IFTA Spotlight:
Dr. Israel W. Charney

Dr. Israel W. Charny holds a PhD in clinical psychology from the University of Rochester, USA. Early in his career, Dr. Charny worked as a school psychologist for the city of Rochester before serving as chief psychologist at Oakbourne Hospital, the inpatient unit for the Philadelphia Child Guidance Clinic.

Upon moving to Israel in 1973, Dr. Charny worked as a professor of psychology and family therapy at Tel Aviv University where he founded and directed post-graduate and graduate programs in family therapy. Later, he developed an advanced studies program in integrative psychotherapy at Hebrew University of Jerusalem.

During Dr. Charny’s 56-year career he has also served as the founder and first president of the Israel Family Therapy Association as well as president of the International Family Therapy Association.

We recently caught up with Dr. Charny to ask him about his involvement with IFTA and family therapy over the years as well as to hear about some of his forthcoming publications.

Family Therapy e-News (FTE): How did you first become involved with family therapy?

Dr. Israel Charny (IC): I was very lucky when, as a young man in the position of chief psychologist of a psychiatric hospital for children that was the inpatient arm of the fabled Philadelphia Child Guidance Clinic, our gifted director, Richard L. Cohen, made the decision to introduce family therapy based on his reading of Don Jackson, who was to become the founder and director of the historic Mental Research Institute of Palo Alto. Indeed, my first case at the hospital was of a wild acting out ten-year old boy who had been in individual therapy for ...
On Second Thought….

with Jolene Stoller, BA

In their study entitled The Development of a Sense of Coherence in Family Therapy Trainees in Germany: A Three-Year Investigation, Claude-Hélène Mayer, Hartmut von der Ohe and Rian Viviers (2017) measured the growth of a sense of coherence (SOC) in family therapy trainees. The SOC is one of the central hallmarks of sociologist Aaron Antonovsky’s “salutogenesis”, a positive health and wellness paradigm which emphasizes factors contributing to well-being rather than disease. Antonovsky’s theory pinpoints an individual’s SOC as a main contributor to health and is made up of three components: comprehensibility, manageability, and meaningfulness. Comprehensibility corresponds to an individual’s belief that input from the environment is predictable and able to be understood. Manageability refers to one’s confidence that he or she possesses the resources to deal with incoming data, and meaningfulness denotes the internal motivation to approach and interact with problems that arise.

Since its inception and incorporation into various facets of health conceptualization and treatment, the SOC has been shown to positively correlate with protective family factors, including family closeness and family organization. Reciprocally, research has shown that healthy family dynamics promote the development of SOC in youth, while destructive or chaotic home environments impede it. The SOC has thus been put forth as a possible family therapy meta-model by which family therapists can conceptualize cases based on specific factors which promote health in individuals and families.

In this study, the development of the SOC within family therapy trainees was tracked over a three-year training program at a private German institute. Qualifying participants were administered questionnaires measuring their SOC level periodically. Participants were divided into three groups of roughly equal average ages and gender distributions for comparison of data. The results of Protestant versus Catholic participants, as well as married/live-in relationship versus single/divorced/widowed participants were compared at the end of the study. …

How did you first become interested in this study?

I work as a family therapist since 2007 and since 2017 I am a family therapy facilitator. During my training to become a facilitator I became aware that in the three-year family training course, some family therapy trainees can cope very well with the course, the self-exploration, the new topics whilst others are really challenged. I always asked myself: how can we strengthen family therapist trainees in our courses? How can we support them in developing even more inner strength, a high sense of coherence and resilience so that they are prevented to experiencing burn-out in their jobs.

Then, the idea crossed my mind to first investigate mental health and sense of coherence in a long-term study to then adjust training programme based on scientific results. I thereby combined two of my interests: being a researcher and a family therapist.

Citation:

IFTA Spotlight *Continued from Page 1…*

... four years before his therapist referred him to my hospital.

I went to the boy’s dorm to tell him that the following week I would be beginning family therapy with him and his parents, and he promptly attacked me and tore my shirt. Nonetheless, we proceeded with family therapy and from the first session on the boy never stopped talking! By the third session, he was infinitely better in much of his behavior, and at the same time there erupted the full sounds of intense marital disturbance as well as suicidality of the mother. I was hooked by family therapy forever!

**FTE:** How did you become involved with IFTA?

**IC:** I was very much aware of the founding meeting of IFTA in 1987 as I had a longstanding relationship with the founder of IFTA, Florence Kaslow. Judith Wertheimer, a dear friend who was at that time the executive secretary of our Israel Family Association, did attend, but I was unable. However, from that year on I attended every IFTA conference all over our world—they were wonderful, warm and learning events! From 1993 to 1995 I was IFTA’s vice president, and from 1995 to 1997 I served as the president of IFTA. I love the organization.

**FTE:** What is your opinion on the future of family therapy?

**IC:** I believe the future of family therapy requires us to re-sell the truths of family-systems dynamics to the medical profession. To our own selves I say that if you have a loved one or someone you care about deeply who gets into psychiatric trouble, be sure to have them seen in family therapy along with individual treatment (and I personally love it when both are with the same therapist). I also think we need to re-promote “fuller” family therapy as well. I would insist that all bona fide family therapists be trained meaningfully both in broader family therapy sessions and couple sessions, and that practicing therapists move fluidly between, and combine as necessary, the two modes of treatment.

**FTE:** You have been very busy, having three books published in the span of a year! Could you tell us a bit about each of your recent publications?

**IC:** I’ve been super busy, and now I am grinning from ear to ear as the publishing fates ended up mandating that three of my books were published pretty much within a year’s time. One of the books is about my lifelong study of genocide. I call it “a book for learning about ourselves before,” and what is going on inside us years before a genocide erupts that will shape what roles we will end up playing when a holocaust or genocide takes place. The other two books are about the concept of a “Democratic Mind.” The first is devoted largely to the theory. The second book addresses first actual diagnosis—including fascinating “new conditions” that as yet have no names in the formal DSM literature but can be understood for what they are through the lens of a democratic mind. This book then advances the “how to” of psychotherapy with emphases on treating intimacy, tragedy, violence and evil. In both books there is a stream of clinical examples. If anyone is interested in purchasing any of these works, they may contact me at encygeno@gmail.com for more information.
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<th>A DEMOCRATIC MIND: PSYCHOLOGY AND PSYCHIATRY WITH FEWERS MEDS AND MORE SOUL</th>
<th>PSYCHOTHERAPY FOR A DEMOCRATIC MIND: TREATMENT OF INTIMACY, TRAGEDY, VIOLENCE AND EVIL</th>
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<td>Groundbreaking - “The argument for freedom of thought in our work and in our lives is emblazoned in this groundbreaking book for our times. If you long for a unifying call for freedom of thought, read this book!” —David E. Scharff, MD, Int'l Psychotherapy Institute and IPA Committee on Family and Couple Psychoanalysis.</td>
<td>Captivating – “A captivating journey that charts a course for today's and tomorrow's mental health professionals. A courageous approach.” —Robert Krell, MD Univ. of British Columbia.</td>
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<td>Compelling - “This compelling book held my interest throughout. It is written by a man who loves life and speaks with candor, clarity, and courage. A critical exploration of the limits of contemporary psychotherapy, and a passionate plea to expand its agenda to family, community and the world. Charny's writing is lucid and interesting; passionate and lively.” —Michael Berenbaum, PhD, American Jewish Univ.</td>
<td>Original - “This is one of the most original psychotherapy books I have ever read. Israel W. Charny does not flinch when describing evil in the human experience. He calls on therapists to make the connection between political democracy and democracy in the mind and heart.” —Bill Doherty, PhD, Family Social Science, Univ. Minnesota</td>
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<td>Empowering – “Charny offers a metaphor of the Fascist versus Democratic Mind” as a new framework with which to understand symptoms and direct treatment that is firmly grounded in democratic, life-affirming values. It emphasizes the choice between good and evil. Charny offers an empowering and integrative psychotherapy to achieve these goals we need now more than ever.” —Susan McDaniel, Univ. Rochester Medical Center; Past President, American Psychological Association.</td>
<td>Creative - “A creative concept of democratic and fascist minds resulting in a set of novel and thought-provoking clinical ideas.” —Peter Suedfeld, PhD, Univ. British Columbia</td>
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<td>From the FOREWORD to the book by ALLEN FRANCES, MD, Editor of DSM IV: Fascinating - “This is a fascinating book, expressing noble aims. We must not be satisfied with treating pathology; Instead, we must strive to create goodness where once there was evil. Would it were possible. Let the reader decide between my skeptical reservations and Dr. Charny’s hopes. I hope he is right.”</td>
<td>Brilliant - “A brilliant summation of an extraordinary life spent grappling with the human condition. A twenty-first century embodiment of the rabbinc concept of “yetzer hara/yetzer tov” (in Hebrew: the good impulse and the bad impulse).” —Rabbi Dr. Samuel Karff, Temple Beth Israel, Houston and Univ. Texas Medical School</td>
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<td>From the FOREWORD to the book by DOUGLAS SPRENKLE, Ph.D., Former Editor of the Journal of Marriage and Family Therapy: Wonderful – “This is a wonderful book. It is the most provocative—very much in a positive sense—book I have read on psychotherapy in the past decade. It was a privilege to be drawn into the consulting room of a master clinician who handles very difficult cases with such sensitivity and brutal honesty.”</td>
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For more information on how to order the books of former IFTA President Israel Charny (1995 - 1997), [click here](#).
On Second Thought Continued from Page 2...

The investigators found that their primary hypothesis – which posited that the SOC would increase significantly in all areas over the period of study – was partially correct. Only the SOC components of meaningfulness and overall SOC score increased significantly over the three-year study. The measurements for comprehensibility and manageability did not show significant increases, perhaps due to the demographic which was being studied, composed of highly educated and successful trainees. The secondary hypothesis, which presumed that differences in SOC growth would be found between Catholic versus Protestant participants and married/live-in relationship versus single/divorced/widowed participants was not reflected in the data. The major limitations present in this study were the sample size and bias, as participants were not randomly selected or assigned.

This study represents an effort to begin investigations into more effective equipping of systemic therapists by intentional development of SOC in future therapists. Participants increased their meaningfulness measure of SOC, demonstrating growth in the important factor of motivation for engaging in difficulty. The findings also support an overall correlation between SOC and religion, though not distinguishing clearly between different denominations. In concluding their article, the authors suggest that relationship between marital status and SOC, as well as religion and SOC be more clearly investigated in future studies.

Q&A

Continued from Page 2...

What, if anything, surprised you about your study's findings?
There were various findings that caught my attention. We could really see that meaningfulness and sense of coherence in general increased significantly during the three years of training, while comprehensibility and manageability, as the three other components next to meaningfulness, did hardly change. This shows that for the trainees, the motivational, the emotional learning seems to be developing most whilst they already start the course with a strong comprehensibility and manageability. We did not expect this significant difference in the three components of sense of coherence.

A second finding which was really unexpected was that the results showed differences between Catholic and Protestant participants. Catholics had slightly higher SOC scores at the commencement of the training and retained their level of SOC throughout the 3 years. Protestants, however, initially displayed lower scores, but developed more with regard to meaningfulness and the total SOC score. The findings, therefore, support the general link between sense of coherence and religious affiliation which important on the development of sense of coherence throughout the course. That was a surprise for us.

What do you believe to be the biggest takeaways from your study for couple and family therapists?
The biggest take away is that training interventions in the family therapy training courses should take the mental health and development of sense of coherence actively into mind, maybe even as one of the key aspects in family therapy training. This will equip family therapist trainees with increased meaningfulness, comprehensibility and manageability. It will provide trainees with an increased inner strength and the ability to remain healthy during their work life. Further, therapists should not underestimate the impact of religious affiliation as an important aspect of diversity, such as gender, and cultural belonging and living status. On a practical note, family therapy training institutions can use the study to reconsider their training programmes and curricula to consciously foster the personal development of their trainees not only with regard to the training content, but also on a broader base which could be founded in salutogenesis, the science of development of health.
The 2019 World Family Therapy Congress of the International Family Therapy Association will be held in Aberdeen, Scotland. We invite you to join colleagues from around the world at the Aberdeen Convention Centre and the Holiday Inn Hotels by the North Sea.

Like all IFTA Congresses, it will feature many approaches to a variety of problems and ways of coping with them. The congress aims to help heal hurting couples and families in various cultures.

**Call for Proposals:** OPEN NOW UNTIL September 30th
Proposals are sought for in the following categories:
- Brief Presentation (20 minutes)
- Lectures/workshops (45 minutes)
- Poster Displays

**Students**
Students must send proof of student status (scan of student ID) to info@ifta-congress.org to receive a Promo code in order to register as a student.

**The Official Language**
of the meeting is English. All abstract submissions must be in English.

**Proposal Information:**

**Submit a Proposal:**
www.ifta-conference.org

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**Plenary Speakers**

**IMELDA MCCARTHY, Ph.D.**
Imelda Colgan McCarthy, PhD, is a systemic social constructionist therapist, supervisor and consultant. She has affiliations with School of Applied Social Sciences at University College Dublin where she was a director of the PhD program in family and systemic therapies and a senior university lecturer. She currently works in private practice while she teaches and consults nationally and internationally (see www.imedmacarthy.com). Imelda is also affiliated with Reminiscence Consultation Centre (London, UK), is on the faculty of the TAOS Institute PhD programme. She has written and presented both nationally and internationally in over 20 countries on the topics of Women, Child Sexualised Abuse, Poverty and Spirituality and Therapy.

Dr. McCarthy is a co-founder of the Irish Family Therapy Association and Ireland’s first professional training programme in family therapy at the Mater Misericordiae Hospital in Dublin. Currently she is directing the Spiritually Based, Co-Creative Coaching Counselling and Therapy Training Program at Blue Star Holistic Centre, Trinidad, West Indies.

**Monica McGoldrick M.S.W., Ph.D. (h.c.)**
Monica McGoldrick, MSW, PhD (h.c.), Director of the Multicultural Family Institute Teacher, author and family therapist. She has an international reputation as a trainer and author. She is on the Clinical Faculty of the Psychiatry Department of the Rutgers Robert Wood Johnson Medical School. Her books include Ethnicity and Family Therapy (3rd ed), The Expanded Family Life Cycle (5th ed 2017), Genograms (3rd ed), Living Beyond Loss (2nd ed), Re-Visioning Family Therapy: Race, Culture and Gender in Clinical Practice (2nd ed), Woman in Families, and The Genogram Journey: Reconnecting with Your Family (2nd ed of You Can Go Home Again, 2011). Her newest book the Genogram Casebook was published by W.W. Norton in 2016. She is also the author of a number of clinical videos available through www.psychotherapy.net.

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**Early Registration Rate Available - April 15**
IFTA’s second Intensive Institute will be held in October of 2018 in Prague, the Czech Republic. The Institute will be limited to 80 people.

In this highly interactive institute participants will explore innovative approaches to advancing family and systemic therapy in a variety of clinical and cultural contexts. Lead by thought leaders in the field, participants will have the opportunity to identify the unique challenges and needs relative to advancement of systemic therapy in their practice and training settings. Over the course of two days, the presenters will focus on:

- Strategies to identify and assess clinical and training needs
- The development of systemic clinical competence
- The implementation of efficacious systems to train clinicians and deliver effective systematic interventions
- Successful tactics in delivering systematic therapy in diverse clinical contexts
- The importance of training, mentoring, and supervision within

**Registration Rates:**

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<td>Dorothy Becvar</td>
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**Theme:**
Theme: Advancing Family and Systemic Therapy World-Wide: Innovations in Training, Supervision and Practice

**Submit a Proposal:**
www.ifta-conference.org

**The Official Language:** English

**Venue:** To be announced
**Registration:** Opens April 1, 2018

**More Information:**
www.ifta-congress.org
Edited By:
Christian Jordal, Ph.D.

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By Katherine M. Hertlein & Keaton Brown

Online financial therapy
By Thomas E. Smith, Jaclyn M. Williams, Kristin V. Richards & Lisa S. Panisch

A component analysis of behavioral skills training for effective instruction delivery
By Zachary C. LaBrot, Keith C. Radley, Evan Dart, James Moore & Hannah J. Cavell

In-session therapist actions for improving client retention in family therapy:
Translating empirical research into clinical practice

Counseling students’ perceived challenges for self and families with members living with HIV/AIDS
By J. Richelle Joe, Nevin J. Heard & Katey Yurcisin

Nominate someone to be featured in a future issue!
This newsletter is designed to let you know what is going on with the IFTA and also to let you know what research is happening within the community. What research have you been working on? We want to know! Have you been involved in something noteworthy within the family therapy field? Tell us about it! If you want to be featured in one of our future newsletters, or if you know someone that should be featured in one of our future newsletters, please send information to:
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