partner was living with Parkinson's disease, a condition that strongly affects sexual health and sex drive. Although both partners desired intimacy, they were now less apt to express it. And interestingly, it wasn't the partner but the person living with Parkinson's disease who was the most dissatisfied with their sex life.

Whatever our older clients' health challenges, the more we can help them adjust to illness and communicate about their intimacy needs and goals, the better. Intimacy can't cure their medical problems, but it can help a couple stay more connected throughout these changes.

When I was helping Jerome process the changes in his sexual relationship with Sondra, I first helped him grieve the loss of sex in his life as he once knew and enjoyed it. We dove deep into society's expectations of men when it comes to sex and vitality, and we worked on adjusting his "sex-pectations"—changing the focus from what his body can't do to what it can. I helped him broaden his view of sexual intimacy to include oral sex, fondling, and fantasy talk, and we explored the value of many other forms of intimacy—from affectionate touch to emotional vulnerability to reminiscing about the most connected and intimate times in his relationship. Over time, Jerome began to accept his body and described a deeper connection with Sondra.

When older clients want to talk about boosting their sex drive, which many do, I often start with basic recommendations about eating well, because the healthier your body, the healthier your libido. Studies show that exercise also correlates with a higher sex drive and better sexual function. In a similar vein, adequately managing stress is important because it's easier to get in "the mood" from a relaxed state. I encourage my clients to pay attention to when they're at their best (physically, emotionally, energetically), and prioritize intimacy during these times. But no matter what, communication is key. I tell my clients, "If you're noticing changes in your body, so is your partner. It can help to talk about it."

Finally, one of my favorite discussions in psychotherapy is to encourage my older clients to get creative when it comes to sex. I explain that a new physical disability or life-altering medical condition doesn't have to be the death of their sex lives. Sometimes it just means they have to become playful, not taking each sexual encounter so seriously, and enjoying the process of finding new and more creative lovemaking experiences.

Cliff and Lorena were giddy in session several months after they'd explored Cliff's preference for BDSM. On a recent vacation, they'd braved a visit to a resort drugstore to buy lubricant so they could enjoy a night of passion. It all went so well that it opened a new door to a closer connection. With improved communication and mutual understanding, they were able to meet each other in the middle. Cliff was willing to soften his expression of BDSM, and Lorena was willing to try new things.

In the end, they described feeling more intimate and connected than they'd ever been—which turned out to be bittersweet for them. Lorena described feeling a sense of gratitude while also experiencing grief over decades of missed opportunities in their marriage. Cliff, who'd been quite lonely in the marriage, felt more understood by and connected to Lorena, but also experienced a heightened, visceral sense of fear when it came to the prospect of losing her to breast cancer, which she'd already survived twice.

Cliff and Lorena may never have enjoyed their newfound intimacy if they'd faced a standard of care that makes sexual health a taboo after a certain age. As mental health professionals, we have an ethical and moral imperative to improve access to mental healthcare for all members of society and to challenge the barriers that keep people out of treatment. For our older population, this includes being willing to talk about sex and intimacy in new ways.

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much—that I'll be overwhelmed."

It made sense that a part of her would be afraid of being overwhelmed. After all, that was the predominant feeling Catherine recalled from childhood.

"This part is trying to protect you," I responded. "She has no confidence that you can handle the overwhelm any more than you could as a child. She doesn't know the strong woman you became."

Catherine had inadvertently reinforced the part's belief in her inability to cope by identifying with its fatigue and sleeping through most of the day. It took several weeks for her to learn to notice the tiredness as the part's tiredness and not her own, and then to tuck that part into bed each morning and invite her to sleep while she went on with her day.

In just a few weeks, Catherine began to feel she had a life again. Without the tired part overwhelming her with fatigue anymore, she took up activities she'd dropped, and she'd developed a routine that was bringing structure to her day. "I can tell the part feels safer now that I'm in charge," she observed—a contrast with the chaos of her mother's and father's homes.

Now, with each new challenge or symptom that arises, Catherine and I assume that it's another part letting her know, "I need help, too."

One week, a part emerged expressing terror connected to an image of a canister exploding. "I feel like I'm sitting on a dark secret," she said, "and I don't know when it will ignite and overwhelm me." The feeling of not wanting to know, of something blocking her, was reminiscent of the EMDR treatment days, but this time, I could remind her that she and the parts had the power to decide if or when to open the canister.

"As long as the parts feel safe here with you now, the past can't hurt you anymore. You can choose to know more, and you can choose not to know more. Ask the parts if any of them want you to open the canister. Is there any part that needs you to know what's inside?"

In TIST, the goal is not to remember but to repair the wounds of the childhood past. Repair for Catherine's parts meant respecting and caring for their feelings and opinions. Now, that's what she offers them each day. While once they were invisible to the parent figures charged with their care, today they're seen and heard with kindness.

How far the world of mental health has come since 1987!

Parts-based approaches like IFS and TIST have become staples in trauma treatment. EMDR is now well-established as an evidence-based treatment, and we can talk about the body in psychotherapy without sounding "out there." Trauma treatment has become a specialty area, with more and more therapists seeking the most up-to-date trainings. And importantly, we've learned to be flexible, using different approaches as needed on a client-by-client basis.

I couldn't be flexible in 1987. Even senior therapists of that era didn't know what we know today. We didn't think of borderline personality as a trauma-related disorder. We didn't know child abuse was an epidemic. We didn't recognize the signs of trauma, and we didn't know what to do with it, other than to ask victims to describe what had happened to them.

As I look back, I'm so grateful to Catherine for making this journey with me over all these years, bearing with me as I learned to understand trauma and trusting me to do the best I could, even when I wasn't doing it very well.

As I often tell my trainees, "Everything I will teach you I've learned the hard way."

Maybe the hard way is how we learn best. pn

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Here are your answers to Psychotherapy Networker's "Who Said It?" quiz!

Answer Key

1. Jon Kabat-Zinn
2. Frederick Douglass
3. The Dalai Lama
4. Bessel van der Kolk
5. Amy Poehler
6. Carl Rogers
7. Brené Brown
8. Willie Nelson
9. Aaron Beck
10. Rafiki, *The Lion King*
11. Oscar Wilde
12. Gabor Maté
13. Fred Rogers
14. Tupac
15. Virginia Satir
16. Salvador Minuchin
17. Queen Elizabeth II
18. Esther Perel
19. The Notorious B.I.G.
20. Pablo Picasso
21. Sue Johnson
22. Milton Erickson
23. The Green Hornet
24. David Burns
25. John Gottman