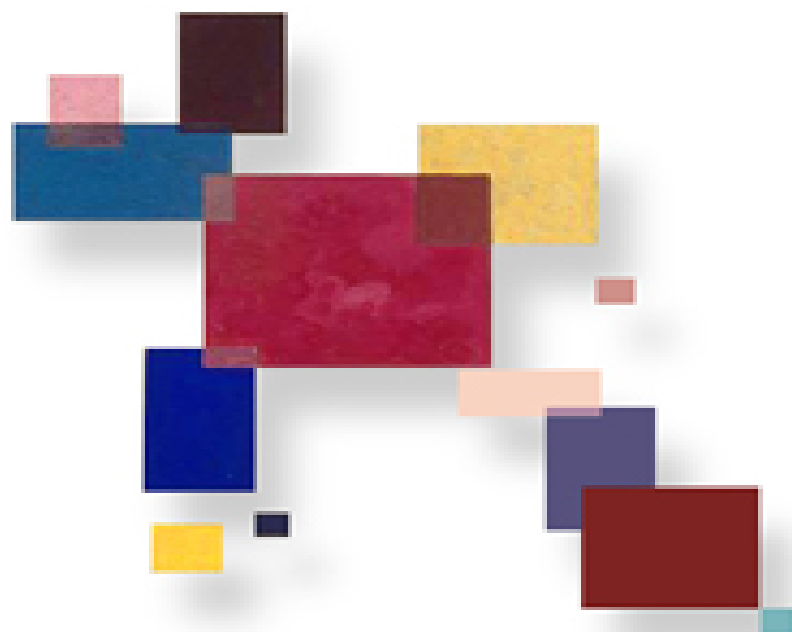# INTERNAL FAMILY SYSTEMS THERAPY

SECOND EDITION

RICHARD C. SCHWARTZ

MARTHA SWEEZY

Also Available

Handbook of Family Therapy Training and Supervision
Edited by Howard A. Liddle, Douglas C. Breunlin, and Richard C. Schwartz

INTERNAL FAMILY SYSTEMS THERAPY

SECOND EDITION

Richard C. Schwartz
Martha Sweezy

The authors have checked with sources believed to be reliable in their efforts to provide information that is complete and generally in accord with the standards of practice that are accepted at the time of publication. However, in view of the possibility of human error or changes in behavioral, mental health, or medical sciences, neither the authors, nor the editors and publisher, nor any other party who has been involved in the preparation or publication of this work warrants that the information contained herein is in every respect accurate or complete, and they are not responsible for any errors or omissions or the results obtained from the use of such information. Readers are encouraged to confirm the information contained in this book with other sources.

This second edition is dedicated to my father, the late Ted Schwartz, who taught me to follow the data even if they lead far outside my paradigm, and the late Doug Sprenkle, who was a great mentor and supporter.

—R.C. S.

I dedicate my efforts in this book to the therapists, counselors, coaches, meditators, mediators, educators, lawyers, businesspeople, organizers, physicians, spiritual seekers, scientists, farmers, environmentalists, researchers, tree planters, artists, and citizens who are implementing IFS personally and professionally all over the world.

—M. S.

About the Authors

Richard C. Schwartz, PhD, the developer of the Internal Family Systems (IFS) model, is on the adjunct faculty of the Department of Psychiatry at Harvard Medical School. He has devoted his career to evolving and disseminating IFS, which now is being taught all over the world. Dr. Schwartz founded the IFS Institute in Oak Park, Illinois, which coordinates IFS trainings in the United States and internationally. He is a featured speaker at many national conferences and has published more than 50 articles and books about IFS and other psychotherapy topics. His website is *https://IFS-institute.com*.

Martha Sweezy, PhD, is Assistant Professor at Harvard Medical School, part-time; Program Consultant and Supervisor at Cambridge Health Alliance; and former Assistant Director and Director of Training for the Dialectical Behavior Therapy Program at Cambridge Health Alliance. She has a therapy and consultation practice in Northampton, Massachusetts, and has a particular interest in how shame and guilt affect human behavior. Dr. Sweezy has published several articles and books on IFS therapy.

Preface

The family therapy movement, which viewed extreme individual behaviors in the context of a larger system, liberated the field of mental health to focus on context and relationships. Internal Family Systems (IFS) takes this perspective further by viewing the psyche as a relational milieu that is populated by independent entities. IFS guides us to be curious about the motives and interactions of this inner populace, who have their own stories to tell.

These inner entities, which I (RCS) designated *parts*, are altruistic and their behavior is motivated rather than random. Their intentions for the internal system are positive. As I learned when I queried the inner systems of young, eating-disordered women, when one part gets hurt others typically take on protective roles and make sacrifices for the system as a whole. These protective parts feel gratified when we acknowledge their sacrifices, and palpably relieved when we address their concerns. But an attitude of acceptance and gratitude toward extreme protectors is not intuitive for those of us who are strongly influenced by Western culture. In the novel *Night Secrets* (1990), Thomas Cook's hero describes his experience of an inner critic:

> He could feel the evil bubble growing in him, the one that made everything a little emptier than it already was…. It drifted toward him from out of nowhere now, as if it no longer needed to be called up by any particular thing, but simply occupied its place as a steadily darkening presence, filling him with hissing accusations about the way he'd lived his life. There were times when he suspected that everyone must have such a specter, but then he'd see a couple laughing in a restaurant or a father playing with his daughter in the park, or even some solitary old woman contentedly reading a newspaper on her bare cement stoop, and they would strike him as people who'd somehow escaped the grasp of a merciless pursuer, had closed the door and thrown the bolt just in time to leave the shadow breathless in the hall. (pp. 161–162)

This character views his critic as a mysterious, sinister force that is harsh and out of control. However, as we illustrate throughout this book, even relentlessly harsh protectors are engaging in self-sacrifice. Cook's hero was subjected to an inner critic who, if we were to interview it, would say it just wanted to protect "him" (i.e., the vulnerable young part it protects). If we asked how it was protecting him, it might say it was trying to shame him into mending his ways and improving so he would be safe from external criticism in the future; or, it might say it was trying to run down his confidence so he wouldn't take risks and get hurt. Finally, if we were to ask this critic if it saw the irony in trying to shame someone to save them from being shamed, it would blink in surprise and be stumped—because it would be almost as young as the part it was trying to protect.

Although harsh critics aim to serve the client's safety by controlling and inhibiting, they invariably spark resistance in other protectors who counterbalance inhibition with disinhibited behaviors like bingeing, drinking, cutting, and suicide. Although the subsequent clashes between proactive inhibitors and reactive disinhibitors can wreak havoc in an individual's life, they are quite effective at keeping injured parts—the heart of a client's vulnerability—out of sight and mind. Bulimic clients are a good example of this dynamic. Their inner life is characterized by a relationship between inner critics who scrutinize weight and appearance in threatening ways, and reactive counterparts who push for indulgence (Catanzaro, 2016). If we take this critic out of context, we might easily believe it represents a part's essential nature or is simply the internalization of a critical parent—just as we might believe that a bulimic teen simply has an eating disorder if we consider her in isolation, outside the context of her family system. But if we ask the part why it criticizes the client, it will say it fears a calamitous outcome if it were to stop: She would binge-eat, gain weight, and be even more unlovable; her rage would alienate her family; she would be overcome with sadness, stay in bed, and be all alone. In this context, brutal inner criticisms have a clear rationale. The critic is trying to manage an underlying threat that others may not see. The only credible offer of help is one that can resolve this threat. As we illustrate in this book, IFS guides us to offer deep understanding and credible help to the critic and the innumerable other parts who populate our clients' inner worlds, some of whom long to transform but are stuck in extreme, destructive roles.

THE SECOND EDITION

In the 25 years since the first edition of *Internal Family Systems Therapy* was published, the community of IFS therapists and practitioners has grown, and the IFS model of psychotherapy has evolved. Consequently, over 60% of this edition is new. In addition to updating the blueprint for using IFS with individuals, couples, and families, the new material aims to articulate the wisdom that has accumulated over nearly four decades of applying IFS in front-line mental health work with a wide variety of populations and diagnoses that range from posttraumatic stress disorder, anxiety, and depression to eating disorders and addiction.

This new edition can serve as a complete guide for therapists who want to use IFS. In its 20 chapters we name, show, clarify, and specify the nuances and implications of coupling an awareness of the Self, our wise seat of consciousness and source of inner leadership, with an awareness of our psychic multiplicity. These chapters illustrate techniques with sample dialogues in annotated case examples and include frequent boxes summarizing key points. They are divided into four sections.

The first section, which has four new chapters, provides an overview of IFS therapy, from origins to conceptual underpinnings. The new chapters in Part I cover topics that include the experiences that led me (RCS) to revise my understanding of the mind; the Self, which in IFS is the human seat of consciousness; the relevance of IFS to the body; and the role of the therapist in IFS. Other substantially revised chapters in Part I include a chapter on individuals as systems, and another on the nature of the burdens, or constraints, that bind, and the crucial act of release.

Part II offers an in-depth consideration of the steps and strategies of individual IFS treatment. This material has been completely rearranged and includes seven case-illustrated chapters. Four chapters cover the initial steps IFS therapists take to befriend protective parts. The other chapters cover protector polarizations, unburdening exiles, and doing inner work safely.

Part III illustrates IFS therapy with larger systems, including three substantially revised chapters on IFS family therapy, one new chapter on IFS couple therapy, and an updated chapter in which we reflect on how IFS concepts can be applied at the community and civic levels. Part IV includes one new chapter on IFS research and a new summary chapter on the "laws

of inner physics," or how things work in the universe of the psyche. Finally, as an aid to readers as they become familiar with the model, we have included a [Glossary of Terms](#) used in the book.

Acknowledgments

Richard C. Schwartz: For the first edition I wrote, "To adequately acknowledge my debt to the people whose help and ideas have influenced the Internal Family Systems (IFS) model would take a book in itself." Now, 25 years later, that book would be much bigger. I don't have space here to honor all those who deserve credit for influencing IFS through the past three and a half decades since I started on this journey. It has become a major movement in psychotherapy now with a big bibliography of books and articles (see *https://IFS-institute.com*). I am extremely grateful to all of those authors as well as the many IFS trainers, colleagues, and students who have made special contributions. The opportunity to share the responsibility for bringing IFS to the world with so many talented people gives me great relief.

I would be remiss, however, not to mention a few people by name. First, I want to thank my coauthor, Martha Sweezy, without whom this second edition would not exist. I had struggled unsuccessfully for many years to get it done and felt constantly overwhelmed with the task until I asked her to help me. She is not only a wonderful writer who has coedited and coauthored other important books on IFS, but she organized, clarified, and contributed many ideas to this overwhelming project. Second, I am blessed that my wife, Jeanne Catanzaro, is a very talented IFS therapist with whom I brainstorm constantly and who has shaped many aspects of modern IFS. Third, my brother, Jon, has so ably overseen the exponential growth of the training company for IFS, the IFS Institute, that I have been able to devote much of my time to creative endeavors like this book. Finally, the board of the Foundation for Self Leadership has volunteered countless hours to sponsor research and other projects that have brought credibility and

diversity to our movement. In addition, Martha and I have received excellent editing help from Barbara Watkins at The Guilford Press.

As I also wrote in the first edition, my clients deserve most of the credit for this model, and yet I cannot thank them publicly by name. My primary role continues to be that of a journalist, recording the extraordinary things they discover and report to me. I can never fully appreciate the courage it took for many of them to enter and remain in what sometimes seemed an inner chamber of horrors or an abyss of despair. They also continue to teach me about my own inner world and how to live in it differently. I recommend that all therapists allow their clients to mentor them in the practice of psychotherapy and the living of life; it is an enlightening and transforming experience.

Finally, my ex-wife, Nancy, supported and contributed to the early development of IFS; is a wonderful mother to our three daughters, Jessie, Sarah, and Hali; and is largely responsible for their healthy relationships with their parts and partners. All of them sacrificed because of my passion for and pursuit of IFS, while also challenging and contributing to IFS.

Martha Sweezy: Taking this dive with Dick into IFS and its history has been fruitful for me as well as fun—I thank him for thinking of me. But I also thank him for having the professional courage to be that guy who led by following. Like everyone, I know from personal experience that the psyche can be a lot like the Minotaur's maze. To find and heal our wounded fledglings as well as the "monsters" who protect them, we need strong thread woven with daring and kindness. IFS gave me that thread.

As I sit with my computer for hours on end, my husband, Rob Postel, walks through the room (bedroom, living room), brings me tea, stocks the fridge, checks to see if my eyes are glazing over (*Time to go hiking!*), pays the bills, cooks dinner, washes dishes, puts gas in the car—all while pouring his energy into gathering up citizen volunteers and organizing the means to plant hundreds of trees to address climate change in our town. His brilliance and generosity are appreciated by so many—I am just one lucky recipient.

I thank our daughter, Theo Sweezy, for her patience, interest, and loving support. Though she has been living in another town and has not had to tolerate me being glued to my computer for days on end with this book, she has lived with my writing fever in the past with great tolerance. She is the soul of kindness.

Last, I want to reiterate our thanks to our editor, Barbara Watkins, whose ability to understand the subtleties of our subject matter and to help us weave material from the first edition into this one has struck me as remarkable.

Contents

PART I

AN OVERVIEW OF INTERNAL FAMILY SYSTEMS THERAPY

CHAPTER 1

The Origins of Internal Family Systems Therapy

We begin this introductory chapter with a bit of the story of how I (RS) developed the Internal Family Systems (IFS) model. I am the eldest of six boys born to Genevieve and Ted Schwartz. Ted was a highly successful academic physician who made a number of important discoveries in the field of endocrinology and was later the head of medicine at a big medical center in Chicago. While I am grateful for the many gifts I received from him, there were also some burdens. He wanted his sons to follow him into medicine and so, as the first of six sons, I was under a lot of pressure. But I didn't (and to a large degree still don't) have a head for hard science, and I was generally not interested in school—which angered my father. His frustration, conveyed through occasional outbursts of contempt when I brought home a report card, simmered on the back burner of my consciousness. From those episodes I acquired what, in this book, we call the *burden of worthlessness,* which was accompanied by a drive to prove my value to him. That drive became a valuable motivator in the early days of trying to birth this model of psychotherapy in the face of a lot of resistance.

Every summer throughout my college years, my father got me a job as an aide on the adolescent psychiatric unit of his medical center in Chicago. My job was to take patients bowling, swimming, or to the movies. As a result, the kids and I became friendly. Away from their families, I would feel good as I watched them get better through the summer, only to find that they were back in the hospital the next summer. Since I mostly worked weekends, I was often in the day room when families came to visit, and I could hear their angry parents letting loose about the ways in which their

kids were shaming their family. After the parents left, I would offer them comfort. I also asked if their therapists were doing anything about their family dynamics. They replied that their therapists never talked to their families and rarely talked to them. While therapists might comment on the meaning of the kids' feelings or behavior, mostly they listened. And whole sessions could go by in silence if a kid wouldn't talk. Although I knew very little about psychotherapy, I knew something was wrong with that picture.

One summer I became particularly attached to a delightful 16-year-old girl who had been addicted to heroin. She told me privately that her father had molested her. One day when her parents visited, her father sat by passively while her mother ranted about the ways in which her selfishness was hurting them. The teen killed herself the next day. I felt a lot of different things, not least outrage at the injustice of what had happened to her. I decided I wanted to become a psychotherapist and do things better. A counselor at my college taught a course on clinical psychology. Here I learned about the psychoanalytic approach to therapy that was being used with these inpatient adolescents, including the rationale for excluding families from treatment and for therapists to stay relatively distant from the kids (psychoanalysis has subsequently evolved to become more relational and inclusive of clients' external contexts). He also introduced me to some therapies that were challenging the psychoanalytic approach.

I was particularly drawn to Carl Rogers and Fritz Perls. Rogers appealed to me because, in contrast to the detached stance of analytic therapists, his caring, empathic style made intuitive sense to me. I was drawn to Rogers's humanistic view that people get hurt but are basically healthy. Perls, on the other hand, struck me as a courageous, outrageous rebel who was breaking out of the analytic paradigm. Emotions should be fully expressed and experienced rather than interpreted. His "empty-chair" technique, in which the client would talk to "top-dog" and "underdog" parts who sat opposite in an empty chair, was my first exposure to the idea of inner conversations.

Despite the appeal of Rogers and Perls, I felt something important was missing from their approaches. I kept thinking about angry parents attacking their kids, an external factor that they ignored, too. This was 1970 and, unbeknownst to me, a small but growing group of therapists had come to the same realization some years earlier and were developing a new approach called *family therapy*. But I wouldn't learn about family therapy for another 4 years.

OVERVIEW OF INTERNAL FAMILY SYSTEMS THERAPY

Internal Family Systems (IFS) therapy is a synthesis of two paradigms: the plural mind, or the idea that we all contain many different parts, and systems thinking. With the view that intrapsychic processes constitute a system, IFS invites therapists to relate to every level of the human system—the intrapsychic, familial, communal, cultural, and social—with ecologically sensitive concepts and methods that focus on understanding and respecting the network of relationships among members. IFS therapy is also collaborative and enjoyable. And because we view people as having all the resources they need rather than having deficits or a disease, it is nonpathologizing. Instead of seeing people as lacking resources, we assume people are constrained from using their innate strengths by polarized relationships, both within and with the people around them. IFS is designed to help us release our constraints and, in so doing, also release our resources.

IFS is rated effective for improving general functioning and well-being on the National Registry for Evidence-Based Programs and Practices (NREFF) by the Substance Abuse and Mental Health Administration (SAMHSA); and is considered promising for improving phobia, panic, generalized anxiety disorder and symptoms, physical health conditions, and depressive symptoms. As a way of providing context and conceptual background to the IFS model, I (RS) tell my story in this chapter.

FAMILY SYSTEMS, FAMILY THERAPY

By 1973, the environmental movement had launched, and I was fascinated with its emphasis on interconnections, which are inherent to ecological and systems thinking in general. I read Ludwig von Bertalanffy and Gregory Bateson, unaware that a few years earlier their ideas had also begun to inspire family therapists. Changes in one aspect of any system, they said, could have unforeseen, unintended, and often powerful consequences in connected systems. In addition, systems would try to maintain "homeostasis." That is, a system would resist attempts to change it,

especially if those attempts seemed ignorant of the context in which the behavior made sense.

As a result, I became convinced that it was unreasonable to expect individuals to change in isolation from their environment. When I heard of an incipient movement called "community psychology," which had incorporated some systems thinking, I searched for a graduate program that would focus on working with communities and found one nearby at Northern Illinois University. There I learned three important things about myself and my options: (1) I was too shy to be a good community organizer; (2) community work takes a long time to bear fruit, which did not suit me; and (3) a man named Earl Goodman, who had recently come to Northern Illinois, was teaching an approach inspired by systems thinking called *family therapy*. This approach appealed to me as a potentially quicker route to change.

I immediately joined a small group of students who spent many hours watching each other work with families from behind a one-way mirror under Earl's tutelage. Since this was shortly before the publication of several seminal family therapy texts that would give us clarity and direction, we were groping in the dark and basing our interventions on vague concepts like homeostasis and scapegoating. We thought that parents couldn't handle their own issues, so they needed a child as a scapegoat and would, perhaps unconsciously, undermine the therapist's attempts to help the child because they relied on the child's symptoms as a distraction. The goal was to help families shift their focus from the "identified patient" to the parents' troubled marriage, freeing the child from having to protect the parents by being symptomatic.

After a few successes with this approach, I became a zealot. We felt as if we were part of a revolution in understanding and treating human problems, and as such we believed we were superior to the rest of practitioners in the psychotherapy field. I became an obnoxious crusader, pointing families toward the errors of their ways and challenging psychodynamic therapists at conferences. The following year two books came out that fortified my inflated convictions: *Families and Family Therapy* by Salvador Minuchin (1974) and *Change* by Paul Watzlawick and his colleagues in California (Watzlawick, Weakland, & Fisch, 1974).

After reading these books, I read and reread the work of the intrepid souls who were spearheading the family therapy revolution and bashing the

establishment. Salvador Minuchin and his colleagues (Minuchin, Rosman, & Baker, 1978) were claiming to have great success with anorexia, a condition that was considered very difficult to treat. Jay Haley (1976, 1980) made similarly bold claims about his work with young people with psychosis who couldn't leave home because they were protecting their families. The missing ingredient in psychotherapy, they said, was the patient's external context. Along with them, I was convinced that there was no need for mucking around with inner states and feelings because clients would achieve more therapeutic gains when we reorganized their external contexts. Families just needed clear boundaries, including rules about who interacted with whom and how, so that family members were not too close or too distant from each other.

Parents needed to be allied with each other and in charge. Every family needed a clear hierarchy of leadership so the children did not have to worry about their parents or side with one parent against the other. In addition, family members' beliefs about each other, which fueled repetitive patterns and boundary problems, would change once the therapist "reframed" the harmful or mysterious behavior of the child as the child's positive intent to protect the family. For example, a father yells at his son for being too shy, which makes the boy more self-conscious. As the boy withdraws further, the father gets increasingly frustrated, doesn't know what else to do, and criticizes his son more, and so on. We thought the family dynamic would shift if we could convince the father that his son aimed to protect his mother from facing an empty nest by being shy and not leaving home.

To assess families, we tracked their interactions and asked questions. We aimed to reveal the sequences and patterns that created vicious cycles, which generally consisted of a child allying inappropriately with one parent or being recruited to protect some other family member. The opposite was also true: Rather than being too enmeshed, some family members were too cut off from each other. We were alert to parents being overbearing or abdicating their responsibilities altogether. When we found such evidence, we pointed it out to the family, urged them to change according to our instructions, and dispensed reframing views of the identified patient's behavior liberally.

Since we were looking for pathology within the family rather than the psyche, we were no less pathology detectives than the therapists we disdained who gave clients diagnostic labels. We were the experts who

knew what the family needed. When families didn't follow through and change as we had prescribed, we labeled them "resistant" and interpreted the resistance as their need to stay stuck. This diagnose-and-impose attitude worked reasonably for some families, but made antagonists of others and was the opposite of helpful. Our expert mindset led us to deal with the so-called "resistance" in families by trying to manipulate them with "paradoxical injunctions," which involved telling them to keep doing what they were doing in the hope that they would rebel. In short, we viewed families as intimidating adversaries who were so strongly attached to their symptoms that therapists needed either to jolt them into changing or impose change on them.

After graduating from the master's program at Northern Illinois, I carried that top-down mindset to my first job, at the same Department of Psychiatry at the Chicago hospital where I had been an aide when I was younger. Hired to work with the families of pain patients, I was the token family therapist in a psychoanalytic department. I stayed for a year, asking families a lot of annoying questions about the function of their symptoms with the intent of uncovering the role of pain in their family dynamics. While this approach struck pay dirt in a few cases, many families were simply insulted by the insinuation that their suffering was manipulative and put off by my prescriptions for change. Showing me how much I didn't know, this checkered outcome sent me back to school.

MURRAY BOWEN AND VIRGINIA SATIR

My choice for graduate work, Purdue University, was known for its engineering school, but it also housed a doctoral program in family therapy with a stellar reputation. After getting married, I moved to Purdue in West Lafayette, Indiana, where I studied with Doug Sprenkle, a well-known family therapy teacher and researcher. There I learned about Murray Bowen and Virginia Satir, family therapists who challenged my biases by focusing on the experience of individuals within families. Until then, still reacting against the psychoanalytic approach I had encountered at the hospital, I had assiduously avoided intrapsychic considerations, branding them "linear" rather than "systemic." Meanwhile, Virginia Satir (1970, 1972) was considering the importance of self-esteem and Murray Bowen (1978) the

importance of self-differentiation. At times they also worked with individual family members rather than solely convening the whole family.

Because I had struggled so hard to differentiate from my father and family, I was drawn to Bowen's approach. I knew firsthand the challenge of developing my own views without rejecting family values and gifts. By this time my passion for (and modest success with) family therapy had quieted those *you're-a-failure, you-have-to-change-the-world* voices that I had gotten from my father. Meditating regularly also kept my head above water. I was feeling good about myself, regardless of what my father thought of my choices. I thought I was a classic example of someone who had successfully differentiated from their family of origin. Little did I know how much further I had to travel!

Satir's appeal for me lay in her emphasis on changing how people communicated their feelings. I judged myself generally quite happy. I would cry at times and feel closer to my wife, Nancy, which helped me feel good about myself. However, sometimes when Nancy said something quite innocent I would explode angrily. Although I had no idea why, I was aware of intense shame and self-loathing bubbling to the surface when I wasn't distracted. Satir asserted that clear and congruent communication would improve people's self-esteem and their relationships. If her style of communicating could change my behavior and the potential for my feelings to wreak havoc in my marriage, she was my new hero.

My dissertation explored the hypothesis that improving communication in a couple would improve the self-esteem of the individual partners. A fellow student and I taught a Couples Communication Program, developed by Sherod Miller, which fit closely with Satir's ideas. We also took pre-, post-, and follow-up samples of participant couples' communications and levels of self-esteem. And we did find a correlation between better communication skills and improved self-esteem immediately after the program. But at follow-up the correlation had not lasted. It seemed that self-esteem was a bit more difficult to transform than Satir and I had thought. Disappointed, I concurred with the judgment of many others in the field that Satir was too "touchy-feely." I moved away from her ideas, re-embracing the harder-edged, "expert" mindsets of Minuchin and Haley, only to realize much later as I developed IFS that I was standing on her shoulders more than the shoulders of any other family therapy pioneer.

In 1980, the same year our eldest daughter, Jessica, was born, I graduated from Purdue and took a job at the prestigious Institute for Juvenile Research (IJR) in Chicago as a family therapy trainer and researcher. IJR was essentially a state-supported think tank from which much of the early sociological research on juvenile delinquency had emerged. As it turned out, this setting was ideal for consolidating my ideas. I joined a few colleagues (including, at different points, Doug Breunlin, Howard Liddle, and Betty Karrer) to teach in a small family therapy training program within the institute that offered therapy to troubled kids and families from Chicago's west side. Since our teaching and clinical loads were light, we were able to log many hours watching each other and our students from behind one-way mirrors as we worked with disadvantaged families.

At IJR my change-the-world parts blossomed into full grandiosity. I believed I had landed in the perfect setting and had found the revolutionary ideas I needed to prove that I wasn't a failure. Since my father was a prominent physician and had wanted me to be one as well I was eager to see what family therapy could do for medical syndromes. Perhaps, I reasoned, my inability to learn medicine would now be a blessing in disguise because I would find a new approach to medical problems. When a young client tearfully confessed to me during my first year at IJR that she routinely ate huge amounts of food and then vomited it all up minutes later, I asked around the institute and learned of a newly described syndrome called *bulimia nervosa*, which seemed perfect for my purposes: a new syndrome that was difficult to treat and had quantifiable symptoms so I could demonstrate the effectiveness of my work scientifically—to my father. Plenty of room for contributions! I recruited Mary Jo Barrett, a colleague who was also interested in eating disorders, to co-lead the study with me, and we contacted a local eating disorders association to get referrals. By the winter of 1983, my colleagues and I were well into the study and were having success applying a structural/strategic model with the families of these women with bulimia.

Alas, the study didn't work out as planned. Several clients weren't "cooperating." Although I could reorganize their families just as Minuchin recommended, the young women kept bingeing and purging. What to do when prophecies fail? I had already abandoned Virginia Satir and now I wanted to abandon Salvador Minuchin, too. Either he had exaggerated his

outcomes with anorexia or I was a failure as a structural family therapist. Just as I concluded that I would be wise to look elsewhere to change the world, something happened with a client named Quinn.

DETRIANGULATION WAS NOT ENOUGH

Quinn was 23 years old when she came to therapy feeling suicidally depressed about her habit of bingeing and vomiting. She and her family had been in the study for over a year and had responded well. Quinn had been very involved in her parents' relationship, acting the confidante to her father while being both a rival and caretaker to her mother, all of which is common for clients with bulimia. Many emotionally charged sessions had uncovered this triangle, releasing Quinn from the roles she was playing for her parents, and helping her parents begin to negotiate with each other directly. As her parents did better, Quinn moved cautiously from their home to her own apartment, found a good job, and made friends for the first time. We had weathered several episodes in which parental quarrels and distress had, like a vacuum cleaner, sucked her back into the middle of their relationship. But her parents were courageous enough to address their eruptions in marital therapy, and from my perspective the family system was successfully transitioning to a new chapter.

Throughout the family therapy Quinn's bulimic symptoms had waxed and waned. Now that she was functioning independently and had a new perspective on family crises and loyalties, I expected her to discard the eating disorder. After all, to my way of thinking Quinn and her family were detriangulated and did not need her to indulge in this nasty habit. To my dismay, however, Quinn seemed unaware that she was cured. Although she was religiously compliant and followed every direct or paradoxical task I set, the effects were temporary at best. Quinn went on being symptomatic and unhappy, and I felt annoyed that my outcome study could not claim success. Out of frustration I asked Quinn what was happening *inside* that drove her to binge and purge. In response, she began to talk about warring parts.

REDISCOVERING THE PSYCHE

In that Quinn had no sense of control over what her parts said or did, she described them as being autonomous. They had distinct voices, talked back, said funny things, and were willing to cite their motives. Although blown away by all this, I was still cautious about its implications. For one thing, I was culturally conditioned to view myself (and the people around me) monolithically. In the 20th century, the subjective experience of psychic multiplicity, which we can think of as many inner personalities operating in one person, was widely considered pathological. For another, my professional culture routinely used adjectives such as *needy, hostile, nurturing,* and *overinvolved* to describe clients, as if the essence of these individuals could be summed up in an adjective or two describing their behavior. Once I shifted to the paradigm of multiplicity, these kinds of simple descriptions no longer sufficed—nor did standard diagnostic categories. I knew if I went further, I would be taking a big leap.

HIDDEN CONVERSATIONS

Mounting evidence ultimately overrode my concerns, and I accepted that my clients' challenges to received wisdom were valid. I felt I should at least have an open mind and be curious about what they were saying, so I kept inquiring and hearing the same news: The chattering mind denotes a nonunitary, relational mind. Throughout the day all of us pass from one personality to the next. For most of us this process is mundane, fast, fluid, and largely out of awareness. But although our limited vocabulary for distinguishing among our inner entities (at least in English) blocks us from being aware of the activity of this inner community, our ignorance does not stop the community from conducting its business.

QUINN'S ONGOING DILEMMAS

As it turned out, Quinn had a number of ongoing inner dilemmas with a life of their own that were immune to the changes in her family, which is why my structural/strategic interventions were less effective than I had wished. Although Quinn was convinced that she would be able to shake bulimia if she had a loving relationship with a man, she could not tolerate closeness.

She felt elated when a prospective boyfriend liked her, but as he got closer she was gripped by the conviction that she was repulsive and he was a dangerous oppressor. When she could no longer tolerate the tension between her longings and fears in a relationship, she would withdraw. And when the man finally stopped calling and gave up, she would sink into despair, stop going to work, and sit around her apartment believing that she had blown her only chance for love. Throughout the initial excitement and the eventual letdown of this cycle, Quinn binged and purged.

BULIMIA AS LOVER AND PERSECUTOR

Clients who rely on addiction for intimacy, comfort, and distraction are typically caught in the Catch-22 of longing for love and believing they are unlovable. Although the addiction soothes and distracts from this dilemma, it also generates a highly negative self-image—for which addiction is, ironically, the quickest fix. So round it goes. While dating, Quinn would become obsessed with her appearance and her bathroom scale. If the number on the scale was bad news, her desire to binge grew more intense.

Every time she retreated from life, comestible intimacy was her solace, nurturance, and pleasure. Food filled her emptiness. Having long since lost any natural revulsion about vomiting, which offered a sense of physical purification and mental peace much like an orgasm, Quinn balanced her bingeing with purging. But, because she lived in constant fear of gaining weight, any peace she achieved during this cycle was short-lived. When she was dating, men were her tormentors; when she was not dating, the bathroom scale was her tormentor. If the news was bad on either front, she soothed herself with bingeing and purging. At the same time, she experienced bulimia as a perpetrator: It was her jailor as well as her savior. If only she could stop, she believed, she would be able to get close to a man and finally get the love she needed. In short, whether Quinn was feeling optimistic or depressed, she remained in the grip of her soothing, anxiety-provoking, physically punishing eating disorder.

BREAKING THE TABOO

As long as I was attached to my "external-only" family therapy orientation, I was at a loss with Quinn. My inability to help her forced me to confront the limitations of my model. By asking Quinn about her inner experience, I was violating the unwritten rule of family therapy: Stick with externals. Desperation drove me to go ahead anyway and ask her what she was experiencing just before she went on a binge-and-vomit spree. She said she heard a confusing cacophony of what she called "parts" and "voices" arguing in her mind. When I pressed her to differentiate these voices, she found—to our mutual surprise—that she could easily identify several regulars who got into heated debates. One voice was highly critical of everything about her, but especially her appearance. A second defended her by blaming either her parents or the bulimia for her problems. A third felt sad, hopeless, and helpless. And, finally, there was a fourth who "took over" to make her binge.

Fascinated by this report, I asked other clients with bulimia the same questions and heard remarkably similar stories. Notably, they spoke of frequent, abrupt, and drastic shifts in their feelings, thoughts, and behaviors, as if some very different people were taking turns possessing them. As one client lamented, "In the course of 10 minutes I go from being a professional who has it all together, to a scared, insecure child, to a raging bitch, to an unfeeling, single-minded eating machine. I have no idea which is the real me. But I know I hate this." Although these young women were disturbed to ricochet helplessly among contradictory personalities, looking at these personalities caused the entities to distinguish themselves. Clients called them their "parts": "This part of me is like a little child; that part is mature but rigid." Identifying parts caused my clients to find them less overwhelming and intimidating. In this way, observing instead of avoiding their parts helped my clients find a new perspective on their inner experience. The voices seemed to have reasons for being extreme, which gave us a clue that their extremity was not the whole story.

ASKING QUESTIONS

At this point, I had the big advantage of total ignorance. I had not studied intrapsychic theories and I had few preconceptions. All I could do was listen carefully and trust what my clients were telling me about their inner

worlds. Without a conceptual framework for these explorations, I spent many sessions asking Quinn and other clients about their parts. What were they like? What did they want? How did they get along with one another? Which ones did the clients like and listen to, and which did they hate, fear, or ignore? The more I explored, the more their descriptions reminded me of families. Each inner voice was idiosyncratic in character, complete with temperament, desires, and a distinct way of communicating. Moreover, parts had alliances and polarities. We discovered that those who were vulnerable got locked away, or, as I came to speak of it, "exiled." Others managed the client's life, while yet others distracted from controversy and pain. Regardless of their role, most parts we met did not trust the client to lead, often believing that she was still young and at risk.

The more I learned about the inner families of these young women, the more relevant family therapy concepts such as homeostasis, triangulation, and scapegoating looked in relation to their inner dynamics. Everything I'd learned from structural family therapy seemed to apply. So I began to co-create experiments with clients with the aim of using family therapy techniques to reorganize their inner systems. My first mistake was to assume, as many psychotherapies do, that parts are what they appear to be. For example, I saw critical parts as "internalizations" of parents at their worst, and bingeing parts as inner metaphors for out-of-control impulses.

This view set me up for my second mistake, which was encouraging clients to use a managerial attitude toward their parts. My idea was to teach clients to ignore, control, or do battle with their parts. Consequently, I would ask, "When the critic attacks you, what do you usually do?" They'd say something like, "I usually agree with it and feel terrible." And I sent them home with instructions to stand up to the critic instead, and they would report that matters had gotten worse: The critic took a harsher, more brutal tone and called them more names. Nevertheless, I persisted. I was determined to help my clients either ignore extreme parts or coerce them into compliance—until I met Roxanne, a client with bulimia who showed me the nature of parts and taught me how to relate to them.

ROXANNE

In our first session, Roxanne said she believed her bulimia was related to having been sexually abused by a neighbor when she was young. She was the first survivor of sexual abuse I had worked with, and I was determined to help her overcome all the dreadful consequences of this transgression. Some sessions later she showed me fresh gashes on her arms, disclosing that she often cut herself. By then I had become very fond of Roxanne and I was appalled to see these wounds. I decided I wouldn't let her leave until we had the cutting part under control. Around this time I was experimenting with the empty-chair technique from Gestalt therapy: The client sits in one chair facing another chair that is empty. Imagining a part in the empty chair, she talks to it. This time, however, I did something different with the chair technique. I asked Roxanne to move to the empty chair so I could speak to her cutting part directly. When I asked the part why it was cutting her, it replied that she was bad and deserved to be hurt. I told the part that cutting was no longer acceptable and it would have to find something else to do. I also recruited Roxanne to tell the part that it could no longer cut her. Roxanne gamely delivered this message. The part responded with disdain, so I badgered it for 2 hours until it finally agreed not cut her until the next appointment. When I opened the door to Roxanne the next week, I gasped. She had a big gash down the middle of her face. My macho, not-on-my-watch coercion had led to disaster. As I looked at her face, all the fight in me collapsed. I was overcome with a sense of my own powerlessness. I said to Roxanne's cutting part, "I give up. You win. This is a dangerous game and I can't beat you."

To my surprise, the cutting part dropped its bravado and replied softly, "I don't want to beat you," at which I melted into a state of pure curiosity. "Then why do you cut her?" I asked. Sensing that my interest was genuine, the part described its two-pronged job. In the past when Roxanne was being abused, it had taken her out of her body and controlled her rage, which would have endangered her further. The part went on to tell me it still needed to get her out of her body when she was scared, and it still needed to control the rage, which is why it was still cutting her. As I listened I felt great appreciation for the part and the heroic role it had played in Roxanne's early life—and I said so.

I was also struck by the sense that the part was still living in the past, during the time in which Roxanne had been abused. It seemed to be frozen in the past, just as many acting-out children are trapped in their roles. From

what I knew about families, I calculated that this part would be willing to change only if two things could happen: if the part could get out of the past, and if Roxanne's fear and rage could somehow change. At the same time, since I now realized that this part wasn't what it seemed to be, I asked what it would prefer to do if it were released from its job. Without hesitating, the part said it would like to do the opposite of what it was currently doing. It wanted to help Roxanne feel her sensations more intensely.

I was so excited that I couldn't sleep that night. What if destructive parts actually intended to help? What if they didn't like the extreme roles they had been forced into? What if all of us in the field of mental health were mistakenly encouraging vicious cycles within clients and families? What if, the more we lectured, drugged, and tried to banish or control parts like this one, the harder they would fight to protect our clients? Maybe we were scapegoating impulsive, compulsive parts just the way my early teachers— the acting-out adolescents on the inpatient unit in Chicago—had been scapegoated in their families. What if we could simply help these parts with their fears? Could they be liberated from extreme roles in the same way adolescents were liberated in family therapy? Could the inner world of parts reflect the outer world of families and vice versa?

Returning to work, I immediately tried speaking to extreme parts in other clients—anorexic, suicidal, rageful, bingeing—with a noncoercive, open curiosity. To my delight, they responded just like Roxanne's cutting part. They said they would certainly prefer to use their energy for positive purposes if doing so were safe, but their job was to protect the client. These interviews led me on to question how inner systems function more broadly. In response my clients' parts described all the same dynamics and patterns that had become so familiar to me over years of studying and practicing family therapy.

Clearly inner leadership problems paralleled what I had seen in dysfunctional families. Various coalitions of extreme parts vied for power over the course of clients' day-to-day lives. And what we usually consider "thinking" was often a contentious inner dialogue (*Go on—just eat it!* vs. *Don't touch that! If you eat it, you'll die),* which was annotated by a vigilant, critical chorus (*You are so pathetic and sick!*). Such intense inner conflict frightened younger parts in my clients' systems. Their fear set off more protectors who would dissociate or else distract clients by doing something impulsive like getting high, getting angry, getting physically

sick, or picking someone up for sex. Soon, however, the distraction would also come under attack: *You are such a hopeless …* [fill in the blank:] *addict, whore, rageaholic, ADD loser!* This typical cycle showed me how despair drove protective parts to entrench themselves in extreme reactions and keep fighting each other. No one inside seemed capable of earning the trust of everyone else and taking leadership. As a result, despite good intentions, these parts could not rally together or manage life's challenges.

Using the techniques of Satir, Minuchin, Haley, and Madanes, I set about teaching my clients' inner families to communicate more directly, have better boundaries, try new roles, and establish appropriate hierarchies and leadership. Since I didn't live with my clients, I didn't want to be the central figure in their inner lives. Instead, I invited them to focus inside, talk to their parts, and tell me what was happening. Then I guided them to improve troubled inner relationships by communicating with their parts skillfully.

I found, however, that my clients could not make much use of communication skills internally because their psyches were too full of chaos and conflict. So I tried having them engage in a noncoercive dialogue with just one part at a time. This, too, proved extremely difficult because as soon as they tried to talk with a target part, they felt angry, disgusted, or afraid, and their open, curious attitude went out the window. As a family therapist, I was familiar with this dynamic. When we try to have two people dialogue in a family, other family members often chime in, take sides, and escalate the conflict. I had learned to "make boundaries" by asking interfering family members to relax, and sometimes even by asking them to move physically so the dialoging pair would not be distracted seeing them. Now I tried the same strategy with parts.

CORA

A young woman named Cora, who had an eating disorder, reported a pessimistic voice along with a critic who responded to every positive action on her part with predictions of doom. Meanwhile, she said, other voices argued against these dire predictions, while still others felt ashamed and incompetent because of them. She believed that the last—the shame and incompetence—were the real Cora. Intrigued with her inner battles, I asked Cora to reorganize the relationship between her battling parts in order to

change the outcome of their interactions. The only difference between family therapy and my approach with eating-disordered young women like Cora was that their inner relationships involved having feelings toward, thoughts about, and conversations with other thoughts and feelings.

I guided Cora to ask her pessimist why it kept insisting she was hopeless. It replied that it didn't want her to take risks and get hurt. This answer seemed promising. If the pessimist really had a benign intent, maybe Cora could help it find a new role. But Cora was not interested. She was mad at the pessimist and told it (rudely) to leave her alone. When I asked why she was being rude, she went off on a long diatribe about the ill effects of this voice, which had erected major hurdles at every step of her life. As I listened, it dawned on me that we were actually hearing from another part, one who fought with the pessimist. In an earlier conversation, Cora had described an ongoing war between a voice who pushed her to achieve and another one who insisted she was hopeless. This seemed to be the pushing part.

So I guided Cora to focus on the pushing, angry voice and to ask it to stop interfering—to "step back" in her mind. To my amazement, the part cooperated and Cora's attitude suddenly shifted again. When I asked how she felt toward the pessimist now, a completely different person answered. In a calm, caring voice she said that she was grateful to it for trying to protect her, and sorry that it had felt so alone while working so hard. Her face and posture reflected her compassion. From this point negotiations with the pessimist were easy. I went on to try the same "step back" technique with several other clients. Sometimes we had to ask two or three voices not to interfere before the client could shift into a state like Cora's, but we got there nonetheless. Now I was excited again. What if people could get extreme voices to relax simply by asking—not only in negotiations with other parts, but with family members or bosses? What if the person who remained after everyone stepped back was always as compassionate as Cora had been? So I asked my clients who was being so calm and compassionate inside.

Their replies were something like the following: "That's not a part like those other voices, that's who I really am, that's my self." Although I was not aware of this for some years, I had stumbled on what I came to call their *Self,* with a capital *S,* an entity that is described and approached in many different ways in spiritual traditions around the world (see Schwartz &

Falconer, 2017). At the time, however, I was simply thrilled to find that my clients did have an inner leader, and that therapy could be more effortless and effective both for them and me.

Conversely, I was also shocked. I had believed, as most psychotherapies that are based on attachment theory teach, that effective, trusted inner leadership could only develop over time through a healing external relationship. This had led me to believe that therapy would be slow and painstaking, with lots of role modeling and corrective experiences with the therapist. In addition, because of the new wrinkle of an inner family, I had been assuming that we would need to find and develop—slowly and with a great deal of effort, in the context of a safe, attuned relationship—a part who could learn how to take the lead internally. This labor-intensive vision had led me to the pessimistic assumption that the majority of my clients would not have the time or resources to achieve full health, though I had become optimistic that we could at least help.

NEW DATA

Now I had new data. Clients were not only separating from extreme feelings and beliefs, they were spontaneously demonstrating unalloyed ego strength. Nothing I knew could account for this. Most of these individuals not only lacked good-enough parenting, their childhoods had been nightmares of fear and degradation. Some had never been held or comforted in their lives. They had no good attachment figures. The implications of what I was seeing were startling for developmental psychology and attachment theory. I wondered, "Are we born with these qualities so we don't have to get them from the environment?" Maybe our psychologies, philosophies, and religions had radically underestimated what we call *human nature*. Even though I had been meditating for years and could shift from negative feelings to calm (or sometimes even bliss) by focusing on my mantra for a few minutes, when I didn't meditate for a while, the feeling of worthlessness crept back in like fog, obscuring my calm and confidence. Now my clients were showing me a new way of accessing calm and confidence. I began to experiment with noticing parts in my body and asking them to step back instead of using a mantra. Amazingly it worked, and this is how I continue to meditate today, almost 35 years later.

At the same time, however, I was wary of big conclusions. I tested my new approach for several years before I was convinced that anyone and everyone could shift from distress to calm in a few seconds. After watching scores of clients embody qualities of the Self with total spontaneity as soon as their parts separated, I finally embraced the idea that there is more to us than we usually let ourselves dream. And whatever this was (in calling it the *Self*, I was following my clients' lead), it clearly did not need to develop over time. It was always right there if our parts let it in.

Beyond being a peaceful state from which to witness and transcend the world, this mindful state of Self was also healing, creative, and performance enhancing. When my clients entered the Self-state they didn't just witness their parts passively, they began to interact with them creatively, which seemed to heal them. They brought their emergent compassion, lucidity, and wisdom to the project of knowing and caring for these inner personalities. Parts like Cora's pessimist struck me as inner trauma victims, stuck in the past and frozen at a time of great distress, often in childhood. They were activists, and they needed the client to understand their motivations. Other parts mostly needed to be heard, held, comforted, and loved.

Most amazing of all, once clients were in that Self-state, they seemed to know just what each inner personality needed. I decided to test this observation. When I sensed that the client's Self was present, I stopped telling her how to relate to the part and instead asked questions like, "What do you want to say to this part now?" Each time the client would say the perfect words or go to the part and hold it. I realized I couldn't teach them how to relate any better than this. My job, therefore, was mainly to help clients remain in the Self-state. If they were "in Self," I could get out of the way and watch them parent their inner families. When I tried this with my part, who felt like a big disappointment and believed it was unlovable, I discovered a young boy. But I immediately felt contempt for his neediness. After asking the contemptuous part to step back, I wanted to hug the boy and tell him how sorry I was for staying away so long. After several such encounters with me, the boy felt better connected and was happier, and I no longer had to work to keep his feelings at bay.

Emboldened, I helped my clients separate from their parts, find the ones who were in pain, and love them up. The good news was that my clients felt better by the end of a session in which they had been able to embrace and

comfort their childlike personalities. The bad news, to my dismay, was that they would return the next week having had horrible experiences shortly after leaving my office. One client had a car accident on the way home. Another spiked a fever of 103 degrees. Still another got the worst migraine of her life, which kept her in bed the whole week. These events shocked and alarmed me. I kept hearing my father's voice saying, "First do no harm!" Changing inner systems was suddenly looking more complicated, dangerous, and difficult than I had imagined. I considered aborting the whole experiment and retreating to the relative safety of standard family therapy. But then I remembered how Roxanne's cutting part had spoken of wanting to protect her. Could this ferocious response come from parts who felt endangered by me? Had I alarmed them by focusing on the client's vulnerability too fast?

I asked each of these clients to focus on the backlash and listen. And, indeed, they heard furious inner voices who were in a punitive mood. Since we listened patiently, these angry parts calmed down and explained that we had disrupted their intricate defense systems by going to vulnerable parts without their permission. I realized that I was mucking around in some delicate, well-guarded ecologies, especially with certain very traumatized clients. I resolved to offer these parts my respect, learn the rules of inner systems, and become more ecologically sensitive. As a systems thinker I was embarrassed that I had failed to anticipate this kind of homeostatic reaction to blunt incursions. If this really was an inner family, then of course powerful responses were predictable. Family therapists know they must connect with, reassure, and get permission from the family's leery protectors before they can safely focus on vulnerability. Why would internal families be different?

PRIVILEGING DATA OVER PRIDE

For years I did not want to accept that psychodynamic therapists were absolutely right on certain topics: The past does affect the present profoundly; people are driven by unconscious phenomena, which is to say phenomena that remain out of awareness; emotion and the body are key to effective therapy; and, finally, the therapeutic relationship is also key, including both transference and countertransference processes.

After swallowing enough pride to privilege data over preconceptions, I also realized that the perspective of IFS provides a different understanding of—and way of working with—these traditionally psychoanalytic observations. We can enter the unconscious and interact with it directly, asking questions about the desires, distortions, and agendas of the inner system. In response, our clients' parts will answer clearly, take the client directly to crucial scenes from the past, and explain what is most important about their experience, removing the need for us to speculate, reframe, interpret, or instruct. Those painful scenes from the past often evoke internal waves of strong emotion that could easily overwhelm the client. But we can help the client's Self remain present even when he might seem to be overcome by emotion, as we describe later in this book.

When the Self stays present and leads the way, the client's part will finally feel understood and its negative feelings will subside. I noticed that sometimes clients' bodies would move in unusual and even startling ways as they did this inner work. Again, after an initial period of worry, I learned that in order to feel fully witnessed and understood, some parts need to take over in the body temporarily. Now whenever I see signs, even subtle signs, of a somatic takeover, I encourage clients to stay with or even exaggerate that experience. If some of their other parts feel self-conscious or frightened, we stop first to help them feel safe so they are willing to step back and let us proceed.

I learned that I don't have to tell clients what to say to or do with their parts because their Selves know. Thus I can relax and be present in a very enjoyable way. For example, if a childlike part thought she deserved abuse, the client's Self would give all the reasons why she didn't deserve it until the child believed her. When we work through the client's Self, doing therapy is easier because we rarely have to educate or lead. Mainly, we have to be [Self-led](#) and present. As clients feel my nonstriving presence going with them on their journeys, they access more Self and eventually heal.

I have also learned that my relationship with clients is terribly important to our success, in part because it gives them a new relational experience of acceptance and compassion, but also because my ability to be in Self helps their protective parts relax so their Selves can flow in. Then they can give their parts a new experience that is parallel to the one they were having with me. Because the client's Self is interacting with her parts and providing them with a sense of inner calm and solidity, I am less subject to extreme

transferential projections. But when transference does emerge, I address misperceptions about me directly and briefly, before asking the client to find and unburden the parts who carry those old templates.

This state of Self is not just a concept. When the Self is present, people experience a palpable difference in their bodies. For example, clients report feeling openhearted and light. Some vibrate with flowing energy. In addition, they report their minds being clear and say they don't feel attached to any agenda. Over time I have found that I can train other therapists to notice the signs of an embodied Self, and also to notice their absence. In this way I discovered that we could all become aware of activated parts as they manifest physically, which means we can detect our parts as they react to a client (countertransference), and help our parts step back so our Selves can stay present. After the session, we can return to help our parts, which keeps them from interfering in future sessions.

We can also talk to clients about our countertransference reactions if doing so seems useful. For this purpose, the language of parts helps because we do not have to say, *I feel angry* or *afraid* or *impatient*. Instead, we can say, *A minute ago a part of me felt … and I will help that part so it doesn't interfere*. In general, the language of parts helps clients and therapists disclose strong feelings that might otherwise be embarrassing or controversial. Acknowledging that a small part of me is hurt or enraged is far less shaming or threatening than saying *I am hurt* or *enraged*.

At this point our readers may wonder how the phenomenon of psychic parts relates to dissociative identity disorder (DID). From our perspective, the "alters" of clients with DID are parts, but their inner systems are more polarized and disconnected. This is because horrible childhood abuse causes vigilant protectors to rely on amnesic barriers, which block the usual web of inner relationships. While this is protective during dangerous times, it serves both to amplify the pain of isolated, injured parts and lock in the survival tactics of rigid young protectors. This extreme internal state leaves clients very wary of trusting the Self or anyone else. Unfortunately, because our culture portrays DID as a fascinating but bizarre aberration that signifies severe pathology, clients whose inner systems are not characterized by extreme dissociation may worry about being crazy when they access parts; and clients whose inner systems are better described by the DID diagnosis often do not realize that having parts is normal.

Following are a few essentials of the IFS perspective:

1. Systems thinking encourages us to be ecologically sensitive.

   • Resistance is the (often correct) response of protective parts to a potential threat (the therapist) to the system.

   • Protectors deserve to be understood, appreciated, and comforted before the client tries to approach vulnerable parts.

   • The job of protectors is to ensure that a proposed therapy will not make matters worse. This is their duty. They are more knowledgeable than the therapist about the delicate ecology of the client's inner system and the possible negative consequences of going too fast.

   • Protectors have a right to vet the therapist for competence and safety before letting her enter the inner system. To be worthy of a protector's trust, we must lead from the Self. The onus of proof is on the therapist.

2. Extreme protectors usually will not change until the system is less vulnerable. Consequently, we do not pressure protectors to change, even ones who are involved in destructive symptoms. Instead, we suggest that they can be liberated from their protective roles if they allow the client's Self to help, and we invite them to consider what role they would prefer after the exiled part no longer needs protection. Then we ask them to permit the client's Self to heal the part they protect. Finally, we ask if they are ready to move into new, preferred roles.

3. Restoring trust in the Self is the quickest route to improved leadership and inner harmony. Therefore, rather than having the therapist help the client's parts directly, we usually aim for the client's Self to interact with the parts and report to the therapist. There are times, nevertheless, when it is most expeditious and valuable for the therapist to talk directly to parts. This process is called *direct access*, and we describe it later. The primary role of the therapist is to guide, coach, and be a companion to the client's Self as he explores the mindscape. Secondarily, the therapist provides corrective relational experiences. As clients continue to notice and be with their parts, between as well as in sessions, they come to appreciate that they are healing themselves.

4. We invite clients to notice that parts have "blended" with the Self, or we help parts notice that the Self will be available when they separate or "step back." To achieve our aim of keeping the client's Self differentiated from their parts, we incorporate the family systems focus on boundaries and differentiation. When the Self is present, parts feel safe. By the same token, the IFS therapist continually scans inside herself for blended parts and asks them to separate so she can return to Self-leadership.

5. Protectors fear one another, which keeps them in extreme positions. Each part believes that relaxing will allow a polarized part to take over, with catastrophic consequences. Therefore in IFS we continually notice and attend to polarizations. Just like family therapists, we work with conflicted inner family members, inviting them to face each other and talk about how they can get along better. The difference is that, whenever possible, the client's Self moderates these inner dialogues, aiming to ensure that parts are respectful and able to listen to each other. Once the Self is moderating and polarized parts finally make contact and realize they share a goal (the client's safety), long-standing polarizations often melt away promptly.

6. In general, the essential perspective of IFS orients therapists to be respectful and nonpathologizing. We all have parts, and parts, like people, are talented and resourceful but constrained by the traumatic events that generated extreme emotions and beliefs (burdens). As with external family members, parts are burdened and driven to extremes by early neglect, abandonment, violence, or sexual assault; and they are constrained by their systemic roles, which protectors often hate but deem necessary. Phenomena such as "internalization" and "introjection" are viewed in IFS as burdens that can be released rather than as qualities of a part. Consequently, rather than assuming the client has some kind of disorder or deficit, IFS therapists are always asking about the network of internal relationships in which parts are embedded and the extreme beliefs parts may carry.

7. We can move fluidly between system levels in IFS, which is why this approach has become a full-range psychotherapy that applies to all system levels. Therefore, as we search for constraints and the best portal for intervention, IFS therapists can include the client's network of external relationships. For example, we could start with a spouse's inner world, then focus on the couples' relationship, and then go back to the spouse's inner world. In this way, IFS therapists use the same concepts and techniques at

every system level and do not have to put on new hats as they move from individual to couple or family therapy. This book devotes five chapters to IFS families, couples, and other external systems. Readers can find more on IFS-based couple therapy in Toni Herbine-Blank's book on the topic *Intimacy from the Inside Out* (Herbine-Blank, Kerpelman, & Sweezy, 2016).

8. Finally, systems thinkers believe that living organisms have the capacity to self-heal. This is most visible when our bodies bring various intricate healing strategies to bear on physical injury, but it is also true for emotional injury. When we help clients access their Selves, we are activating the client's innate ability to heal. When we trust the psyche's innate resources we are grateful for the opportunity to assist, and we spend much of our professional lives in awe.

CONCLUSION

The rest of this book describes how our delicate inner ecologies survive and accommodate experience, how we can help clients navigate this territory safely and respectfully, and how we can all aim toward healing and harmony in our inner and outer worlds. The goal of IFS therapy is to help clients become Self-led, which means that their parts feel loved by the Self and trust the Self's leadership. This relationship with the Self can bring a great measure of inner peace along with the ability to relate to life's challenges and to other people with clarity, calm, confidence, courage, and compassion. Self-led individuals have the great pleasure of recapturing all the energy their protectors used to expend on inhibition, containment, distraction, and rebellion. They also gain access to the creativity, delight, and innocence of childlike parts who had been exiled so they are free to play again.

CHAPTER 2

Individuals as Systems

SYSTEMS THINKING

Early in the 20th century a group of organismic biologists recognized that studying the chemical and physical laws of a living organism's components was limiting their understanding of how those components coordinated to function as a whole. Their explorations gave birth to a new way of conceptualizing and studying living organisms, which came to be called "systems thinking." Rather than analyzing an organism's components—which is now called *reductionistic, mechanistic,* or *atomistic thinking*—systems thinking is wholistic, organismic, or ecological. Rather than asking "What is this made of?", systems thinkers ask, "How do the components of this function as a pattern?" and "What is the larger context in which it operates, and how is it affected by that context?" Rather than studying each part individually, they map relationships among a system's parts and with its context.

From those early explorations in biology, systems thinking produced a radically new conception of life. Today we no longer see the universe as a machine composed of elementary building blocks; we see that the earth itself is a living, self-regulating system (Capra & Luisi, 2014)—a network of relational patterns. Systems thinking entered psychotherapy in the 1970s through the nascent field of family therapy, and I was fortunate to be steeped in it before I encountered the inner world of parts. As a result, rather than focusing on the qualities of each part, I was quickly intrigued by their relational patterns and how those patterns affected the larger system in which they were embedded—the person.

To elaborate on systems thinking, a *system* can be defined as any entity whose parts relate to one another in a pattern. Thus systems include everything from watches to televisions to transit systems. In addition, by this definition all biological organisms, from bacteria to whales, are systems. Human systems include everything from an individual's personality to a nation, and both operate according to beliefs. For example, a nation has a set of laws that encode cultural beliefs over time. A system is composed of smaller systems (subsystems) but is also part of larger systems, just as a state contains counties and cities but is also part of a nation. Thus, depending on one's point of view, any entity that is being examined will be the system-of-focus. For example, some chapters in this book focus on the family. In these chapters, the family is the system-of-focus; the family members and their relationships are subsystems; and the family's ethnic community or society is a larger system.

By this definition a pile of car parts is not a system, but once those parts are assembled in a certain way, they become a system that is more than the sum of its parts. They become a car. The car parts relate in a patterned way (i.e., they have structure), which creates a system for transportation. Cybernetic systems can regulate themselves by being sensitive to, and changing according to, [feedback](#) from the environment. Since a car is dependent on a driver and mechanic for direction and repair and cannot self-correct, it is not a cybernetic system. However, cars increasingly contain cybernetic subsystems such as a thermostat or cruise control, which function to maintain a steady state (homeostasis) while the larger system is in operation. Cybernetic systems contain sensors that read the feedback from the car's environment and trigger automatic adaptations. The car enters a cold front and the heat goes on; on cruise control the accelerator goes down as the car starts up a hill. Because the automatic response in the car's mechanisms has the effect of reducing the deviation from the steady state—that is, bringing the system back within homeostatic range of temperature or speed—this increase in heat or in gas is called *negative feedback*. In complementary fashion, *positive feedback* amplifies deviations. For example, when the accelerator or heat mechanism gets stuck, the speed or heat will be pushed well past prescribed limits.

Since it is usually easy to define what is part of the car and what is not, the car has clear boundaries. But these boundaries are not closed because parts can be replaced or added. A car entering a highway becomes

embedded in a larger system, which it influences and is influenced by. If the car were to stop suddenly in heavy traffic, it would powerfully alter the flow of traffic. Likewise the car's speed and ability to maneuver are constrained by the pace of the cars around it. When the highway is less congested, the car is less constrained by its larger system. Thus there are degrees to which systems affect one another—degrees to which they are embedded within or constrained by one another.

All of the concepts outlined above apply to human systems as well, including structure and boundaries as well as positive and negative feedback, homeostasis, and degrees of embeddedness or constraint. Human systems are certainly cybernetic. People organize to maintain a range of homeostasis in any number of areas, from proximity to other people to levels of conflict with other people. In addition, each person contains a multitude of cybernetic subsystems, from those that regulate blood sugar levels to those that regulate the expression of feelings. Yet because people do not merely react to environmental feedback, the cybernetic principles that family therapy borrowed from the study of mechanical and biological systems to try to understand families are not enough. They are necessary but not sufficient to explain human systems. A comprehensive perspective on human systems needs to include more principles that derive from the study of complex living systems.

The way in which human systems differ from mechanical systems is key to the IFS model. A basic premise of IFS is that people have an innate drive toward and wisdom about their own health. We not only try to maintain steady states and react to feedback, we also strive toward creativity and intimacy. We come fully equipped to lead harmonious internal and external lives. From this basic premise, it follows that people have chronic problems because their inner resources and wisdom are not being fully accessed. Elements of the systems in which we are embedded or that are embedded within us often constrain our access to our inner resources. IFS therapy is designed to help people find and release these constraints.

Systems thinking helps us examine the various systems surrounding or within a client to find and release constraints. Constraints may exist in a client's system of inner personalities, in the client's relationship with various family members, in the way the family in general is organized, in the way various institutions outside the family affect it (school, work, mental health, etc.), and in the way the client's ethnic community and the

larger society affect the family's values and beliefs. All of these human systems are interlocked. They affect and are affected by one another.

KEY PRINCIPLES OF HUMAN SYSTEMS

Trying to understand and assess all of these levels of human systems would be an overwhelmingly complex task—except that each level operates in similar ways. The following sections discuss four key principles of human systems that are not included in the preceding discussion of cybernetic systems: balance, harmony, leadership, and development. These principles have evolved from work with inner systems and family systems, but they seem to have a good deal of universality.

Balance

Human systems function best when they are balanced. We believe that there are four dimensions for assessing balance within a system: (1) the degree of influence a person or group has on the system's decision making; (2) the degree of access a person or group has within the system; (3) the degree to which the system's boundaries are balanced; and (4) the degree to which subsystems within the system have boundaries that are neither too rigid nor too diffuse. In a balanced system each person is allowed the degree of influence and access to the system's resources and responsibilities that is appropriate to their needs and equal to those of people in similar roles.

Harmony

The concept of harmony applies to the relationships among people in the system. In harmonious systems, an effort is made to find the role each member desires and for which he is best suited. People work cooperatively toward a common vision yet value and support individual differences in style and vision. The harmonious system allows each individual to find and pursue their own vision while also trying to fit that individual's vision into the larger vision of the system as a whole. In such an atmosphere, people do not mind sacrificing some of their personal resources and goals for the greater good, because they feel valued for their personal qualities as well as for their contribution, and they care about one another's well-being. They

communicate well because they are sensitive and responsive to information flowing among members of the system. [Polarization](#) is the opposite of harmony. In a polarized relationship, each person shifts from a flexible, harmonious position to a rigid, extreme position that is the opposite of, or competitive with, that of the other person. Later we discuss the many ways in which polarizations constrain systems.

Leadership

Balance and harmony in human systems require [effective leadership](#). One or more members of a system must have the ability and respect to do the following: Mediate polarizations and facilitate the flow of information within the system; ensure that all members are protected and cared for, and that they feel valued and encouraged to pursue their individual vision within the limits of the system's needs; allocate resources, responsibilities, and influence fairly; provide a broad perspective and vision for the system as a whole; represent the system in interaction with other systems; and interpret feedback from other systems honestly. Fortunately, though our resources are often constrained by a variety of factors that we discuss later, human systems have the resources necessary for this kind of leadership.

Development

Despite being born with the resources necessary for balanced and harmonious living, human systems need time for those resources to develop. As an analogy, consider a new basketball team. The team members possess plenty of raw talent, but until they learn one another's habits and come to trust and respect their coach, they will not function optimally as a team. Similarly, the wisdom for health exists within a human system, but it takes time to develop the skills and relationships necessary to implement that wisdom. Thus effective leadership and clear boundaries evolve gradually and are affected by the system's environment. If the system-of-focus is embedded in a harmonious, balanced larger system then, it is likely to have the freedom and support it needs to become harmonious and balanced. A human system's ability to use its resources for healthy development will be constrained, however, if it evolves within a polarized, unbalanced larger system, in which case it will take on the extreme beliefs and emotions of the larger system.

VIEWING PARTS IN CONTEXT

The IFS model brings systems thinking into the intrapsychic realm. In psychotherapy it works well to conceptualize and relate to individuals as *psychic systems*. Following are some important benefits of viewing the psyche as a system.

Less Rigidity, More Flexibility

When we feel obliged to deny one truth in favor of another (e.g., *I love you, I'm mad at you*), we sign on to an unceasing project of denial and self-constraint. In contrast, accepting the mind's ability to encompass many perspectives at once means that we can acknowledge the truth of two apparent opposites and move forward creatively (Rosenberg, 2013). As we navigate a complex world there are advantages to having many minds in close communication with each other yet operating with a certain amount of autonomy.

Ease of Access

Most clients become aware of their parts with striking ease. The plural mind makes intuitive sense to them. Barring strong cultural biases, most people can go inside and quickly make contact with their parts. And although they may initially fear all that inner messiness and strife as a sign of defectiveness and failure, this changes as they pay attention and listen to their parts' heroic, creative, often heart-breaking struggles, sacrifices, and sorrows.

Ecological Maps

When we view the psyche of an individual as a distinct ecology, we find many points of possible entry. If curiosity is the key to these doorways, mapping is a particularly useful guide to what lies within. Just as family therapists map a family's relational organization, individual therapists can map the inner family to clarify alliances, coalitions, and polarities among the client's parts. A map of the inner system not only tells us about the jobs and relationships of parts, it also reminds us that we are approaching an

active system full of motivated individuals, which cues up our social instincts and sense of timing. Meanwhile, knowing how systems interact helps us to anticipate the behavior of those who orbit the client—family, friends, and providers—so that we can move within and between system levels with dexterity.

Clear Guidelines for Change

The connection between theory and practice in IFS is very clear: Every intervention (as we illustrate throughout this book) is designed to address the needs of the client's inner family by releasing constraints and making the most of the client's inborn resources. The concept of *normal psychic multiplicity* can illuminate many notable phenomena for those who make the shift to this way of thinking, including highly contradictory behavior like a committed atheist converting to Christian fundamentalism, a teenager falling in or out of love abruptly; an avowed homophobic activist getting arrested while soliciting men in a public bathroom; an adult transforming from one character to the next with little or no awareness of having done so (behavior that denotes the psychiatric diagnosis of dissociative identity disorder); or the way an answer to a formerly insoluble problem comes to mind "out of the blue" during the night. Rather than viewing one person displaying different, often contradictory, interests, beliefs, feelings, values, or knowledge as abstract shifts in feeling and thought, we can view all this as the product of a plural mind.

CHARACTERIZING PARTS

Other therapeutic approaches have also observed and worked with psychic multiplicity, calling parts variously *subpersonalities, subselves, internal characters, archetypes, complexes, internal objects, ego states,* and *voices* (Jung, 1969; Rowan, 1990; Stone & Stone, 1993; Watkins & Watkins, 1997). Although the mechanistic connotation of the word *part* is not ideal— and its simplicity can be off-putting for some— IFS just sticks with vernacular language that seems comfortable and easy for clients. Most clients reference *parts* when they talk about inner conflict and it tends to work well clinically.

An obscure definition of the word *part* in *The Compact Edition of the Oxford English Dictionary* (1971) offers some validation for this choice: A part is "a personal quality or attribute, natural or acquired, esp. of an intellectual kind (as a constituent element of one's mind or character)" (p. 2084). There is also a precedent in the Bible: "Our bones are dried, and our hope is lost: We are cut off from our parts" (Ezekiel 37:11); in Shakespeare's *Much Ado about Nothing* (1598/1974, V.ii.60–61) when Benedick asks Beatrice, "For which of my bad parts didst thou first fall in love with me?" and, contemporaneously with Shakespeare, the comment from Ben Jonson, in 1598, about "A gentleman … of very excellent good partes …." When clients are uncomfortable with the word *part*—or, more likely, with the concept that we have parts—we can simply follow their word choice: *aspect, thought, subpersonality, character, feeling, place, person,* etc. In this book, however, we talk about *parts*.

Naming and Renaming

Just as we relate better to people when we know their names, we also relate better with parts when they have a label that signifies something about their identity. Therefore, in addition to referring to our inner entities as "parts," we encourage clients to label their parts. We start by following the client's lead (the *sad one, Yoda, Golum,* the *baby*), which is usually related to the part's role, though sometimes a part will say *Call me Betty,* in which case we call it *Betty*. We do not, however, follow suit when parts insult each other. If one part calls another *stupid* or *lazy,* we just ask the part in question what it prefers to be called. Then we continue to use its preferred label until it shifts to a new role (and often a different appearance), at which point we invite the part to rename itself. Happily, naming and renaming highlights the multidimensionality of parts and the shifting nature of their behavior.

Parts as Inner People

Though we refer to parts with labels, it is a mistake to assume that the part's label or role (the *sad part,* the *angry part,* the *captain,* the *caretaker,* etc.) captures its essence. In this book, we aim to help readers stay mindful that a part is not just an emotional state or a habitual thought pattern. Rather, parts are discrete, autonomous mental systems, each with their own idiosyncratic range of emotion, style of expression, abilities, desires, and views of the

world. For example, a part who is angry can also feel hurt or scared. If we just see it as the "angry part," we are likely to ignore its other feelings. If, on the other hand, we view it as an angry *person* (often a child or teenager), we are more likely to be interested in its full range of feelings and its potential to shift between feeling states.

From the perspective of IFS every one of us contains an inner tribe of people, each of a different age with different interests, talents, and temperament. Once again, the analogy to a family can help to make this clear. Just as children get forced into extreme roles that they don't want and for which they are ill-suited, parts get forced into extreme roles. In alcoholic families, for example, we often find an overly responsible, caretaking child, a distracting child, an angry rebel, and so forth. Once released, these children change dramatically. Parts are the same. When we view a part as a child or teenager who is shy or angry in a certain context, we are more likely to be curious about who it would be in other circumstances than we are to believe it is defined by this one attribute. As a result, we are more likely to think of helping the part discover its full potential.

THE ROLES OF PARTS: A THREE-GROUP SYSTEM

In response to danger, the individuals in human systems at all levels take on roles that can be categorized by three groups. One group tends to be highly protective, strategic, and interested in controlling the environment to keep things safe. In IFS we call the members of this group *managers*. A second group contains the most sensitive members of the system. When these parts feel injured or outraged, managers will banish them for their own protection and the good of the whole system. We call them *exiles*. Finally, a third group tries to stifle, anesthetize, or distract from the feelings of exiles, reacting powerfully and automatically, without concern for consequences, to their distress as well as to the overinhibition of managers. In IFS we call the members of this group *firefighters* because they fight the flames of exiled emotion.

Internal systems that are responding to trauma not only divide into these roles, the protective parts (managers and firefighters) form alliances and get into conflicts with each other, and can be very harsh (or smothering) with

the exile they are trying to protect or ward off. The sadder, more terrified, ashamed, rageful, or sexually charged an exile is, the more protectors legitimately fear its release and the more extreme they become in their efforts to suppress and constrain. In turn, the more an exile is suppressed, the more it tries to break out. In this way all three groups become victims of an escalating cycle of internecine conflict. Judith Herman (2015) described such cycles:

> [A trauma survivor] finds herself caught between the extremes of amnesia or of reliving the trauma, between floods of intense, overwhelming feelings and arid states of no feeling at all, between irritable, impulsive action and complete inhibition of action. The instability produced by these periodic alternations further exacerbates the traumatized person's sense of unpredictability and helplessness. (p. 47)

Exiles

Children are commonly taught to fear and hide emotional pain or terror because adults react to them in the extreme way they react to their own hurt child parts: with impatience, denial, criticism, revulsion, or distraction. Managerial parts of the child then follow suit, adopting the same attitudes toward vulnerable young tribe members inside, pushing them out of awareness, blocking their access to the Self, and making them ever more vulnerable to trauma.

Exiles are the parts who have been exploited, rejected, or abandoned in external relationships, and then subjected to negative judgments from other parts of the system. If an exile was sexually stimulated during abuse, managers view it as disgusting and dangerous. Because the system associates sexual arousal with the abuse, the very existence of a sexually stimulated part evokes the fear that, deep down, the client is like the perpetrator. Managers want these parts in prison and out of mind. In general, managers have no tolerance for fear, shamefulness, and emotional pain. To them, injured parts are defective, weak, threatening, and pitiful.

While exiles are frozen in the past and left behind, they are actually less vulnerable to alarming events in the present, so there is a rationale for the managerial perspective. But exiles, like any oppressed group, grow extreme over time. As they look for opportunities to break out of prison and tell their stories, their desperation and neediness become ever more of a hazard. They may dull and weigh the body, mind, and heart with their chronic

unarticulated misery, or they may overwhelm emotionally with flashbacks, nightmares, and sudden fleeting tastes of pain, fear, and shame that cause protectors to panic and overreact.

Like the abandoned children they are, exiles want care and love. As a result, they look for rescue and redemption, usually tapping someone who resembles the person who rejected them in the first place or even returning to the actual abuser (Schwartz, 2008). Often exiles will pay virtually any price for even small amounts of acceptance, hope, or protection. In return, they are willing to endure (and, indeed, often believe they deserve) more degradation and abuse. When exiles take over, traumatized clients may repeatedly enter and have difficulty exiting abusive relationships. Thus, managers have reason to fear the extremity of exiles as well as firefighters, especially firefighters who are enraged about the trauma and want revenge.

Managers

Having locked up exiles, managers live in fear that they will escape. Various managers adopt different strategies to avoid interactions and situations that might trigger an exile. As we describe some of the most common managerial roles, keep in mind that managers (and firefighters) are forced into these roles. Although they believe they must do what they do, they don't enjoy it. Afraid that the smallest slight or alarm might activate a young, hurt part, managers often try to keep the person in control of all relationships and situations. There are many kinds of managers. A manager may be highly intellectual and effective at problem solving, but also obsessed with pushing feelings away. Clients often call that kind of manager the *thinker,* the *controller,* or some similar moniker. Relatedly, some managers strive for career success or wealth in order to put the person in a position of power and distract her from difficult feelings. This striving, motivating manager may be bitingly critical, a taskmaster who is never satisfied with outcomes or the person's performance. The denier is a manager who distorts perceptions to keep the person from seeing and responding to risky feedback. The protector who tries to avoid interpersonal risk is often particularly concerned about situations that could arouse anger, sexuality, or fear. It may be a passive pessimist who erodes the person's self-confidence and sabotages her performance, keeping her apathetic and withdrawn so that she will not try to get close to anyone or have the courage

to pursue goals. Conversely the pessimist may look for and accentuate any flaws in an object of desire in order to undermine attraction and avoid closeness. In people who have been severely abused, this part can become an inner terrorist, taking on qualities of perpetrators and scaring exiles into hiding.

Since our culture is patriarchal, many managers appear in gender stereotypical ways, and it would be interesting to study their appearances (male, female, or neither) according to the client's gender identity. Women are often socialized to rely on a manager who is perfectionistic about appearance and behavior. This manager believes she must be perfect and please everyone or she will be abandoned and hurt. Many women are also socialized to rely heavily on a caretaking manager. Extreme caretaking parts push women to sacrifice their own needs continually for others, and will criticize a woman as selfish if she asserts herself. Men, on the other hand, are often socialized to rely on an entitled or competitive manager who encourages them to get whatever they want, no matter who is wronged by their actions. Other common managerial roles include the hyperaroused worrier (or sentry) who feels in constant jeopardy and is on continuous alert for danger. This manager will flash worst-case scenarios in front of a person when she contemplates risk. And then there is the dependent manager, who tells the person he is a victim and keeps him appearing helpless, injured, and passive to ensure that other people will take care of him. Managers have many behavioral options.

Our point is that the primary purpose of all managers is to keep exiles out of mind, both for their protection and to protect the system from their feelings and thoughts. When they spill over the inner walls, they threaten the person's ability to function. Managers' preempt exiled feelings by keeping the person in control and out of unknown or unpredictable situations; they also please those on whom the person depends. In order to maintain this kind of internal and external control, managers can give the person the outward appearance and substance of success, providing the drive and focus to gain impressive academic, career, or monetary achievements. Success not only brings control over relationships and choices, but also serves to distract from (or compensate for) inner shaming, fear, sadness, and despair. On the other hand, if a pessimistic, dependent, or worry manager dominates the inner system the client's life may be characterized by a series of half-hearted attempts and failures that provide

protection from responsibility and disappointment. Other common managerial tools run the gamut from obsessions, compulsions, reclusiveness, passivity, numbing, emotional detachment, and the sense of unreality all the way to phobias, panic attacks, somatic complaints, depressive episodes, hypervigilance, and nightmares. (Yes, nightmares may be the tactic of a manager rather than an exile breaking through.)

The rigidity and severity of managerial strategies will match the degree to which a manager thinks (correctly or not) that the person is in danger of being reinjured. Like parentified children in families, managers are not equipped to lead, but they feel that they have no choice. Their burden of responsibility contributes to their rigidity and extremity. Not only do they have to deal with a world they find dangerous, they also have to keep a finger in the dike to contain exiles, and they are desperate to protect the whole system from threats. In this way, managers, too, are neglected, suffering, and scared. In *The Drama of the Gifted Child,* Alice Miller (1981) offers a poignant description of the parentified child's predicament, which is identical to the predicament of many manager parts in internal families. The patient Miller describes was the eldest daughter of a professional woman:

> I was the jewel in my mother's crown. She often said: "Maja can be relied on, she will cope." And I did cope. I brought up the smaller children for her so that she could get on with her professional career. She became more famous, but I never saw her happy. How often I longed for her in the evenings. The little ones cried and I comforted them but I myself never cried. Who would have wanted a crying child? I could only win my mother's love if I was competent, understanding, and controlled, if I never questioned her actions nor showed her how much I missed her. (p. 68)

Like Miller's client, when the striving, perfectionistic, approval-seeking managers inside a client speak, they often describe hiding their loneliness and misery, and sacrificing themselves to keep the person's life afloat. Managers, like exiles, tend to be children who really want to be nurtured and healed. Unlike exiles, however, they believe they have to hide their vulnerabilities and sacrifice themselves for the system. The more competent they become, the more the system relies on them, and the more they feel overwhelmed with their responsibilities and power. Eventually they come to believe that they alone are responsible for the person's success and safety, which makes them ever more wary of relinquishing leadership to the Self.

Firefighters

Despite all the efforts of managers, the world has a way of breaking through their defenses and activating exiles. In addition, when we are tired or sick, our managerial guard is inevitably down. Whatever sets off exiled emotions, their activation is an emergency that summons another set of protectors. We call this group *firefighters* because they react to surfacing exiles as if an alarm has gone off, doing whatever they believe is necessary to distract from or suppress the exile's emotional firestorm with little (or no) regard for consequences to the client's body or relationships. We all have a hierarchy of firefighter activities, so if the first and mildest doesn't work, we go on to the next. The first firefighter tactic for clients with bulimia, for example, tends to involve food, but if food isn't effective, the client's firefighter team will try other measures, such as drugs, alcohol, sex, self-cutting, or stealing. At the top of the hierarchy for many clients is the ultimate comfort of suicide. Traditional therapy views firefighter behaviors as pathological, but in IFS we recognize the protective intent of firefighters and negotiate with them to let the client's Self help with the underlying problem of exiled feelings.

Firefighter techniques include numbing activities like self-mutilation, binge eating, drug or alcohol abuse, dissociation, and sexual risk taking. A firefighter will usually try to take control of the person so thoroughly that he feels nothing but an urgent compulsion to engage in some dissociative or self-soothing activity. Firefighters can cause a person to be self-absorbed, demanding (narcissistic), and insatiably driven to grab material things. Their activities can also include the inflating satisfaction of rage, the exhilaration and indulgence of stealing, or the comfort of suicidal thoughts or attempts.

Although firefighters have the same basic goal as managers—to keep exiles out of mind—their strategies tend to be quite different from (and are often in conflict with) those of managers. Managers strive to keep the person in control at all times and to please everyone. They are often highly rational, planful, and able to anticipate and preempt activating situations. Firefighters, on the other hand, react to an exile surfacing. They take the person out of control and displease everyone (unless the behavior is socially sanctioned, like workaholism or dieting). They tend to be reactive,

impulsive, and unthinking. In contradistinction to managers, who try to shut out exiles, firefighters tend to try to find something to calm and appease.

In turn, the impulsivity and extremity of firefighter behaviors inspire a barrage of criticism from managers internally and from people around the client. Although managers may rely on firefighters and even call on them, they attack the firefighter after the fact for having put the person at risk and caused her to be indulgent, weak-willed, or insensitive to others. The typical dynamic between managers and firefighters is a vicious cycle that repeats and escalates, with managerial shaming activating exiles, which energizes firefighters, which alarms managers, and so on. As a result, managers and firefighters are strange, uncomfortable bedfellows who are often in conflict.

Even people who are not very symptomatic and have never been severely hurt are organized internally according to these three groups: managers, exiles, and firefighters. This is because we are all socialized to exile various parts of ourselves, and once exiling begins, the containing and distracting roles of managers and firefighters become necessary. If we were to write a diagnostic manual based on IFS, we would start by categorizing mental health symptoms according to which group of parts is in the driver's seat internally. This way of understanding the balancing act of human survival is a far less pathologizing, in our opinion, than any iteration of psychiatry's *Diagnostic and Statistical Manual of Mental Disorders* (DSM; American Psychiatric Association, 2013). Managers, for example, often dominate the systems of people who are chronically depressed, exiles dominate in those who experience bouts of intense sadness or fear, and firefighters dominate people who have problems with addiction.

The length of treatment in IFS is indexed to the system's level of trust for the Self and how polarized parts are rather than to the severity of the client's symptoms. Generally the longer and more sadistic a person's traumatic experience, the more polarized their system will have become and the less the parts will trust Self-leadership.

WORTHLESSNESS AND THE NEED FOR REDEMPTION

When children are uncertain or pessimistic about their value, they strive to understand what will please their parents and they try to become that. The

normal need for approval grows into a craving, and they take the extreme messages they are given about their worth to heart. If a child is told, verbally or nonverbally, that he has little value, his parts organize around that premise. His parts feel desperate for redemption in the eyes of the person who is withholding love, which can include any person on whom the child depends. Thereafter, carrying the burden of worthlessness, the child's parts believe they cannot be loved, a belief they will maintain regardless of contradictory feedback, as if the devaluing person holds title to their self-esteem. Burdened young parts who seek redemption from worthlessness exert a powerful influence over intimate relationships, either returning to the person who stole their self-esteem, or finding someone who resembles that person. Often this results in a long string of abusive, unsatisfying relationships. When clients send the burden of worthlessness away, it is as if a curse has been lifted.

BURDENED MANAGERS

Children instinctively know that the penalties for parental disinterest can be dire, including abandonment, severe harm, and death. During this period of high dependence, inconsistent messages regarding one's worth are bound to be particularly consequential. As a result, children are, as noted above, very sensitive to messages from parents regarding their value. When parental signals are consistently reassuring, this hypersensitivity is calmed. But most families have some notable imbalances and polarizations, some inherited burdens, and some classes of parts who are not welcome. We need not suffer capital-*T* Trauma in order to pick up burdens. When a vital part of a child is rejected and the child feels unlovable, protectors who are desperate to win approval often take on some of the worst qualities of the person who is stealing the child's self-esteem and safety. Believing the child must be perfect to be accepted, parts who become harsh inner critics and moralizers sacrifice their inner relationships and their childhood to the cause of safety.

LEGACY BURDENS

As we have described, parts get forced into extreme roles when they are hurt and frozen in time, when they protect other parts, and when they become polarized with each other. But there is an additional reason for extremity that bears discussion. Parts often take on the extreme ideas, behaviors, or feelings of significant others. These transferred burdens are just as organizing and constraining as personal burdens. Because they are highly dependent on their parents and eager to be included in the family culture, children are particularly susceptible to burdens that are passed down from one generation to the next, including the burden of having to protect another family member, having to be a great success, or believing that the world is too dangerous to engage in developmental exploration and risk taking.

Approval-craving parts can mimic virtually any extreme part of a parent or other authority figure. We often see the same burden being passed through many generations in a family, as we discuss in greater detail in [Chapter 4](#). This idea of a burden transfer process is similar to what analytic therapies call *introjection,* but with one important conceptual difference. In IFS we think in terms of inheriting burdens that are neither the essence of the ancestor from whom they derive nor the essence of any part internally. If we were to view the part itself as a mental introject we would miss its valuable qualities and its ability to transform. The introject is the burden, not the part. Our goal is to release parts from the constraining influence of their burdens and enable them to pursue their preferred, constructive roles. Rather than pushing them to change, we are helping them to let go.

THE SELF

As soon as you trust yourself, you will know how to live.
—JOHANN WOLFGANG VON GOETHE

Everyone has a seat of consciousness at their core, which we call the *Self.* From birth this Self has all the necessary qualities of good leadership, including compassion, perspective, curiosity, acceptance, and confidence. It does not have to develop through stages. As a result, the Self makes the best inner leader and will engender balance and harmony inside if parts allow it to lead. At the same time, our parts are organized to protect the Self and

remove it from danger in the face of trauma at all costs. Protective parts will report having pushed the Self out the body for protective reasons. Once they do this, the inner system is on its own with the extreme feelings or thoughts we call burdens.

Nevertheless, the Self remains whole. The therapist does not supply or strengthen the Self. Although the Self can be an observer, it is neither passive nor just a witness. Instead, once parts differentiate from the Self, it becomes an active, compassionate, collaborative leader. And strange though it may sound, as parts gain trust and open space for the Self, clients often say they feel physically as well as mentally present, lively, and centered (for more on IFS practice and the body, see Chapter 5).

Self-Leadership

Systems at all levels—families, companies, and nations—function best when leadership is clearly designated, respected, fair, and capable. Internal families are no different. The Self can care for and depolarize warring parts in an equitable and compassionate way, lead discussions with parts regarding major decisions on the direction of the person's life and deal with the external world. Parts do not disappear under Self-leadership, but their extreme roles do, as does the rigid three-group arrangement of managers, firefighters, and exiles. In a Self-led system the youngest parts may just want to be spontaneous and play. Meanwhile, others will want to advise, remind, problem-solve, lend their talents, and generally help. Each will have a different, valuable role and set of abilities. Generally parts will cooperate rather than compete or argue with each other, but when conflicts do arise, the Self is there to mediate. Once the system is operating harmoniously most of the time, each individual member (as in any harmonious system) will be less noticeable, and we become less acutely aware of our parts. In short, when we are in a Self-led state we have a sense of continuity and integration. We feel more unified—because we are.

This is not to suggest that we never want to have a part take temporary leadership. Certain parts have abilities that make them the best leaders for certain situations. At other times it is fun or thrilling when a part takes over. The point is that parts can take over (with permission from the Self) for reasons that are not protective once Self-leadership is restored. And they

can withdraw from leadership when the time is right for the Self to take the lead again.

KEY ASSUMPTIONS IN IFS

The following sections summarize the key assumptions of the IFS model.

Multiplicity

The natural state of the human mind is to contain an indeterminate number of subpersonalities that we call *parts*; most clients identify and work with between 10 and 30 parts through the course of therapy. Because of the way parts present to us, we conceptualize them as inner people of different ages, temperaments, talents, and desires who form an internal family or tribe. This tribe reflects the organization of the systems around it, and organizes itself in the same way as other human systems.

It is axiomatic in IFS that multiplicity is the inherent nature of the mind. This is not a product of external influences being introjected, nor is it the consequence of a once-unitary personality being fragmented by trauma. In addition, multiplicity is advantageous. All parts are precious and want to be constructive, though some are forced into extreme, destructive roles by external influences as well as by the self-perpetuating nature of inner polarizations and imbalances. Therefore, parts will gratefully find or return to preferred, valuable roles once they find that doing so is safe.

Polarization

Many past or current events can affect the leadership, balance, and harmony of a person's inner system. The most common of such influences include family-of-origin attitudes or interactions and traumatic experiences. When parts become frozen in the past, take on burdens, and assume leadership, their internal relations shift from harmony to conflict. This is because one extreme generates another, as does the uneven distribution of resources, influence, and responsibilities in a system. The polarized parts continually confirm their negative assumptions about each other, with each part becoming more extreme to counter or defeat the other. Thus, in the absence of effective leadership, polarizations escalate. Polarizations also generate

coalitions, with one lead part forming alliances that unite in opposition to or in competition with another lead part and its allies.

The Three-Group Ecology

Highly polarized inner systems are rigid, delicate ecologies that react severely to disruptions. Trying to change any one part without considering the network in which it is embedded often activates a phenomenon many therapies call *resistance,* but which IFS considers a natural, often necessary ecological reaction. An ecological map that illustrates inner relationships can help us understand and appreciate the validity of protective behaviors.

Balance, Harmony, and Leadership

Even highly polarized inner systems can heal themselves if the therapist is able to create a safe, caring environment and point the person in certain directions. Our systems already have plentiful resources, which only need to be released and reorganized. In addition, all parts of the system want to relate harmoniously and, given the opportunity, will eagerly leave extreme roles. If, however, a person lives in an activating or dangerous environment, inside or out, protective parts will be reluctant to leave their roles, and the process of harmonizing the inner system will be more difficult and prolonged. In addition, change in such an environment often evokes protective counterreactions in other people. For this reason, we advise finding and releasing constraints in the client's external as well as internal world throughout therapy, as we describe in the chapters on family and couple therapy.

Interconnected Ecologies

Systems thinkers are intrigued with the parallels among living systems. As Gregory Bateson (1979, p. 8) famously asked, "What pattern connects the crab to the lobster and the orchid to the primrose and all four of them to me? And me to you?" We have been fascinated with how the organization of internal systems of parts is paralleled in other human systems and in this book we cover those parallels in families (see Chapter 14) and countries (see Chapter 18).

From tiny to vast, living systems are interconnected ecologies. Therefore, changing one aspect of a system without understanding its larger network of relationships can cause severe repercussions. For example, in the 1950s a tribe in Borneo had an outbreak of malaria. The World Health Organization (WHO) sprayed DDT, which killed the disease-bearing mosquitoes and things improved. But the DDT poisoned the insects eaten by geckoes, which in turn were eaten by cats. When the cats died, the rat population exploded, which lead to other plagues. To resolve the problem, the WHO ultimately parachuted 14,000 live cats into Borneo (Hawken, Lovins, & Lovins, 1999).

The Internal and External Parallels of Our Interconnected Ecologies

Internal systems are equally delicate ecologies. Trying to change or heal one part without understanding its network of inner relationships often results in resistance at best and severe backlash at worst. For example, a young man named Tyrone had become depressed due to the relentless efforts of his inner critic. He found a therapist who tried to get him to focus on his strengths and positive social connections. In response, his critic became brutal. Unable to concentrate at work, Tyrone took a leave of absence. Tyrone's therapist, who was moving away, happened to refer him to an IFS therapist who guided Tyrone to ask the critic what it was afraid would happen if it let him feel good about himself. The critic said that confidence would cause Tyrone to take social risks and be rejected. When asked why that would be bad, the critic said it knew he couldn't tolerate another rejection and was sure he would kill himself.

In subsequent sessions, they talked to the suicidal part who was, indeed, committed to not letting him feel the pain of his exile—a part who had been betrayed and rejected many times earlier in his life—ever again. Thus, Tyrone learned that his critic was keeping him alive by keeping him depressed and had good reason to counter the efforts of the first therapist. As a result, Tyrone and his IFS therapist focused on Tyrone accessing his Self and getting permission from the suicidal part to heal the exile. Once the exile was healed, they returned to the critic, who was now happy to stop brutalizing Tyrone.

In the IFS model we view the client's inner and outer worlds as nesting, interconnected systems that operate according to the same principles and are responsive to the same techniques. In addition, systems that interface come to reflect one another, so changes at one level are likely to produce some kind of change at other levels. Because system levels echo each other, a therapist should not work with a client's internal system without thoroughly considering and addressing the person's external context. In addition, we can start at one system level in therapy (say, the family), but shift fluidly back and forth with another system level (individuals in the family) as needed.

As Tyrone's experience illustrates, we are effective when we become ecologically sensitive. To be ecologically sensitive we drop the interpretive stance of the expert and, in a spirit of humble curiosity, collaborate with the client's parts to map their inner relationships. Once we have a preliminary map, we are guided by it in a spirit of respect and the willingness to keep learning. When we misstep and the client's system reacts severely, our job is to remain curious not to pathologize that reaction. When we are Self-led, our missteps become another opportunity to locate mines in the client's inner minefield.

CONCLUSION

We live in symbiosis with a population of inner people who exist in multiple relational subsystems, much as we have symbiotic relationships with the millions of microbes in the gut, which are in relationship with each other. We are a habitat. The citizens (parts) of this habitat can be hurt and can get into conflict with each other, engaging in mutual injury, self-attack, and defensive (or offensive) maneuvers. The good news is that we also have a Self that is ready to provide stewardship to our inner system. Once we appreciate the disparate characters and perspectives of all our parts, we can stop expending energy disapproving of ourselves (or anyone else) for being inconsistent, having mixed feelings, or hosting inner conflict. Though our inner communities can be divided by conflict, they are also full of gifts. When our parts separate from the seat of consciousness (the Self) we discover what spiritual traditions have known and taught for thousands of years: that we have the resources we need to support and protect this

vulnerable inner population with its awesome potential. Self-acceptance is the ongoing process of welcoming all parts and banishing none. When we pursue the ideal of self-acceptance we also gain the freedom to live by curiosity, exploration, and inclusion.

CHAPTER 3

The Self

Looking, observing, listening, heeding, understanding, feeling with, communicating, loving—we can do all this with our parts. But who is doing the looking? The listening? The loving? Esoteric spiritual traditions have various names for the seat of consciousness. Quakers call it the *Inner Light*; Buddhists call it *rigpa*, meaning Buddha mind or Buddha nature; Hindus call it *Atman* or the Self; 13th-century German theologian, philosopher, and mystic Meister Eckhart called it the *Godseed*; and Sufis call it the *Beloved* or the *God within*. (For an extensive discussion of how the Self of IFS relates to these aspects of spiritual traditions, see Schwartz & Falconer, 2017.) In IFS terms, the key to mental balance and harmony is to access our seat of consciousness, which we call the *Self*. The plural mind revolves around the Self, and when parts lack access to its centrifugal force, they get into tugs-of-war and threaten to fly off in all directions. In contrast, they center like clay on a potter's wheel once they have access to the Self.

We are all born with a Self. It does not develop through stages or borrow strength and wisdom from the therapist, and it cannot be damaged. It can, however, be occluded or overwhelmed by parts. We call this *blending*. When a part blends fully, we see the world through its eyes. When a part blends partially, its perspective influences us. When polarized parts blend, we live in the midst of an ongoing debate and have no peace of mind. But when parts unblend, the Self is immediately present and available. When the Self accepts and loves parts—perhaps a child who was terrorized into submission, or an angry teenager who was exiled for standing up to persecution—those parts transform back into who they were meant to be. The Self-led mind is self-righting and has plenty of room for all feelings, views, and parts. In addition, the Self is not a passive observer. Once parts differentiate, the Self is a compassionate, collaborative leader that can be

active or still as needed. Though the Self has been known and named in spiritual traditions all around the world for centuries, and most of us can remember at least a few spacious moments of inner peace that denote the Self, for many therapists it remains the most challenging concept of the IFS model. In this chapter we explore the Self in greater depth.

*   *   *

THE "I" IN THE STORM

As soon as extremely polarized protectors stand down, clients consistently shift into openhearted curiosity and know just what to say or do to help extreme parts. This shift involves an inner presence that observes and interacts with parts but is not a part. Although many therapies and religions speak of a nonjudgmental true self, they describe an essentially passive, [witnessing](#) state of mind. In contrast to this view, therapists who have used IFS over the past three decades verify that everyone can access the active, compassionate leader we call the Self, which is characterized by clarity, perspective, compassion, and other qualities that constitute effective leadership. This is true no matter how severe their symptoms or how initially polarized their internal system.

When the Self is differentiated from parts, people experience what we are calling a *Self-led state of mind*. In this book we present various strategies that promote the differentiation of parts from the Self (see also Anderson, Sweezy, & Schwartz, 2017). Clients whose parts are willing to differentiate describe feeling centered, calm, and light, with a pervasive sense of well-being. They demonstrate confidence and openheartedness. They have a greater sense of choice. Many also gain access to an exhilarating sense of connection to others and the universe, similar to the state described by experienced practitioners of meditation and spiritual seekers who use psychedelics.

As a doctoral student, psychologist Mihalyi Csikszentmihalyi (2008) searched for the source of human happiness. After interviewing many people, he concluded that any activity, including sports, auto mechanics, art, reading, and even housecleaning can bring a sense of fulfillment if the activity helps the person to access a certain state of mind, which he dubbed *flow*. The flow state of mind is characterized by confidence, deep

concentration, and a lack of concern for reward beyond the activity itself, along with the sense of mastery and well-being, of stepping out of the constraints of time, of losing self-consciousness, and, finally, of transcendence. Csikszentmihalyi inferred from his research that flow is a universal, positive human phenomenon. Buddhists are circling the same phenomenon when they talk about mindfulness, as are IFS practitioners who talk about Self-leadership and being Self-led.

Nevertheless, the Self we find in IFS encompasses a strange and wonderful duality. In the *Introduction to the Internal Family Systems Model* (2001), I (RS) elaborated on the dual nature of the Self as either an active inner leader or an expansive, boundaryless state of mind. To comprehend this duality, think of light: Quantum physics has demonstrated that the photons that make up light sometimes act like particles and sometimes like waves in a pool of water (Zohar, 1990). Similarly, the Self can be experienced either as an "I" or an expansive sense of space and energy. For example, when we interact with our parts or with other people the Self is a boundaried individual, but when we are instead with our parts (or with other people) the experience of being "in Self" is expansive and inclusive—paradoxically, a kind of "no self" state of mind. As IFS therapists, our primary job is to help clients access this prized state of mind in both forms; our secondary job is to get out of the way as our clients become healers of their own inner families.

THE NATURE OF THE SELF

Some spiritual teachings differentiate between a "higher Self" and a more mundane executive self, which Freud (1923/1961) termed the *ego*. But our clinical experience using IFS argues against this dichotomy. What Freud called the ego is, in our view, a collection of manager parts. The Self of IFS interacts with parts and is also transcendent. As an entity, it is available to hear competing perspectives, to nurture, and to problem-solve. As a wave, it is one with the universe and other people as if, at that level, all waves overlap in ultimate commonality. Parts find the relationship with the Self incredibly reassuring, but to reap the benefits of being with the Self, they must first risk differentiating from and noticing the Self—a frightening prospect for many protectors. This shift in a person's center of gravity and

identity from parts and their burdens to essence (Self) signifies enlightenment in most spiritual traditions. When we see through the eyes of parts, the world looks very different than when we see through the eyes of the Self.

SELF-LEADERSHIP

Our core Self, the soul that is revered in spiritual traditions, encompasses curiosity, compassion, calm, confidence, courage, clarity, creativity, connectedness, and kindness. It is, however, easily obscured by protective parts who take over when we get terrified or feel shamed. When protectors take over, we identify with and feel dominated by their beliefs about, for example, how dangerous the world is or how weak we are. Even when we get a peek at our connection to something bigger than ourselves, or glimpse our true inner goodness and strength, these often feel like exceptions to reality. Although we don't easily view spaciousness as our birthright, it is who we are and we can live from that place even while we go about our daily activities or when we are in conflict with someone else.

In the Self-led state, we manifest precious qualities such as openhearted interest in and intuitive wisdom about how to relate with the people around us. We can't, however, command ourselves to be curious rather than contemptuous of our vulnerable parts. We can't force ourselves to feel compassion, no matter how much we believe in its benefits. So how do we get there? How do clients get there? When clients are willing to focus inward and seek guidance about how best to separate extreme parts with their distorted emotions and thoughts, their Self is released and the qualities they need to be good leaders show up spontaneously. In IFS we have the client focus first on what we call a *trailhead*. This is an emotion, image, inner voice, thought, physical sensation, or impulse that, when brought into focus and followed, will lead to a part.

The trailheads we find and follow in therapy sessions are usually the manifestation of a part in distress. We ask the client how she feels toward the target part from which the emotion, image, voice, etc., emanates. If other parts of her are afraid of it or dislike it, we ask those parts to relax and make room so we can get to know the target part. If reactive parts cooperate and relax, the client immediately feels calmer and more curious. Since these

feelings automatically emerge as soon as parts separate, we access the Self-energy that is already there, and we don't have to ask the client to make an effort to feel any particular way. The one caveat in this process is that it requires at least some willingness to find out if the Self exists and some curiosity when experiencing the Self. Without willingness and curiosity, we may view experiences of the Self as delightful aberrations or illusions, unattainable in everyday life. If we have no idea who we really are, we cannot consistently be that person. The more we trust the Self to be there, just beneath our parts, the better we are able to access it.

*　　*　　*

AN EXAMPLE OF MEETING THE SELF

Following is an example of introducing a client to his Self. Javier had always felt oppressed by and scared of his inner critic. When he focused on the critic in this session, he found it in his head and declared, "Oh I hate listening to this!"

THERAPIST: Would the part who hates listening to the critic be willing to relax for a bit and let you listen—not to give the critic more power, but to get to know it and help it move out of its job?

[The therapist does not assume any gender for parts, so defaults to "it" until clients indicate otherwise, if they do.]

JAVIER: Well … okay.

THERAPIST: How do you feel toward it now?

JAVIER: I wonder why he does this to me?

[The client indicates a gender.]

THERAPIST: Ask him.

[The therapist follows the client's lead.]

JAVIER: Hmmm. He started off menacing me like this gigantic version of my grandfather. But when I asked why, he suddenly looked like a child.

THERAPIST: How do you feel toward him now?

[Javier looks calmer and more confident.]

JAVIER: I feel sorry for him. He says he wants me to do everything perfectly so no one will criticize me. I wonder if he knows how unproductive it is to act like the man who used to beat me up.

THERAPIST: Is he getting that?

JAVIER: He looks sheepish. He didn't mean to cause a problem. But he doesn't believe he can stop.

THERAPIST: Would he like to stop?

JAVIER: Yes.

THERAPIST: What is he concerned would happen if he stopped?

JAVIER: If I'm not perfect, I'll be criticized and rejected.

THERAPIST: So he protects parts who were hurt that way in the past?

JAVIER: Hmmm … yes. It seems like he does.

THERAPIST: If we could heal those parts so they were no longer so vulnerable to rejection, would he still need to criticize you?

JAVIER: Well, he doesn't think that's possible.

THERAPIST: Ask him how old he thinks you are.

JAVIER: Ten.

THERAPIST: Tell him how old you really are and see how he reacts.

JAVIER: He's shocked. He can't believe it. He thought I was still a weak, scared kid.

THERAPIST: How does he respond to you?

JAVIER: He doesn't know what I want.

THERAPIST: What do you say?

JAVIER: I'm here to help.

THERAPIST: Would he like your help?

JAVIER: He asks what will happen to him.

THERAPIST: He'll always be a part of you, but once he doesn't have to protect this boy anymore, he'll be free to choose a new role. What would he want to do if he was liberated from this job?

JAVIER: Mainly he wants to rest. But he doesn't know me well enough to trust me.

THERAPIST: Fair enough. What do you say to him?

JAVIER: I ask him to give me a chance to earn his trust…. Okay. He's willing to try that.

After this exchange, the critic gave Javier permission to go to the 10-year-old he protected, who was stuck in scenes in which his volatile grandfather was attacking him. Because Javier took over and knew just how to relate to the boy, the therapist mostly served as a witness. This is common in IFS therapy because the client's Self knows how to love and

help parts. Even people who have never been nurtured in their lives know how to take care of their parts once they access their Self. Just as our bodies are equipped to heal physical injuries, we are equipped to heal emotionally.

<p style="text-align:center">*   *   *</p>

A POSITIVE VERSUS NEGATIVE VIEW OF HUMAN NATURE

The idea that our essence is pure joy and peace, and that we can lead and heal from that place runs counter to what most of us are taught. Various negative views of human nature have permeated Western culture, particularly after St. Augustine asserted that desire is a curse embedded in human nature (Schwartz & Falconer, 2017). Although Augustine's Christian forebears believed that we are born blessed, Augustine chose to focus on a Biblical allegory of minor importance at the time, which his contemporaries considered embarrassing (Greenblatt, 2017). In this tale God shames and exiles a couple (Adam and Eve) for disobeying an order and eating the fruit of the tree of the knowledge of good and evil. In blunter terms, God punishes the couple for enjoying sex. For Augustine personally, this tale of "original sin" was probably most compelling because it captured his own long struggle to deny his libido and obey his Christian mother. Bemoaning the independent life of his penis (which he reportedly enjoyed with gusto for many years), he popularized the notion that desire drives humans from blissful ignorance to powerless suffering, and must therefore be handled with Sisyphean self-denial (Greenblatt, 2017).

Other pessimists on the topic of human nature have used the lens of Charles Darwin's theory of evolution to put a scientific cast on the story of original sin, positing that our nature mirrors the competitive, winner-take-all environment in which we evolved. This idea, too, has been hugely influential. Freud argued, and behavioral and evolutionary theories of psychology teach, that we are motivated to expand our gene pool by maximizing pleasure, illustrating how psychology echoes both the Christian narrative of the Fall and the scientific narrative of the "selfish gene" (Dawkins, 1976).

In another twist, attachment theory in developmental psychology asserts that our basic nature is dependent on the parenting we receive (Ainsworth, 1982; Bowlby, 1988). If we were fortunate enough to have reasonably good parenting during certain critical periods in our early development, then we are likely to come out of childhood with enough ego strength to function. But if not we're out of luck. We are doomed to remain broken until we have some kind of corrective reparenting experience from a therapist or significant other. According to this perspective, we need to internalize or be taught morality, empathy, and respect, and our most valuable qualities don't exist unless they are nurtured in external relationships—implying that we, as therapists, must try to give clients what they lack, while they must internalize us.

This myth of environmental dependency dominates our learning theories and our educational system, underestimates clients, pulls for unnecessary dependence, and overburdens therapists. If we are inherently weak or severely damaged by trauma then we must rely on therapists to be our good attachment figures. The relationship with the therapist is supposed to help us develop an ego that can self-regulate. In IFS, we rely on the relationship with the therapist to help us release our already developed and undamaged Self so that we can Self-regulate and Self-nurture, as we are equipped to do. This is not to imply that the therapist–client relationship is unimportant in IFS. On the contrary, as we describe in Chapter 6, it is extremely important. (See also the chapter I [RS] wrote on this topic in the book *Internal Family Systems Therapy: New Dimensions* [Sweezy & Ziskind, 2013] and much of what Dan Siegel has written in the last 20 years, including his 2012 book, *The Developing Mind: How Relationships and the Brain Interact to Shape Who We Are*.)

*   *   *

THE RESOURCES OF THE SELF-LED PERSON

The sections that follow describe the qualities of the Self that are most relevant for healing. Oddly enough, they all begin with the letter *C*.

Curiosity

In addition to containing many possibilities, the beginner's mind is full of wonder. We are born inquisitive, and we naturally continue to be curious when we are not busy judging. When we face another person's anger, we can be curious if our vision isn't occluded by past experience and activated parts. When we ask what happened, the angry person will sense interest rather than fear and judgment. If we don't feel defensive, we can wonder what inner injury the angry part is protecting. Curiosity is at the heart of IFS therapy. The Self brings agenda-free interest to inner voices, sensations, feelings, and thoughts—and to external relationships as well. In all arenas, pure, guileless curiosity disarms. When we are interested, even our own inner demons (contemptuous, racist, misogynist, self-attacking parts) sense the safety and opportunity to lead the way to the hidden treasure of vulnerability.

Calm

Many people, especially those who have experienced trauma, feel constantly tense, like a tightly wound spring. This ongoing state of arousal predisposes them to overreact to challenging people and events. Self-leadership, in contrast, is characterized by a pervasive calm that is both physical and mental. Clients who embody the Self are more even-keeled and resilient. The Self can relieve protective parts of adult responsibilities and outdated fears. Clients who have lived in a state of inner frenzy can achieve true equanimity. Clients who have been torn between the extremes of emotional overwhelm and a sense of numb deadness can experience the natural flow of emotion coming and going in waves. And when the waves get high, they can trust their ability to return to the Self-led state after the storm subsides because their Self has become an active leader that notices and comforts its activated parts. Just as external human systems are less polarized when led by respected, trusted leaders, internal systems that trust Self-leadership are calmer.

Confidence

We can take it as a sign that the wounds of our exiles are not healed when current slights echo accumulated hurts, and inner critics attack inside as other protectors jump to the barricades to defend us from others. The Self short-circuits this cycle by doing something completely unprecedented for

the inner system: validating and comforting its exiles. We are born with the capacity to heal. Bacteria and viruses interfere with healing in the body. Beliefs and overwhelming feeling states (burdens) interfere with healing in the psyche. The Self has an infectious air of confidence, conveying to protector parts that it is safe to relax because instead of trying to "let it go and move on" (the typical protector advice that encourages people to abandon and isolate their burdened young parts), injuries can be healed. The Self's confidence ignites an exemplary cycle: Exiles unburden, the system becomes less delicate and less reactive, and protective parts are more inclined to trust Self-leadership. Words like *grounded* and *solid* describe the effects of the Self's confidence, and that confidence offers a platform of stability as we encounter challenges in the world.

Connectedness

In a letter in 1950, Albert Einstein wrote:

> A human being is a part of the whole, called by us, "Universe," a part limited in time and space. He experiences himself, his thoughts and feelings as something separated from the rest—a kind of optical delusion of his consciousness. This delusion is a kind of prison for us, restricting us to our personal desires and to affection for a few persons nearest to us. Our task must be to free ourselves from this prison by widening our circle of compassion to embrace all living creatures and the whole of nature in its beauty. Nobody is able to achieve this completely, but the striving for such achievement is in itself a part of the liberation and a foundation for inner security.

The Self naturally has the sense of connectedness Einstein wrote about. Rather than needing to strive to feel connected, as we access our Self we just feel connected. In addition, because the Self wants to connect with parts and other people, even those whom we have previously feared or demonized, it motivates us to connect. Connectedness links with calm and confidence to echo something much bigger, sometimes called the *divine*.

Clarity

Clarity is the ability to perceive situations without the distorting effects of extreme beliefs and emotions (burdens). Our vision is clear when we see through the eyes of the Self, and it is distorted when we see through the eyes of extreme parts. Some distortions are weird and radical; others are mundane and common. We know that the thin person with anorexia who

sees a fat person in the mirror is wildly off course, but when we cannot remember our perfect lover of yesterday because we feel disappointed, we may not be aware of our grave perceptual distortion. When we are blended with protective parts, we lose access to curiosity. Rather than being open to discovery, we fill up with the preconceptions, expectations, and visual distortions of our parts. When our parts step back and we look through the eyes of the Self, inner monsters suddenly look like scared teenagers. In addition, we no longer fear our outer enemies because we can see the pain that drives their extremes.

Creativity

Scientists, inventors, and artists often describe inspiration emerging fully formed after hours, days, or even months of conscious, rational puzzling and consideration. Our experience with clients confirms that we can tap into creativity once inner noise diminishes and the Self rises. When manager parts who crowd our awareness are finally able to relax, we can suddenly problem-solve with spontaneous, out-of-the-box thinking that inspires more creativity as well as great pleasure and relief. When the part who says "I have no idea what to do next" steps back, clients spontaneously say, "I'm going to try this." Thus, therapists need not supply clients with missing interpretations, insights, suggestions, or directives because once the client's Self emerges, the client has access to creative solutions that are on target and surpass any suggestion another person could offer.

Courage

So far in this chapter we have emphasized the calm, compassionate, nurturing side of the Self, but when needed, the Self can also be forceful and protective. Indeed, martial arts release this side of Self-leadership. Though accepting and openhearted, the Self is not detached or passive in the face of injustice. Oppressors attack Self-led people because their energy undermines the oppressors' control. For the same reason, abusive adults attack qualities of the Self in children. Most clients who have been severely abused report being punished for showing spirit, spontaneity, and independence. In response, their protectors banished the Self from body and mind. For this reason it takes tremendous courage to go toward terrifying places in the psyche.

At the same time, a client need not have an extreme history for protectors to fear that Self-leadership will lead her to break out of denial and take risks they find unacceptable. Many protectors are reluctant to step out of their roles because they believe the person would be weak and passive without them. Protectors always have intense fears about allowing clients to open the door to the exiles they locked away years ago in inner basements, prisons, and caves. When a client says he is afraid to do something in the inner world, we know a part is speaking. But once the part perceives the fearless nature of the Self in the inner world, including with emotional pain, shame, rage, and terror, its fear subsides.

Of course, in addition to curiosity, calm, confidence, connectedness, clarity, creativity, courage, and compassion, the Self manifests many other qualities: for example, perspective, joy, patience, kindness, gratitude, persistence, equanimity, playfulness, and especially love. Nevertheless, for the purposes of learning and teaching IFS therapy, the eight *C*-words suffice well to capture the healing essence of the Self.

Compassion

When you try IFS with clients, you will be as amazed to watch what happens as they get some separation from parts they hate or fear, especially angry and frightened parts. Out of the blue they will suddenly say, "I feel so sorry for this part! I want to help it." That inherent desire to help parts (or people) who are suffering signifies compassion. It springs from connectedness, the intuitive understanding that we cannot be separate. You are me, and I am you. Inevitably, your suffering affects me, and your joy is also mine. For most people this is not a conscious thought; they just feel drawn to do something "meaningful" with their lives. From the IFS perspective, compassion is not a muscle that needs developing; it is an innate quality of the Self that gets obscured by burdens and needs to be released.

Whereas empathy involves *feeling with* another person, compassion involves *feeling for* another person, which motivates concern and the desire to help. While exploring compassion and empathy, neuroscientist Tania Singer (personal communication, November 2017) made a surprising discovery. Having expected to find that these two emotions use the same neuropathway in the brain, they found instead that compassion uses reward

circuitry whereas empathy (the experience of *feeling with*) uses pain circuitry. Although empathy can therefore overwhelm us with pain, a proportional dose enriches compassion. As a result, in IFS we don't ask parts to stop feeling strongly, but we do ask them to separate enough so that they don't overwhelm us with their strong feelings. When we are not able to attend to our exiles, we find it hard to tolerate the suffering of others. But when our exiles separate and communicate rather than overwhelm, the Self is present, protectors don't get activated, and we have compassion for our own parts as well as for other people who are suffering.

The Self in Action

Most of us are quite self-absorbed because our parts are stuck in extreme emotional states and carry extreme beliefs (we call these *[burdens](#)*, as we discuss in the next chapter), which keep us feeling separate from other people, from nature, and from the earth. Burdens cause us to ruminate about changing the past, being secure, or having pleasure. Or they just keep us in our heads with random thoughts. As T. S. Eliot wrote, "We are distracted from distraction by distraction, filled with fancies and empty of meaning."

Many spiritual traditions view this inner chatter as a product of what Freud called the ego. But the IFS perspective is different. When we help our distracting parts relax and our exiles unburden, all this activity and noise inside drops off and we have access to the courage and clarity of the Self, which shifts our perspective. Having been released from the optical delusion that we are all separate, we see injustice clearly, we fear for our environment, and we are oriented to take action. Aware of the interconnectedness of everything, we move from being egocentric to being socio- and species-centric, bio- and earth-centric. Our compassion and our Self's awareness of connectedness move us to social or environmental action according to our individual abilities and resources. As Parker Palmer (2004) wrote, the soul (the Self) is "that life giving core of the human self, with its hunger for truth and justice, love and forgiveness … when we catch sight of the soul, we can become healers in a wounded world—in the family, in the neighborhood, in the workplace, and in political life" (p. 2).

Where parts attune to the extremes of other parts, the Self sees the exiled pain beneath extremes and wants to understand its origin even while opposing extreme behaviors. Action led by the Self is more effective over

time than parts-led action because its compassion-infused message is better able to slip past opponents' protectors and touch their Selves. In contrast, righteous, caretaking, or power-seeking parts polarize with each other, magnifying danger in the short run and giving rise to a hopeless sense of burnout and cynicism in the long run.

When needed, the courage, clarity, and confidence of the Self allow us to act forcefully and boldly while remaining calm and creatively flexible in the face of consequences. Indeed, the perspective of the Self gives us the systemic wisdom we need to anticipate consequences. I (RS) used to believe that the Self had no agenda, but over time I've realized I was wrong. The Self is not attached to any agenda, but it does have the intention and ability to bring healing, harmony, balance, and connectedness to any system it encounters. The larger goal of IFS is simply to give us all more access to our Selves and to bring more Self-energy to our planet.

CONCLUSION

The Self has its own chapter in this book because it is the centerpiece of the model. IFS asserts that the Self exists, cannot be damaged, can often be accessed quickly, knows how to heal, moves to correct inner or outer injustice with an open heart, and becomes the good attachment presence for parts and people alike. With this perspective, the process of therapy may be challenging, but the plan is clear. Every bit of guidance and every clinical example in this book aims to help you and your clients access the Self.

CHAPTER 4

Burdens

One of the most important discoveries of IFS is that extreme parts who appear irrationally self-destructive and aggressive are not what they appear to be. Instead, extreme parts have a rationale for their behavior and they feel driven to extremity by beliefs, emotions, and energies that enter our systems from trauma or attachment injury; additionally, these beliefs, emotions, and energies can be inherited from family, ethnic group, or culture. We call extreme beliefs, emotions, and energies that enter through direct life experience *personal burdens*. We call the ones that were absorbed from family, ethnic group, or culture *legacy burdens*.

The importance of distinguishing between parts (who are valuable) and their burdens (which need to be unloaded) cannot be overemphasized. Most psychotherapies and spiritual traditions mistake parts for their burdens and, consequently, go to great lengths to try to throw the baby out with the bathwater. From the IFS perspective, for example, our brutal inner critic isn't merely grandmother's internalized critical voice that we need to drown out or expel. Instead, it's an 8-year-old who is using Grandmother's shaming voice, image, and energy in a desperate attempt to prevent further injury. When the 8-year-old critic trusts that it's safe to unburden—to release that shaming energy out of the inner system—it will transform. In this chapter we look at how burdened protectors polarize each other, inhibiting or disinhibiting and becoming ever more extreme, while burdened exiles threaten inner stability with their sadness, loneliness, and despair.

* * *

FORMATIVE ENVIRONMENTS

Culture is formative for children. Mainstream culture in the United States influences families to favor children who show ambition and independence while disdaining children who seem easily hurt and dependent. A patriarchal culture gives males more deference, resources, influence, and responsibility than females of a similar age or role. A racist culture gives one racial group more deference, resources, influence, and responsibility than others. Cultural biases like individualism, patriarchy, and racism are burdens that throw families and cultures profoundly off balance. (For more on how these cultural burdens affect the United States, see Chapter 18.)

In IFS we explore how burdens are passed down generations by parents valuing or rejecting certain of their own parts, and then doing the same to their children (and others), teaching them to value or reject these kinds of parts internally. For example, let's say a mother, whose dominant manager focuses on pleasing others, shames her daughter whenever she expresses anger. As a result, the daughter develops a manager who worries about approval and works to silence her assertive parts. Her approval-seeking part is getting too much responsibility, influence, and access to resources, while her assertive parts get too little. This is the product of the over-pleasing legacy burden. This burden may have arisen initially from the travails of her immigrant ancestors generations earlier.

THE NATURE OF A LEGACY BURDEN

When Joe (or anyone) is anxious, we will relate to him the way we relate to our own anxious parts. This is an important law of what I call *inner physics*. If you hate your vulnerability, you will punish your son when he is vulnerable. If you fear your anger, you will either punish or cave in to your daughter when she has a tantrum. If your mother's managers react internally to certain of her feelings—say, sadness—with impatience, denial, criticism, revulsion, or distraction, her managers will also react that way when you express sadness, and then your managers will pick up the same attitude. A child who hears *We do not boast in this family* will exile his proud part. A child who hears *We are strong in this family* will exile her weak parts. In this way, any feeling from sadness or anger to excitement and love can be exiled in families. Since feelings give us direction, banishing them not only

causes us to lose contact with the parts who express such feelings, it also puts us at risk of feeling empty and directionless.

THE DIFFERENCE BETWEEN A PERSONAL BURDEN AND A LEGACY BURDEN

The most fundamental and common burdens, such as *I am worthless, I am too much, I am unlovable,* tend to develop in response to firsthand experience. When a child is shamed, terrorized, or in some other way injured, the child's system may take that experience in as factual information about himself. For example, let's say an older sibling discovers that shaming is an effective way of exerting control over a younger sibling and repeatedly shames the younger one for being excited. In turn, the younger one's protectors observe that being "too much" has bad consequences, and they set about banishing the excited part internally. When we suggest helping the excited part in therapy, those protectors get nervous. They need reassurance before they will give up their fear of being too much, and ultimately they need to observe the Self reversing the verdict of shaming by loving and valuing the excited part.

Any burden may be personal. On the other hand, it may be a legacy burden that has been visited on all the children in a family by one or both parents; for example, regarding the family's home culture, *People in this family don't do things by half measures!,* or regarding the larger culture, *We are an independent people!* Legacy burdens are communicated firsthand from parent to child, but are secondhand in the sense that the origin of the belief (the reason that having a particular need or desire is a threat) comes from the experience of someone else, someone who might have lived generations earlier (Sinko, 2016).

Epigenetics, a process by which trauma is transferred across generations through the genes of a traumatized person or animal, may prove to be a potent factor in the transmission of legacy burdens. Epigenetic studies are indicating a relationship between environmental stressors that induce a genetic change called *methylation* and conditions such as asthma, bipolar disorder, and schizophrenia. A recent study on epigenetic influence found that the sons of Union soldiers who had been prisoners during the Civil War (a traumatically mistreated population) tended to die younger than sons of

Union soldiers who had not been imprisoned during the war (Khazan, 2018). Discoveries like these raise the question of how we may be able to exert influence in a positive rather than negative direction. It remains to be explored if therapy, for example, could reduce the level of methylation of stress-related genes.

Even when we have no clue as to the origins of our inherited beliefs and anachronistic emotions, such burdens can be powerful life organizers. For example, a woman who wonders why she has trouble with romantic relationships may have inherited an unconscious belief that all men are dangerous because of the gang rape experienced by a great-grandmother during wartime. Legacy burdens can be found in chronic, shared feeling states (*My mom was anxious, too*), shared habits (*In my family, we always joke when we're scared*), and shared beliefs (*I learned not to question authority*). When someone expresses bias or fear about a class of people (regarding, say, their gender, sexual orientation, sexual identity, race, or ethnicity), or about a particular feeling (e.g., shame, anger, grief, excitement, love) or behavior (e.g., intimacy, self-assertion, generosity, adventurousness), we are often hearing a legacy burden. Legacy burdens are stocked with family history and can go back many generations (Sinko, 2016).

When we want to find out if a burden is a legacy or personal, we ask the part, "What percent of this belief (feeling, behavior, etc.) belongs to someone else?" Although the answer can range from 100% to zero, it is often greater than 50%. We follow with another question, "Would the part or parts who carry this burden for you be willing to let go of the percentage that doesn't belong to you?" When they are ready to let go, the [unburdening] can be accomplished quickly. Sometimes, however, a part (or a cluster of parts) is reluctant to let go of a legacy burden. The most salient sticking points tend to be loyalty to family, ethnic group, or country; the belief that the burden is the only way to stay connected to someone important; or the belief that someone they love will have to carry it if the part lets it go. Whatever the reason, we explore concerns about a legacy burden as we would explore them about a personal burden (Sinko, 2016).

LEONARD'S LEGACY BURDENS

Leonard was a gay 19-year-old who had inherited various legacy burdens: his father's striving, perfectionism, and shame about (Leonard suspected) being gay; his mother's obsession with looks; and his parents' shared disdain for his sad parts, all of which came from the parents' families of origin. Leonard also had personal burdens, including feeling responsible for his parents' happiness and believing that he was weak and repulsive. In therapy he discovered that he could not do much about his personal burdens until he had found and released his legacy burdens. His mother had seemed depressed throughout his childhood, and even though he had parts who believed she would never be happy, he also had a part who felt guilty and tried to carry this burden for her.

Additionally, Leonard had parts who felt angry that he worried so much about his parents. Before his junior year in high school these burdens inspired his managers to try to please his parents, but during junior year an angry part began to take over. He got a fake ID to go to gay clubs, where he drank too much and had unprotected sex. When Leonard came to therapy, he hated himself for being conflicted and unhappy about being gay because he believed that he ought to feel comfortable and happy. Learning from his parts that 60% of the oppressive sense of being stifled and inadequate stemmed from legacy burdens expedited Leonard's therapy. Once the legacy burdens were gone, he found that he could differentiate from his parents more kindly, which made him feel more confident and hopeful as he turned to his personal burdens.

*　　*　　*

PERSONAL BURDENS

As we illustrate throughout this book, in addition to family dynamics and cultural bias, any personal experience of being rejected, abandoned, shocked, scared, or abused (physically, sexually, or emotionally) can burden our most sensitive parts with fear, shame, and emotional pain. Exiles routinely cite one or more of a few comprehensively condemning beliefs about their value. At the top of the list are worthlessness, unlovability, and being too much or too little. Less often but still not infrequently, young parts come to believe they are bad or evil. As well, trauma can burden our protectors with disdain for vulnerability and extreme beliefs about certain

categories of people or the world in general. In all cases, inner and outer children have a developmental tendency to translate experience into identity: *I am not loved* becomes *I am unlovable,* and *a bad thing happened* becomes *I am bad*.

The Exile's Need for Redemption

When a child has reason to be pessimistic about their value, the normal need for approval escalates to craving. Such children are vigilant about messages regarding their worth and vulnerable to the negative judgment of anyone on whom they depend. Striving to lift the curse of unlovability, these young parts influence otherwise sensible adults to return to people who have hurt them or to find a close substitute, which is likely to result in a string of unsatisfying, dangerous relationships.

Leonard's Personal Burdens

Let's go back to Leonard. Even if he had never suffered any more intense trauma, his family culture would have encouraged him to exile his sensitive, lonely, and angry parts. But Leonard did experience trauma. As his therapy proceeded, his injured parts began to show him where they were frozen in the past. First came the 5-year-old whose mother had disappeared one day. Later in life Leonard learned that his mother had been hospitalized for a "nervous breakdown" when he was 5. At the time, however, his mother simply disappeared. He woke up alone and could not find her in the house. He finally found his father, who would give no answer as to her whereabouts. When his grandmother, who was not a nurturing woman, showed up that afternoon to take care of him, she, too, was silent when he asked about his mother. The 5-year-old concluded, as children will, that he must be the cause of her disappearance in some literally unspeakable way. Over the course of her month-long absence, Leonard withdrew in a state of fear and guilt, telling himself scary and soothing stories in turn. Later, when his mother finally returned and the adults continued to act as if nothing had happened, he got angry, which evoked managers in the adults who scolded and silenced him.

After Leonard helped the 5-year-old in therapy, another part, a 7-year-old, appeared with another traumatic story. A teenage cousin had tricked Leonard into going into the woods, where he had pressured Leonard to

touch and play with his penis. Leonard had wanted to tell his parents but his managers, who viewed his parents as too fragile to hear stressful news, had shamed him into silence. After helping the 7-year-old, Leonard heard from more parts about other scary experiences all the way through his 20s. Since his managers had left wounded parts in the past and moved the rest of his system forward, Leonard needed to retrieve and help each one to unburden and heal (a process we describe in detail later).

THE BURDENS OF PROTECTORS

Protectors have burdens, too. First, they believe the negative press about the exiles; second, their jobs are burdensome. One of the terrible ironies of emotional abandonment and abuse is that a child's protective parts mimic abusers, be they adults or other children. Approval-seeking managers and reactive firefighters are capable of repeating, internally, virtually any extreme behavior that has been perpetrated on a child, from perfectionism, criticism, and moralizing to physical attack, all in the mistaken hope that a perfect (or punished) child will be better loved. The job of mimicking a perpetrator is, of course, nasty and makes the part unpopular in the system. Protectors need our help to let go of the extreme parental energies that constitute legacy burdens.

Like all protectors, Leonard's were also burdened with various beliefs about him (really about Leonard as a child): that he was overly sensitive and excitable; his feet were too big; his needs were a burden to others, especially his parents; and his anger was a repulsive sign of selfishness. Their jobs ranged from inhibition (*Don't speak, don't complain, don't get angry*) to distraction (*Drink, have sex, tune out*), and their aims were to hide his faults, punish him for failing, make him acceptable, and distract him from feeling miserable.

BURDENS, SYMPTOM SEVERITY, AND LENGTH OF TREATMENT

The length and difficulty of treatment in IFS are governed not by symptom severity but by degree of inner polarization, distrust in Self-leadership, and

the client's level of burdening. As we have explained, parts are forced into extreme roles in a few ways: They protect exiles proactively (managers) or reactively (firefighters), they polarize each other, and they are frozen in a frightening time in the past (both protectors and exiles). Because most people are socialized to exile various of their own parts, even people who were never severely hurt will be organized according to this manager, exile, firefighter triad, and the client's symptoms tell us which group dominates. For example, managers tend to dominate in people who are chronically depressed, firefighters in people who are prone to impulsive behaviors, and exiles in those who experience acute anxiety, fear, sadness, and loneliness. When exiles are highly burdened, therapy takes longer because protectors are more extreme and polarized, and the system has little trust in the client's Self. We keep in mind that protectors are burdened too, but are unlikely to release their burdens until the exiles they protect have been healed (unburdened) and the system is less vulnerable.

CONCLUSION

Parts are often mistaken for their burdens, which causes a great deal of harm. While protectors exile vulnerable parts, well-meaning relatives, friends, and treaters battle dangerous protectors—and no one wins. Parts are not their burdens. When we know this clearly, we can reassure fearful parts that we have no hidden agenda that would involve purging or killing off any part of the inner system. This news, in itself, immediately alters the dynamic of a polarized system, which has been relying on the idea that excising someone is the only possible cure for the condition of being unacceptable. We want protectors to get the message that it will benefit the larger system for everyone to be liberated and for those who want a new, preferred role to get one. We aim for everyone to feel welcome.

Burdens develop in many ways: vertically between generations in a family or due to the behavior of other influential authority figures such as teachers, coaches, or priests. Burdens can also develop at the hands of strangers, horizontally with siblings and peers, or by chance of nature (fires, earthquakes, tsunamis, floods, etc.). Legacy burdens develop in families and can back go many generations. Personal burdens develop in response to events that are personally traumatic. When a child is injured, the qualities

for which she was attacked or that she believes got her in trouble are viewed by the internal system as a liability, so parts who lead with those qualities (e.g., naiveté, sweetness, spontaneity, excitement, courage, anger, sadness, frustration, sensitivity, compassion) will be banished, which makes those parts feel unwanted and desperate. From their place of exile, they long for rescue and redemption. Meanwhile, protectors are constrained by what they believe about exiled parts. All in all, the burdened system is a portrait of restriction, constraint, rebellion, and frustration. And this is the way most of us expend most of our energy.

The good news is that all this can change. Burdens can be released and parts who are liberated can transform. Later in this book we illustrate how parts unburden themselves. We are aware that this will seem impossible to many readers—too good to be true—and we understand this skepticism. Skeptical parts are welcome. In our experience, once skeptical parts believe their safety concerns can be effectively addressed, they are usually willing to try something new.

CHAPTER 5

IFS and the Body

Parts can affect the body and, conversely, IFS can affect somatic processes, including diseases that are not ordinarily considered psychosomatic. My (RS) early collaboration with Ron Kurtz (who developed the body-centered Hakomi method of psychotherapy; Kurtz, 1990) taught me that most clients are able to locate parts in the body and follow physical sensations to the inner world, where they can make deep connections. In this chapter, we describe how IFS approaches embodiment, which includes a number of ideas developed by Susan McConnell (2013), a Hakomi therapist who was one of the first lead trainers for the educational arm of IFS (the IFS Institute). Susan has used her expertise in bodywork and somatic psychology to broaden the IFS model.

* * *

THE SELF OUT OF THE BODY

The body is the vessel for parts and the Self. Therefore, when we speak of a "person" in IFS, we mean the body, the parts, and the Self. When life experiences inject burdens into this system, parts may decide to separate the Self from the body, which, in turn, increases the risk of the system absorbing more burdens. For example, when we face overwhelming danger, a protective part will often act as a bodyguard, "taking the hit" (as these parts report), while other parts "push" the Self out of the body. This description jibes with frequent reports from clients that they watched from the ceiling as they were abused. Although removing the Self from the body

seems to be a useful survival skill in terrifying moments, it also leaves a blanketing inner numbness, which, though relieving, is deadening.

In contrast, when parts unburden, we feel warmer, more grounded, and more alert as well as clearer, calmer, and more acutely aware mentally. Since the Self is miraculously resilient and immune from damage, we may wonder why parts try to protect it. In some cases young parts may not be aware that the Self doesn't need protection, but in many cases perpetrators punish children for exhibiting qualities of the Self (e.g., curiosity, confidence, connectedness, courage, compassion). In response to this kind of targeted abuse, parts push the Self out of the body to prevent more punishment.

Although the Self can be pushed out of the body completely, it can also be disembodied along a continuum. Most of us have had experiences that caused our Selves to disembody to some extent at some point. During 4 years of college football, I (RS) charged full speed into guys almost twice my size many times and suffered, among other injuries, several concussions. Afterward I needed years of inner work to get back to feeling certain sensations and emotions in my body. During the course of that inner work, I discovered that my father's rage attacks and spankings had scared the Self out of me, leaving me desensitized. In the grip of my own rageful protector, I wanted to knock people down and was able to disregard physical pain even while my saner parts were screaming at me to stop. When burdens take us out of our bodies, we are at much higher risk of engaging in physically dangerous activities that cause damage and lead to further disembodiment.

EXPERIENCING THE SELF IN THE BODY

Only our parts can decide to allow the Self back into the body. But there are many ways to embody once reactive protectors give their permission. For example, we can use the breath or focus on the heart, bones, spine, and crown of the head. Sometimes movement helps. The practice of yoga, meditation, martial arts, and other mind–body healing modalities can all help parts feel welcome and safe so the Self can embody. With these strategies we can access, strengthen, and stabilize the Self in the body, which brings alignment, groundedness, fluidity, spaciousness, and often

tingling. When the Self is embodied, we are sensate and open to change, and the breath is full and effortless (McConnell, 2013). There is also plenty of space for our parts.

Embodiment is important for Self-leadership for a couple of reasons. First, the Self has access to our physical hardware and, second, with a solid sense of the Self in the body, parts trust its leadership more. Ironically, experiencing the Self in this grounded, physical way can also generate a transcendent expansiveness that goes beyond the boundaries of individuality and the body to the feeling of oceanic unity. We do, however, have one important caveat about practices that are designed to speed embodiment.

Embodying the Self can terrify people who have suffered severe abuse. As mentioned above, savvy perpetrators try to prevent the victim from having access to the Self. To keep a victim compliant and brainwashed, such a perpetrator will increase punishment whenever the child (or adult) embodies Self-energy (any of those *C*-word qualities ranging from curiosity to compassion). As a result, survivors of severe abuse risk backlash from their protectors when they try to embody the Self. This backlash might include suicidal thoughts or urges, physical illness, pain, or fear of the therapist and the urge to quit therapy. Thus we make a point of asking the client to check if any protectors are afraid to let her embody before guiding her to do so directly. If any parts are afraid, we address their fears before proceeding.

I (RS) have developed a daily embodiment practice that helps me find activated parts and discern my level of Self-embodiment. Throughout the day I check my heart frequently to see how open it is, because when I'm embodied it's quite open. I also check to see if a vibrating energy is running through my heart. We call this Self-energy; Eastern spiritual traditions call it *qi* or *chi* or *prana*. If my heart is blocked, I know that a protector is doing the blocking. I might ask it to relax, or I might focus on helping it trust that I don't need that kind of protection anymore. I also know that my most active protectors hang out as tension above my eyebrows, weight on my shoulders, and clutching in my throat, and I'll visit those places to reassure those parts. As they release, I immediately notice more spaciousness and calm in body and mind.

PARTS IN THE BODY, AND THE BODY AS A TOOL FOR PARTS

Parts not only embody or disembody, they can be more or less embodied. The more embodied they are, the more their experiences and approach to life is illustrated in posture, gesture, voice, and facial expressions. They can, for example, show up as muscle tension, pressure, or trouble breathing; they can be numb, weak, chronically hot or cold; they can be starved or want the insulation of fat to avoid attracting sexual interest; they can also be sexually overstimulated. In 2013 Susan McConnell wrote:

> As parts absorb burdens over the course of a lifetime, the body's awareness, breathing patterns, ability to resonate with others, to move with ease, grace, and freedom, and to give and receive touch are all adversely affected, [but] psychic as well as physical injury [that] occurs in the body … can be healed in the body. (pp. 105–106)

I (RS) had one client who found a manager creating chronic fatigue symptoms in order to get care and rest for a needy little girl part. Another client who was in a cult discovered a part who was making her sick with environmental illness with the aim of getting the cult leaders to reject her. Her illness was, at the same time, an eloquent way for her parts to communicate their overwhelming sense that her environment was toxic. Personally, I am aware of a part who has such high expectations of my body that it feels betrayed by illness and aging. Some of my parts relate to my body as if it were a bothersome plant, or a pet that must be kept in shape, nourished, and dragged around. I have had clients whose parts hated and feared the body. These parts (and they are not uncommon) can cause us to neglect, judge, numb, or immobilize the body. They can also use powerful sensations, energies, and hungers in the body to pursue various goals. They are capable of depleting, wearing out, or even killing the body.

Parts use the body for their own purposes, which tend to be different for exiles than for protectors. Exiles use it to signal their need for help; managers use it to exert control; and firefighters use the body to either distract from emotional pain or from overinhibition (the work of managers). In the service of these goals, parts can distract from and also cause all manner of physical dysfunction and pain. Firefighters can wreak havoc in the body with behaviors such as addiction, eating disorders, promiscuity,

and self-harm, though physical damage is often a side effect rather than the goal. In addition, when protectors are polarized the body can become a battleground. For example, while one part numbs, another may fight to amplify physical sensations.

When we look at protective roles, we can more or less match them to physical symptoms. Managers—who need to contain, suppress, hold, freeze, and control—tend to show up in the muscles and fascia. Although they can be found anywhere in the body, managers can more easily handle the energies at junctions: all joints, the pelvic and respiratory diaphragms, the throat and jaw, the shoulders, and the lower back. Firefighters tend to activate the endocrine and nervous systems in the service of fight and flight, releasing stress hormones, increasing heart and breath rates, and dilating the pupils. As well, firefighters use physical arousal or desire (e.g., cravings for food, sex, alcohol, drugs, or sleep) to distract from emotions they view as a threat. Meanwhile, exiles often hide out in or around the heart, gut, and back.

We are by no means implying that diseases are solely caused or maintained by parts. Of course genetics, viruses, bacteria, injury, and environmental toxins all affect the body and can make us sick regardless of the state of our psyche. But we are saying that when parts want to deliberately affect biological processes, they seem capable of doing so. We have heard from parts who claim to have increased immune responses (causing autoimmune disorders) or lowered immune responses (allowing viruses or bacteria to flourish). We have also heard from parts who claim that they took advantage of existing organ weaknesses or genetic predispositions to create certain symptoms in the service of some agenda. We have no clue how they could have done this, but we do know that our clients got better when parts who said they were doing something to the body agreed to stop.

Parts can also make medical conditions worse unintentionally. When they try to fight or distract from an autoimmune disorder such as rheumatoid arthritis, the resulting damage can be equal to or greater than the original problem. And when they fail to share information about the body with medical providers, or forget to take medication and attend appointments, they put us at risk (Livingston & Gaffney, 2013). IFS has also been used to form alliances with the rebellious and denying parts in adolescents who have Type 1 diabetes, a particularly vulnerable population.

For these kids medical noncompliance, which can include some predictable behaviors such as eating forbidden foods and forgetting to take insulin, can lead to amputations or even death.

IFS AND MEDICINE

Nancy Shadick, Nancy Sowell, and their colleagues (2013) conducted a study in which IFS therapy was offered to patients with rheumatoid arthritis (RA). Thirty-seven patients who had RA received 9 months of group and individual IFS therapy and were compared to a control group of 40 patients with RA who received just an educational intervention. Both groups were followed for 9 months after completion. The IFS treatment group showed improvement in overall pain and physical function, as well as in self-assessed joint pain, self-compassion, and depressive symptoms, all of which were sustained at follow-up. In addition, I (RS) have been using IFS successfully with patients on a wide variety of medical problems for 20 years. I've worked with patients who had cancer, lupus, or pain of all varieties, among other illnesses. If parts were involved in the creation or maintenance of the illness or its symptoms, the patient improved, often to the point of remission.

THE ACE STUDIES

In 1995 Kaiser Permanente HMO in California and the Centers for Disease Control and Prevention jointly initiated the Adverse Childhood Experiences (ACE) study, a path-breaking epidemiological survey that demonstrated an astonishing correlation between childhood maltreatment, later-life medical illness, and premature death (Corso, Edwards, Fang, & Mercy, 2008; Wylie, 2010). While getting physical exams, over 17,000 patients were interviewed for the ACE study regarding childhood experiences of abuse, neglect, and household dysfunction. Researchers examined these data for correlations between adverse childhood events and adult emotional and physical health. Not surprisingly, people with high ACE scores also engaged in many high-cost behaviors such as smoking, drinking, overeating, and drug abuse, which we categorize as firefighter activities. These, of course, increased

their risk for physical illness. However, the study also found that even after taking risk activities into account, a strong correlation between adverse childhood events and diseases such as cancer, coronary artery disease, and chronic pulmonary disease remained. Although these findings surprised the researchers, they validated what we in the field of mental health have long intuited about trauma and the body. The findings also suggest that the reverse might be true: If a wounded psyche can injure the body a restored psyche might help to heal the body. (For more on this topic, see Nancy Sowell's chapter, "The Internal Family System and Adult Health: Changing the Course of Chronic Illness," from the book *Internal Family Systems Therapy: New Dimensions* [2013], which covers various important applications of IFS.)

HELP, NOT BLAME

We are used to our clients reacting strongly when we suggest that a part might have an agenda regarding their physical symptoms. A few factors probably contribute, including polarized parts blaming each other for all that afflicts, a cultural bent toward blaming the victim, and religious or New Age teachings that imply we create our own illnesses. Even so, clients often get curious if we preface the question about parts and illness thoughtfully. I (RS) say something like this:

> "Some parts might be influencing your body outside your awareness —and they might be willing to talk to you. This has nothing to do with the notion that you're choosing to be sick. Parts don't ask for permission to affect the body. But they can be too young to know that they're inflicting physical damage. Or they might have some important reason for doing what they're doing. Helping these parts can make a big difference."

If I suspect the client will react negatively to the idea that a part might be creating or exacerbating a physical condition, I simply guide the client to ask for parts who could help heal the body. I have met parts who said they could help if we could convince other parts to relax, and I have met parts

who know how to heal the body even when no other part has been involved with harming the body.

<p style="text-align:center">*   *   *</p>

GUIDELINES FOR USING IFS WITH MEDICAL CONDITIONS

IFS therapists use the same basic approach with medical as with nonmedical problems. In the first step we empty our heads of expectations, ask our parts to step back, and embody our Selves. Next, we ask the client for permission to explore physical illness. Then we proceed with one of several options:

1. We guide the client to focus on a physical symptom, and then we are curious and listen, as we generally do with parts.
2. We speak directly to the symptom as a part.
3. If no parts are involved with the symptom, we guide the client to ask if any part has information about the symptom.
4. We ask the client how he feels toward the symptom, and then we ask parts who hate or fear the symptom if they are influencing the client's body or medical compliance.
5. We guide the client to ask for parts who know how to heal the body, either generally or in this particular area.

These various approaches often help parts to speak up, and if they do, we can proceed to relate to the symptom as we would any part. The guidelines for exploring medical illness are summarized in Box 5.1.

BOX 5.1. Options for Exploring the Physical Symptom as a Part

1. Guide the client to focus on a physical symptom, be curious, and listen.
2. Use direct access to speak directly to the symptom as a part.
3. If no parts are involved with the symptom, guide the client to ask if any part has information about the symptom.
4. Ask the client how he or she feels toward the symptom.

EXILES CAUSE PHYSICAL PAIN AND ILLNESS TO GET ATTENTION OR COMMUNICATE AN EXPERIENCE

If we opt to start by treating the symptom as a part, either guiding the client to focus and be curious or using direct access and speaking to the symptom ourselves, we eventually get around to asking the part why it is affecting the client's body in this way. If it says it wants the client to understand its pain, or that it hasn't been able to get the client's attention any other way, the part is likely to be an exile. In this case, the client's Self asks the part to stop intensifying pain and negotiates with protectors for permission to help the exile.

Here is an example of a panicked exile exacerbating pain. Jonny was an 18-year-old college freshman who took a medical leave due to panic attacks that were causing a big increase in chronic stomach pain, which his doctor had diagnosed as irritable bowel syndrome (IBS). His doctor recommended that Jonny come to therapy because he understood that stress exacerbates IBS. At the time of this session, Jonny had had a couple of IFS therapy sessions and understood the concept of parts.

THERAPIST: Are you in pain now, Jonny?

JONNY: I pretty much always have some pain, but sometimes I feel like I can't breathe and it gets worse all of a sudden.

THERAPIST: Do you have asthma?

JONNY: No. There's nothing wrong with my lungs. It's IBS.

THERAPIST: In my experience, parts can influence our bodies without our awareness. If some part is making it hard for you to breathe, I bet it would have a reason. Can we ask?

[The therapist introduces the idea of talking to parts about his physical symptoms.]

JONNY: It's not like I wanted to drop out of school, you know.

[Some part feels that Jonny is being accused of causing the problem.]

THERAPIST: I know. Parts don't ask for permission before they do things to the body. They have their reasons and we don't control them. Sometimes a part is too young to even understand that it's doing damage. So if a part is causing or exacerbating an illness, all we can do is offer to help. In my experience, though, parts appreciate that offer, one way or the other.

[The therapist's audience here is the part who feels Jonny is being accused.]

JONNY: All right.

THERAPIST: Shall we focus on the stomach pain or the breathing?

[The therapist invites Jonny to choose where to begin.]

JONNY: The breathing.

THERAPIST: What do you notice?

[Fleshing out the target part.]

JONNY: Tightness. It's hard to breathe.

THERAPIST: How do you feel toward that?

JONNY: I just don't want this body.

[Jonny's Self doesn't answer, a part does.]

THERAPIST: Okay. And given that you don't want this body, how do you feel toward that tightness of breath?

[The therapist repeats the part's detecting question.]

JONNY: I'm scared of it.

THERAPIST: Okay. Can I talk to it directly?

[The therapist quickly switches to direct access, asking permission to speak to the part on the assumption that many reactive parts will be activated around Jonny's physical problems and it will be quicker to speak to the part directly at this point.]

JONNY: Yes.

THERAPIST: So I want to talk to the part who can't breathe. Are you there?

JONNY: Yes.

THERAPIST: What do you want Jonny to know?

JONNY: Help!

THERAPIST: What kind of help do you need?

JONNY: I need to get out of the refrigerator!

THERAPIST: Do you know what that means, Jonny?

JONNY: Yeah. I'm kinda surprised. When I was 6 years old my older brother and his friends put me in an old refrigerator in the basement. My father

was planning to take the door off, but the handle was broken anyway, so I'm sure they thought I could get out easily. They were just trying to scare me. But the door got kind of stuck. I managed to scrunch around and kick it open. I never told anyone, not even my brother.

THERAPIST: Ask if the 6-year-old is still in there.

JONNY: He says yes. I had no idea!

THERAPIST: Does he want your help?

[Although this may seem obvious, it's a good idea to keep asking what the part wants.]

JONNY: Yes. But how can I do that?

THERAPIST: You can go back to that time and take care of him. Ask him what he needs you to do that he needed someone to do at the time.

[We call this a do-over. Instead of trying to undo the past, which is a common strategy of protective parts that always fails because it is based on trying to prevent a traumatic experience that has already occurred or deny that it happened, we invite the exile to direct a preferred scenario with a preferred outcome.]

JONNY: He wants me to pull the door off and throw it into outer space.

THERAPIST: Okay, do that.

JONNY: Now I'm taking him out, and he's throwing the whole refrigerator up there and blowing it up with a ray gun.

THERAPIST: Great.

JONNY: And now he wants me to tell his brother that being mean isn't funny.

THERAPIST: (*after a few moments*) Anything else?

JONNY: Yes. He doesn't want me to leave him alone.

THERAPIST: Would he like to leave that time and come live with you in the present?

JONNY: Yes.

THERAPIST: Okay, bring him up to the present. Can he breathe now?

JONNY: There is still this metal band around his chest.

THERAPIST: Does he need your help with that?

JONNY: I clipped it off and he's melting it with the ray gun.

THERAPIST: How's that?

JONNY: Good.

THERAPIST: Was he affecting your gut pain?

JONNY: His fear was making it worse.

THERAPIST: Will that stop now?

[The therapist has turned the session over to Jonny now.]

JONNY: It will help a lot. He can breathe.

THERAPIST: So how is your gut pain right now?

JONNY: Better.

THERAPIST: Where is it on a scale of 1–10?

JONNY: Five.

THERAPIST: Where would it be if it were purely physical right now?

[The therapist gives Jonny this simple tool for rating his physical pain on a numerical scale so he can notice how parts affect his physical condition.]

JONNY: Probably 1–3.

THERAPIST: So what needs to happen to bring it down?

JONNY: I think I just need to recover and be with him for a while.

THERAPIST: So shall we see how it goes?

JONNY: Yeah. Let's see how it goes.

As we hear, Jonny found a 6-year-old who was stuck in a terrifying situation. This part had not created Jonny's IBS, but his panic had been exacerbating Jonny's pain and he did need Jonny's help.

POLARIZED PROTECTORS

In contrast to exiles who want help, if a part says it uses a physical symptom to *do* something to or for the client, like hurt, punish, control, or distract, it is a protector. For example, Greta was a 25-year-old sexual abuse survivor who came to therapy seeking help with her emotional response to having lupus. She had a part (unknown to her) who was amplifying her pain.

THERAPIST: Can I make a suggestion that's a little off the beaten track? Let's ask your body about this illness.

GRETA: Yeah that's strange. I guess it can't hurt.

THERAPIST: Take a moment and listen inside in case there are any objections.

[The therapist double-checks for any parts who might react negatively.]

GRETA: No.

THERAPIST: How do you notice the lupus?

[The therapist guides Greta to find the part in the body.]

GRETA: My joints ache.

THERAPIST: Okay to focus on that?

[The therapist checks again for permission.]

GRETA: Yes.

THERAPIST: Okay to be curious about it?

GRETA: Hmmm. I'm more used to fighting it.

[As explained in [Chapter 3](#), when we are blended with protective parts we lose access to curiosity. Greta's ability to make this observation means she is at least a little [unblended](#) from the polarity between the illness and the parts who fight the illness.]

THERAPIST: Would the parts who fight it be willing to relax for a few minutes and let you be curious?

GRETA: Okay … now I do feel curious.

THERAPIST: Send your curiosity right into that aching.

GRETA: It says, *I'm saving you.* What the hell does that mean?

THERAPIST: Is it okay to keep being curious?

[Rather than stopping to check on the part who said What the hell does that mean?, the therapist again takes the shortcut of asking if other parts will let her be curious.]

GRETA: Yeah. Let me do that…. Okay. It says, *You'll get hurt.*

[Now Greta hears from a part who is involved with her amplified pain.]

THERAPIST: Do you understand that?

GRETA: I don't know.

THERAPIST: Are you getting any visuals?

[Finding, focusing, and fleshing out protectors is the first part of getting to know them, as we detail in [Chapter 8](#). Here the therapist returns to focusing and fleshing out the target part, who is newly identified.]

GRETA: Yes. It's a like a cloud with a head—a big genie leaning over me.

THERAPIST: Ask the genie how old it thinks you are.

[This question reveals whether a protector has any awareness of the client's present-day life; and, if not, it either reveals the exile or a polarized protector, because that's who the part is seeing.]

GRETA: Five.

THERAPIST: Does that make sense?

[We ask this question often because we want to know if the client understands what parts are trying to communicate. If not, we want to be sure she has the opportunity to ask for clarification. If she does understand, we go on.]

GRETA: Yes, now I understand.

THERAPIST: How do you feel toward the genie now?

GRETA: I'm clarifying this: I'm not 5 years old anymore. He looks suspicious.

THERAPIST: Let him know you could help the 5-year-old, with his permission.

GRETA: He looks alarmed.

THERAPIST: Of course you would need his permission. We're not here to take anything away from him and we don't want him to go away. He could get to know you and decide if you could help.

[This genie is most likely a firefighter, a reactive emergency worker with a strong need to be in control. Firefighters often need reassurance that we are not trying to defeat them and will not try to override them.]

GRETA: He likes that idea.

THERAPIST: Ask him to look you in the eye and let you know who he sees there.

[Mike Elkin, a senior IFS lead trainer, developed this technique. Eye contact, if parts cooperate, can be a very effective way of detecting reactive parts or, conversely, revealing the Self and introducing it to the target part.]

GRETA: He sees a frightened little girl.

THERAPIST: Let the little girl know we're going to arrange things so you can help, and for now put her in a comfortable room. Ask her to wait there till you come back. Is she willing?

[Greta will make no headway with the genie until this exile unblends. Putting a part in a comfortable room——the room technique—helps the target part separate. We specify that the room be comfortable so the part does not return to a room that has been uncomfortable or dangerous. The room technique can be particularly useful for unblending because parts experience our suggestions literally and the system feels reassured when a controversial target part is safely sequestered.]

GRETA: Okay. She's in a playroom.

THERAPIST: Now ask the genie to look you in the eye again and let you know who he sees there.

GRETA: He sees me! He's surprised.

THERAPIST: What has he been doing to the body to protect the little girl?

GRETA: He has some levers: pain, swelling, headaches, heat.

THERAPIST: Would he be willing to stop pulling those levers long enough to let you help the little girl?

GRETA: He looks worried when you say that.

THERAPIST: He must have a good reason for doing all this stuff to the body. But what worries him? What would happen if he stopped?

[The therapist validates the genie's positive intent proactively.]

GRETA: He doesn't want me to go home for the holidays.

[In return, the genie is cooperative and specific.]

THERAPIST: I see. Can you agree to those conditions?

[The therapist does not pause at this point to go into history. Greta and her parts know the background to this concern. Instead, the therapist continues to negotiate an agreement between Greta and the genie.]

GRETA: I should go home. My mother is ill.

THERAPIST: I see. So the genie does not want you to go home, but another part wants you to go home. How does the genie respond?

[The therapist sees and names a polarity.]

GRETA: He puffed up like a storm cloud. He says he'll blow me up. He looks really upset.

THERAPIST: So the genie feels strongly that you should not go home, but the other part believes you should go home to see your mother. Is that right?

[The therapist names the polarity again.]

GRETA: Yes.

THERAPIST: So what needs to happen?

[The therapist hands Greta's Self the baton. She thinks for a minute.]

GRETA: Well, if the genie will let up, I won't go home. I'll FaceTime Mom instead.

THERAPIST: Does he agree?

GRETA: He doesn't object. He just doesn't want me to be around my stepbrother. He agrees for now.

THERAPIST: Seems like that's all we need for now. How do you feel?

GRETA: Like a steam valve opened.

As we see with this interaction, the genie was intensifying Greta's symptoms of lupus to keep her managers from putting her in situations

where a 5-year-old part would be retraumatized by a stepbrother, and probably where a rageful part would be activated as well. When Greta made a deal to honor his concerns (rather than letting managers dictate her behavior), he was willing to take the pressure off her body. The next step would be to get his permission (and the permission of those managers) to help the exile.

OTHER PROTECTIVE MOTIVES

A manager may use a symptom to preempt feelings that it believes the client can't handle. It fears that the exile (or an exiled young protector like anger) will overwhelm the client emotionally. For the same reason, a firefighter may use a symptom to distract from feelings. In these cases we do exactly what we would do with a nonmedical problem: We ask the part to let up on the symptom while we negotiate with the exile not to overwhelm. For example, Frances, who was a champion college swimmer, had been forced by back pain to stop training in the buildup to a competition.

THERAPIST: How would you feel about talking to the back pain itself?
FRANCES: Sounds silly.
THERAPIST: Is it okay to do something silly?
[The therapist persists.]
FRANCES: Why not?
THERAPIST: Okay. Focus on the pain. How do you feel toward it?
FRANCES: Well, now you've got me curious!
THERAPIST: Great. What does it want you to know?
FRANCES: I'm mad!
[This is a protector, but one who has been effectively exiled by more diplomatic managers, as we hear below.]
THERAPIST: You are?
FRANCES: (*closing her eyes*) Yes.
THERAPIST: Do you know about this, Frances?
FRANCES: I can't be angry now.
THERAPIST: One part of you is angry and another says it's not okay to be angry?

[The therapist names the polarity.]
FRANCES: I loved my coach. I idealized her. Why do I do that?
THERAPIST: I see. So what does the back pain say to you?
FRANCES: I'd like to kill her.
THERAPIST: What do you notice when you hear that?
[The therapist is interested in how other parts will respond to this anger.]
FRANCES: Oh my god! Are you kidding me?
THERAPIST: Would the part who just spoke up be willing to let you listen to the angry one for a minute as long as it doesn't overwhelm you?
FRANCES: It reluctantly says okay.
THERAPIST: Good. Ask the angry one to separate as well, and not overwhelm so you can listen.
FRANCES: It says I'm always the sucker.
THERAPIST: The angry part thinks you're a sucker?
FRANCES: Yes. I don't pay attention to warnings.
THERAPIST: Warnings?
FRANCES: From the angry part.
THERAPIST: Does that make sense?
[The therapist checks to see if the more conciliatory part is edging back in or if Frances's Self is still available to hear the angry part.]
FRANCES: Yes. It's true. I rarely speak up when I should.
THERAPIST: The angry part is mad at you. Is it hurting your back?
FRANCES: Yes.
THERAPIST: If you helped the part who doesn't let you speak up, would the angry part be willing to stop hurting your back?
FRANCES: It's too late. I want to quit.
[This is not a direct response to the therapist's question.]
THERAPIST: You have a part who wants to quit now. What do you say to it?
[The therapist just follows the client's lead.]
FRANCES: I can tell her how I feel. If she reacts badly, well, then I can quit.
[This response strikes the therapist as being more Self-led.]
THERAPIST: Would the angry part let you speak for it when you talk to your coach?
FRANCES: It's afraid I won't do it.
THERAPIST: I see. If the part who doesn't speak up would let you handle this, would the angry part let you speak for it?
FRANCES: Yes.

THERAPIST: How does that sound to you?

FRANCES: Well, I do know what needs to be said. If I also remember what I feel grateful for, I think I can say it the right way.

THERAPIST: The angry part agrees?

FRANCES: Yes.

THERAPIST: How does your back feel now?

[Frances stands up and moves carefully from side to side.]

FRANCES: It's a bit looser.

As we hear, Frances is in the grip of a polarity between a compliant protector and an angry protector, with the latter causing enough back pain to either force Frances to drop off the team (and in this way move away from her coach) or speak up. Once these polarized parts unblend, Frances is able to set the intention to speak for the angry part with her coach, and the angry part begins to let up on the back pain.

Note that the therapist did not have to use this session to explore what happened between Frances and her coach. If Frances had said she was not yet ready to speak up or needed to think through what she wanted to say, they could have used another session to role-play the upcoming conversation with her coach. But in any case it would be important to return to exploring the constraints (burdens) that caused Frances's compliant manager to stop her from being assertive, and this would point in the direction of an exile.

IF PARTS START IT, THEY CAN OFTEN STOP IT

In general, parts can give the client a headache, stomach pains, muscle clenching, back pain, nausea, exhaustion, the urge to sleep, a pounding heart, chills, numb hands and feet, and much more. They can also send intrusive thoughts and images into the client's consciousness that cause physical responses. But when we ask them to be direct about their wants and needs rather than hurting the client physically or taking him out mentally, and when they believe we will pay attention to their concerns if they stop, dramatic shifts can take place.

*   *   *

SOME CAVEATS ABOUT IFS AND MEDICAL ILLNESS

Here are a few caveats about using psychotherapy to treat physical ailments. Given the outcomes of IFS research to date (Shadick et al., 2013) along with the experience of many knowledgeable IFS practitioners, we believe that healing exiles and liberating protectors can have a positive effect in a wide variety of medical conditions. Along these lines, we are excited by new findings about the pervasive role of inflammation behind many diseases. Consider this quote from a 2019 article by Jonathan Shaw in *Harvard Magazine,* "Because the idea that inflammation—constant, low-level, immune-system activation—could be at the root of many noncommunicable diseases is a startling claim, it requires *extraordinary* proof. Can seemingly unconnected illnesses of the brain, the vasculature, lungs, liver, and joints really share a deep biological link? Evidence has been mounting that these common chronic conditions—including Alzheimer's, cancer, arthritis, asthma, gout, psoriasis, anemia, Parkinson's disease, multiple sclerosis, diabetes, and depression among them—are indeed triggered by low-grade, long-term inflammation. But it took that large-scale human clinical trial to dispel any lingering doubt: the immune system's inflammatory response is killing people by degrees" (para. 4)

If this proves true and, as we found in the arthritis study, IFS can reduce chronic inflammation, the implications are enormous. At the same time, there are limits. Tissues may be damaged to the point that full recovery is impossible, regardless of how much a client's inner system harmonizes. For example, bulimia does major damage to the teeth and causes some clients to need extensive dental work, which many can ill afford. And while reductions in inflammation certainly helped some of the arthritis patients in our RA study, those who had severely deteriorated joints needed replacements. Along the same lines, once some physiological processes have been set in motion, they will not respond promptly to a part's transformation and will run their course. Finally, full recovery may require other changes, including to diet, medication, environmental stressors, and medical compliance. And we should never ignore other promising avenues of healing such as meditation, massage, naturopathic health care, and acupuncture.

*   *   *

CONCLUSION

Parts live in the body, have bodies, are affected by the body, and can affect the body if they wish. The body can be a message board for exiles or a battleground for warring protectors. Burdens can be in or on the body, but can also lurk around it. Burdens crowd and, as the ACE studies document, damage the body. When protectors also damage the body, their motives often reference a time past, and they can be helped to stop.

As the RA study demonstrated, IFS can help with physical illness. Parts can often stop the physical symptoms they initiate. Additionally, some parts can help with healing. Therefore, hope is warranted on this topic. Nevertheless, we recommend a mindful approach with clients. Some will have had the experience of being blamed for their illness by family, friends, or treaters and many will be hearing a lot of internal blame. When medicine is not curious about the inner system and its burdens, would-be healers run the risk of missing the message because they are trying to kill the messenger. In IFS we invite the messenger and explore physical illness the way we always do: by asking.

CHAPTER 6

The Role of the Therapist in IFS

The relationships we therapists develop with clients are governed by our feelings and beliefs. If we believe that people have the ability to deal effectively with their problems, we focus on discovering and changing whatever constrains their inborn abilities. If, on the other hand, we believe that people have problems because they lack something—whether that something is a strong ego, a workable understanding of the problem, a nurturing parent or mate, skills training, or chemistry—then we try to give clients what they lack with interpretations, information, teaching, directives, reframes, reparenting, or drugs. These constitute two very different approaches with clients. One is a collaborative, democratic partnership, which conveys confidence that clients have what it takes to be self-reliant and in relationship, the other is more of a hierarchical relationship in which clients are seen to be lacking or broken.

In practice, most therapists vacillate between these approaches. The collaborative therapist sometimes gives information or offers advice and the therapist who embraces the role of the authority figure encourages clients to use their own resources at times. The difference is one of emphasis over the course of minute-to-minute interactions and the therapist's overall view of human motivation. The IFS model asserts that we all have the inner resources we need. We assume that parts are constrained by systemic imbalances and burdens, and we believe that the client has the necessary resources (the Self) to release them and harmonize the inner system. Since IFS views the relationship between the client's Self and the client's parts as the primary healing force, the therapist's main job is to help the client access enough Self. As Hermann Hesse (1927/1975) wrote, "I wanted only to try to live in accord with my true Self. Why was that so very difficult?"

The IFS model aims to help people overcome obstacles so they can live in accord with their true Selves.

Although the big conceptual shift in IFS involves our focus on the healing power of an internal relationship, the external therapeutic relationship remains crucial because protectors enter therapy on high alert regarding vulnerability, trust, and exposure. Before they will let the client access her Self, most protectors need to feel that the therapist is safe, trustworthy, confident, and compassionate. They need to know the therapist.

TRANSFERENCE AND COUNTERTRANSFERENCE

From an IFS perspective, parts who respond to the present as if it were the past are frozen in the past. Psychodynamic therapies refer to this response as *transference* and *countertransference*. Clients sometimes view a therapist as if she were someone from their past (transference) and, conversely, the therapist sometimes views a client as one of his parents or someone else important (countertransference). The IFS model has its own way of understanding and handling this phenomenon. We do not think the client is seeing the therapist as a parent, sibling, or abuser; we think that a part of the client is seeing the therapist that way—a part who is frozen in the past and burdened by extreme beliefs or feelings that developed at a time when something challenging happened with that person. We call this transference reactivity a *trailhead*—meaning an opportunity to discover more about experiences that have affected the client negatively.

TRAILHEADS

Any time we notice a feeling, thought, or physical sensation, that is a *trailhead*. A trailhead might, for example, involve a female client noticing that she feels desperate for her male therapist's approval. In IFS, noticing this feeling of desperation—the trailhead—is an opportunity to get to know (and help) a part who felt rejected by her father and who continues to have a big influence on the client. Meanwhile, let's say the client also has a part who sees the therapist as untrustworthy and pushes him away because the part expects the therapist to reject her the way her father did. Although the

therapist could talk to the client about this feeling of longing and the urge to push him away as transference feelings, he can also skip forward to asking if the parts who long for redemption and those who want to push him away would like to get help from the client's Self, which doesn't hold these anachronistic views and feelings. Once the client's Self retrieves and unburdens that rejected child (the longing part), the pushing away part will be released from its job. In this way, we use transference (and countertransference) feelings to locate parts who need help, just as we use any strong feeling or belief.

WHEN THE CLIENT'S SELF IS UNAVAILABLE

Clients are particularly reliant on the therapeutic relationship when they cannot access their Selves quickly, which is often the case for people who have experienced severe, chronic abuse and have strong protective systems that keep the Self hidden or out of the body. Although this stalemate around accessing the Self is usually temporary, it impedes co-therapy between the client's Self and the therapist's Self. Therefore the therapist's Self has to step in and speak directly to the client's parts until the client's Self is available. We call this intervention *direct access*.

Although direct access is an invaluable option, it exposes the therapist to the transferred expectations and accusations of extreme parts. As a result, the therapist who uses direct access can feel besieged and can be challenged to maintain Self-leadership. This challenge is made a lot easier when we keep in mind that we are dealing with a young part who is frozen in another time. Our Self-energy will help the target part see the difference between hurtful people from the past and us. And while the therapist's Self may need to be a primary attachment figure for the clients' parts for a while, this is only until the client's parts are willing to let the client's Self take the lead.

COLLABORATION

The IFS therapist trusts clients to see their predicaments in useful ways and act effectively once constraints (burdens) have been released. Therefore, we rarely offer interpretations, reframes, or directives regarding problems. Our

expertise lies not in figuring anything out, but in validating and exploring the client's system with an eye to making space for the client's Self. By communicating the assumptions of IFS and asking questions, we aim to release constraining polarizations and, ultimately, burdens.

In IFS the client's needs determine the balance of focus between inside and out. If you are a beginner, it can be particularly helpful to notice (and help) any of your protectors who cling to safe and familiar practices that keep an external focus. At the same time, the client may be reluctant to focus inside, and you may need to use his language (it's a feeling, a thought, etc.) for a while as you notice his parts. In any case, regardless of our language and the client's willingness, we are doing IFS anytime we keep parts in mind and relate to the client from our Self. Enduring curiosity about (and memory for) the details of the client's life fosters a healing connection. Our explicit support for the risks the client takes, our acceptance of her perceived failures and the parts she has come to believe are shameful, our collaborative strategizing about how to handle difficult relationships and predicaments, and our excitement about her successes are all important ways of keeping a client company on her journey. At the same time, because any part can short-circuit a Self-led therapeutic relationship, we are open about our parts, which means we speak up and take responsibility when our parts get in the way.

Collaboration means we join the client (and, when appropriate, the client's family) to identify parts and release constraints on Self-leadership. We also spell out IFS assumptions: Everyone has parts; parts live in a web of relationships, much like a family; parts can end up in constraining roles and need help; all parts are valuable; and everyone has, at their core, a Self with the ability to lead. We are curious, compassionate, and respectful partners in therapy. Although we take a leadership role initially by asking questions about certain kinds of constraints and suggesting ways of unblending parts, once the client's Self emerges and takes the initiative, we immediately cede leadership. And when we do make suggestions or lead the client through parts work, we always respect the client's Self's expertise on his experience and solicit his ideas about interventions.

Thus, primary responsibility for change is not placed on the therapist as it is in some therapies, nor is it placed on the client as it is in others. Instead, in IFS the Selves of client and therapist act as co-therapists, sharing responsibility. They collaborate to harmonize the client's inner system and

relationship to the external world. In the case of fearful, resistant protectors, the co-therapy of Selves in client and therapist simply develops more gradually, as the therapist earns their trust over time. This collaborative stance offers the IFS client the opportunity to feel cared for and accompanied throughout therapy.

Once a Self-led co-therapy partnership is established, clients often do inner work between sessions, sometimes following through on plans that were devised in a session, sometimes exploring further on their own. Clients' ability to listen and be available to their parts outside of the therapist's office empowers them and shortens the length of therapy. At the same time, the therapist's role in IFS requires far less toil and takes less of a toll than therapeutic models that call on the therapist to offer insight and direction to people who have lost their compasses. Since the primary attachment figure for the client is the client's Self, we take the principles of attachment theory inside. In our experience, this can be a profound shift for the process and outcome of psychotherapy.

THE CLIENT'S CORRECTIVE EXPERIENCE IN IFS

The experience of expecting to be rejected and humiliated but feeling accepted and valued instead is in itself emotionally corrective. In IFS tenacious caring helps clients welcome all their parts—a radical stance since this includes parts who have taken ugly, costly steps to try to protect the client at the expense of others. Of these parts we say, *This part is not what it appears to be, nor is it who you are. It, too, needs your help.* As our clients access their Selves, they are empowered by experiencing the goodness and strength of who they really are.

Beatriz Looks Back on Therapy

Beatriz, a lesbian of Latinx descent who had experienced various forms and intensities of bias and bullying throughout her life, had come to therapy for the first time at the age of 73 because her 16-year-old granddaughter, who was also gay, wanted to race motorcycles. Two years later, as she cut back to occasional appointments, she told her therapist about her first impressions.

BEATRIZ: You know what I said to myself when I saw you that first time? God, he looks like one of those hippies who hitchhiked to New Mexico and got old there. How could he possibly understand my life? He'll be a voyeur and I'll pay the bill!

THERAPIST: That's your lookout part? He was keeping you alert.

BEATRIZ: Yeah.

THERAPIST: I'm glad he let you stay to check me out.

BEATRIZ: You know what? He liked your eyes. They seemed kind. And when I told you I was an old dyke who didn't want her granddaughter to die young, you just replied, *I know what it's like to worry about children.* You didn't seem shocked or afraid.

THERAPIST: But as I recall you had a part who reacted strongly when I said, *Would you like to talk to the part who is afraid for your granddaughter?*

BEATRIZ: Yeah! I thought, *Here we go!*

THERAPIST: You thought I was saying you were mentally ill?

BEATRIZ: Oh yeah! A brown-skinned lesbian walks in the room and wow! She's like Sybil. I think I was pretty rude to you at that point.

THERAPIST: I guess I should have explained more before using that language. I'm sorry.

BEATRIZ: Even though my lookout guy was sure you were pigeonholing me, another part said, *No! Let's listen for a minute. This seems different.* And then I got interested when you explained your perspective. I was afraid of you, but you didn't seem to be afraid of me, even when I got mad sometimes. You spoke right to my angry part in a friendly way, and said, *Don't take my word for anything.*

THERAPIST: So you stayed.

BEATRIZ: I did. But I had a part who was worried about being disappointed by you for a long time.

THERAPIST: I remember!

In their first exchange, the therapist had communicated curiosity, calm, and confidence. He had presented a new way of looking at the mind to Beatriz's wary inner system. And he had respected the need of her protectors to make sure his approach would be safe. The sense of safety in IFS comes, first and foremost, from the therapist conveying confidence and curiosity, and having a validating rather than pathological vision of how the client got to where she is today. We also communicate patience and respect

for "resistance," which we view as the valid need of protective parts to ensure that the client is safe. Because therapy is a parallel process for therapist and client, our patience, perspective, and presence are contagious.

WHEN A THERAPIST'S PART GETS IN THE DRIVER'S SEAT

Since the key to maintaining a collaborative relationship with clients is leading from the Self, we monitor our parts and keep them from getting in the driver's seat during therapy. We need to stay aware of parts who get activated by the role of psychotherapist as well as parts who react to certain types of clients or problems. Many therapists can achieve enough Self-leadership to be effective with certain populations, especially those with whom they feel comfortable, without having ongoing therapy. But to become intuitive with the IFS model there is no substitute for getting to know your inner family. Our parts—the parts of therapists—often interfere with our effectiveness. When a client behaves like one of your exiles or one of your less popular protectors, staying Self-led can be a challenge. If, for example, you fear being with a vulnerable exile of your own, you may have the urge to distract when the client's vulnerable exile emerges. Or if you have parts who are frustrated with your inner critic, you are at risk of being impatient with the client's inner critic.

Many clients have been shamed as children and then rejected as too sensitive, emotional, or impulsive when they reacted to the shaming. Many have never heard an apology. Those who have experienced severe abuse, betrayal, and neglect may be prone to overreacting because their protectors automatically see their partners (or therapists) as perpetrators. As a result, their relational lives are fraught. When we are Self-led we offer our most injured clients the opportunity to be close to someone who, seeing the pain underlying their abrasive behavior, can rebalance internally and remain a compassionate presence (Schwartz, 2013).

BURDENED THERAPISTS

As clients get closer to their exiles and become more vulnerable, extreme protectors often push back, which in turn can provoke the therapist's protectors to do harm. Our Self-leadership is most crucial when the client is most vulnerable. When we hear negative thoughts about the client in our head or notice a judgmental tone to our voice, we know that our system needs help. When we ask our protectors to step back and promise them that we will check in later, our return to Self-leadership may be enough to help the client's protectors relax as well. On the other hand, we can also use these moments to model speaking for parts by saying something like, "I just noticed one of my judgmental protectors reacting to your critic. Did you notice it, too? I've asked it to step back. I apologize."

Staying Self-led can certainly be a challenge at times. Extreme parts in clients often evoke strong emotions in therapists, at which point our managers are more likely to jump in and pathologize the clients. When our managers take over we are at risk of becoming either professionally detached, defensive, and controlling, or dropping appropriate boundaries and trying to rescue clients. Rescuing, in turn, is likely to stir up an inner polarity between our caretaking parts and parts who resent having so much responsibility for others. This is when therapists start calling clients manipulative. When we close our hearts, our clients feel abandoned and their protectors activate. We know of many cases in which a client decompensated and ended up in the hospital overmedicated because a therapist was unaware of his own reactivity. While some of these clients responded quickly to the IFS perspective, got better, and were able to reengage in therapy, others were far slower to trust a therapist again.

Although minimizing or ignoring the influence of our parts is bad medicine, we do not mean to imply that therapists can expect to engage in this deeply intimate process without their parts activating. When a client shows weakness or neediness, tells us we are dead wrong, or challenges our competence, our unhealed wounds put us at risk of not doing our job well. And who among us has not been wounded and then suffered the ill effects of our own inner protection? Who has gone without the faithful company of an inner critic? Who has not hated their weakness, neediness, or anger? And, conversely, who has not felt angry with those external others who seem to judge weakness or neediness?

Clients can step on the landmines of any number of common vulnerabilities and polarizations within their therapists in all innocence,

perhaps simply looking like a feared member of the therapist's family of origin; perhaps quarreling with a spouse the way the therapist's parents quarreled; or perhaps acting out the way the therapist did as a teenager, which the therapist's vigilant managers continue to judge harshly. When a client activates our polarized protectors and we deliver back-to-back contradictory messages without noticing, we are the opposite of therapeutic. We need to be aware that our protectors are entirely capable of confusing, injuring, and defeating our clients. This is why in IFS we focus on staying Self-led in the presence of our clients' protectors. We meet the challenge of maintaining Self-leadership by noticing our parts during sessions, and by depolarizing our protectors and unburdening our exiles outside of sessions.

COMMON BEHAVIORS OF THERAPISTS' MANAGER PARTS

Managers in therapists are interested in the same things as all managers: controlling appearances, performances, and relationships. They live by a "never again" managerial philosophy. *I will never let you get so close to anyone again, I will insist that you perform perfectly and look perfect, I will never let you drop your guard in any way.* Managers are vigilant, hardworking, and preemptive in their attempts to keep exiles out of mind. They criticize. They try to prevent us from feeling too much, or perhaps from feeling anything at all. They keep us in our heads. They remind us of past failures. They numb the body. They inhibit. They control. They also carry their own burdens. Managers often believe, for example, that we have something vile hidden inside that would repulse anyone else who saw it, that we are too defective to succeed so we shouldn't try, that we have to be perfect or no one will like us, and that we truly are unlovable. They can be very young. And they get frozen in traumatic scenes, often believing that we, too, are that younger age. Following is a list of common behaviors that therapists' managers display during therapy sessions:

1. *Striving managers:* Grow critical if change isn't quick enough. Because they cannot bear weakness and vulnerability, they can be highly directive or coercive. They say things like:

- "You have to tell her what this is all about. She's too overwhelmed to understand."
- "He's been coming to see you for over a year—some brief therapist you are!"
- "All she does is cry—why can't she quit sniveling and move on?"

2. *Approval-seeking managers:* Often want clients to depend on or worship a therapist. These parts worry about not being liked or seen as effective if a client is displeased or upset.
   - "Now you've done it! She's mad at you. She doesn't like you. She's going to tell everyone that you and your stupid therapy model are no good."

3. *Pessimistic managers:* Might tell a therapist to give up, or might blame either the therapist or client (or both) when things aren't going well. Ironically, these parts are often trying to keep us from continuing and either feeling disappointed or being disappointing.
   - "He's much sicker than you thought."
   - "You don't know what you're doing."
   - "She's so manipulative, why should you care about her pain?"

4. *Caregiving managers:* Need to rescue and can't stand being with clients who are upset.
   - "You have to do it for him—he's obviously incapable."
   - "You are a bad therapist if you let her suffer."

5. *Angry managers:* Cause the therapist to feel impatient and burdened.
   - "What does he want now? It's always some big crisis."
   - "She's so dependent and demanding—why can't she be stronger?"
   - "Maybe he'll cancel this week."

6. *Evaluating managers:* Criticize the therapist's weight, eating habits, or indulgences, and criticize the same in others.
   - "My God, she's thinner than you and she's complaining about her weight. What a pig you are!"

7. *Sensitive, fearful managers:* Overidentify with a client's pain.
   - "How can he stand talking about that? It was too horrible! Don't listen, this is too painful."
   - "She can't take any more. Do something! Get her to stop now."
   - "You make such an effort to steer clear of all this. This is really too much like your experience. Just find him a new therapist."

Although we need not and cannot always be a model of Self-leadership, we can model taking responsibility for our parts. We have an axiom in IFS. When we encounter a problem in therapy, it means that a part is probably interfering—but we don't know whose part it is: the client's or ours. IFS therapists practice being aware of and helping their own parts. We either help our parts to relax and trust our Self in the moment, or, when that's not happening despite our best efforts, we acknowledge to the client that a part is interfering and apologize, and work with our part later.

BEING THE "I" OF THE STORM

Compassionate Self-leadership is often easier to prescribe than to accomplish on a consistent basis. Therapy is full of predictable yet unanticipated ups and downs. A therapist who is invested in alleviating symptoms quickly will feel happy when a client is doing well but discouraged, defensive, and pessimistic when she is not doing well—which will only feed the client's pessimism and inner recriminations. The therapist who fears anger or distancing will be challenged to maintain Self-leadership in the face of angry or distancing parts of the client. The therapist who dislikes anger and disdain will struggle with disliking and reacting defensively to members of the client's family who are angry or disdainful. Our clients help us find the trailheads that lead to our exiles.

If the therapist can unblend from reactive parts and remain steady, curious, and confident while sailing turbulent waters—in short, can be the "I" of the storm—then the client and her family will be helped to tolerate relapses and be curious about obstacles that arise. The therapist and client who can be curious together in the face of extremes can explore setbacks calmly while taking steps to repair and prevent recurrences. When we aim to learn from relapses, we fear them less.

There are many potential landmines in IFS therapy. In the face of provocation, even constant provocation, the Self-led therapist expresses what might be called *tenacious caring,* which is caring that helps the therapy succeed against the odds. The rewards for working this way are as great for the therapist as for the client because efforts to maintain Self-leadership are extremely therapeutic. In this way, our most difficult clients

become our most useful tor*mentors*. By tormenting us they mentor us, helping us to find the parts we need to heal.

CONCLUSION

Therapists who maintain at least some degree of Self-leadership will, by definition, feel and express curiosity and compassion for their clients' predicaments and respect for their clients' abilities. This does not mean that therapists will not feel other emotions like anger, happiness, or sadness. We don't banish our parts. They are with us and color our experiences. Clients may appreciate feedback from our nonextreme parts, and IFS therapists are encouraged to report to clients on their parts when appropriate. But before we speak for one of our parts we must, if possible, determine whether its perceptions are distorted. If we cannot make this determination, we should be honest and report our uncertainty to the client.

We are responsible for keeping our parts from distorting and interfering during sessions, for being in good communication with our parts outside of sessions, and for leading with the compassion and respect inherent to Self-leadership, which is conveyed through tone of voice as well as nonverbal behaviors. When we lead from the Self, we can challenge or confront clients and still communicate respect and compassion. While we have so far emphasized the therapist as collaborator, there are times when clients are too blended with extreme parts to be aware of them. This is particularly true of parts who carry our culture's legacy burdens of racism, patriarchy, materialism, and individualism (which we cover in [Chapter 18](#)) because we have marinated in those juices since we were children and the beliefs these parts hold can either be an implicit bias or can simply feel like a self-evident truth.

As well, many clients have parts who deny or minimize the impact of their addictions, narcissism, grandiosity, or privilege. Consequently, there are times when the therapist needs to say some version of, "I get that you don't see it, but a part of you is wreaking havoc in your relationships, and we need to be in better communication with it. I know it is trying to protect you and it isn't bad. We can help it out of its protective role if you're willing." Clients are generally less resistant to Self-led confrontations like this than they would be to traditional confrontations for a couple of reasons.

First, it's not about them—this is just a part and that part is acting protectively so it's not bad; and, second, the therapist's tone and demeanor convey caring and confidence that the part can change its behavior. Clients tend to stay open when they feel that we care about them, we are concerned, and we want to help. Like a tuning fork, our Self elicits their Selves.

PART II

HOW TO PRACTICE IFS THERAPY WITH INDIVIDUALS

CHAPTER 7

Setting the Table for Treatment

In our experience, all kinds of people can access phenomena in their internal world. Between us, we have worked successfully with clients from across the economic spectrum who arrived in therapy with a representative variety of diagnoses and ages, hailing from a broad (though by no means all-inclusive) range of cultures. We have found that most people have an intuition about the IFS process. Intellectual managers, however, are often reluctant to cede the spotlight. When they are psychologically sophisticated and have a habit of being in charge, they slow things down in IFS therapy rather than speeding it up. Fearful managers can also react negatively to IFS therapy. Our assignment is to accept these parts, tailor our language so that clients can understand IFS concepts, and be flexible about accepting the many different ways in which clients engage with their inner worlds.

WHO IS APPROPRIATE FOR IFS THERAPY?

Although we do not use every technique described in this book with every client, the IFS model of mind governs our understanding of human motivation and behavior, dictates our technical options, and guides every clinical choice we make. That said, both of us have caseloads that are skewed in the direction of trauma. As a result we have a lot of experience using IFS with people who carry multiple diagnoses and exhibit scary symptoms. In our experience, psychological processes that are considered pathological, including dissociation, flashbacks, various addictions, eating disorders, panic attacks, depression, anxiety, phobias, suicidal ideation, and brief reactive psychosis, are generally the activities of parts—and we can negotiate with parts. So we use IFS with all our clients, as we illustrate in

examples throughout this book. We trust that therapists who are new to IFS will develop their own style, and we encourage everyone to creatively import compatible techniques from years of practice and trainings.

Of course, therapists have a responsibility to use the tools presented here safely. When should we linger in the foyer, informing the client about our model of mind and talking to managers, but not pressing forward to their world? When is it safe to keep going? The following are some examples of circumstances that call for caution: (1) If a client is highly polarized and has a limited number of sessions, it may be unwise to venture beyond befriending and validating her protectors. Although good managed-care groups know that providing highly traumatized clients with as many sessions as they need is cost effective, managed care can radically limit an individual's access to ongoing therapy. (2) When a client's external environment is dangerous or intractable, or the client's position in his family or job allows little room for vulnerability, we work first to make that environment safer. If that's not possible, we are cautious about going to the client's exiles, and we keep a close eye on how relatives will respond to the client making changes. (3) Finally, if something about the client or her situation triggers the therapist's protectors, interfering over time with his ability to lead from the Self, then he should not attempt to guide the client inside.

In order to accompany our clients safely in their inner worlds, we need time along with a reasonable amount of external safety and access to our Selves. But even when one or more of these conditions is compromised or absent, we can still help clients listen to the fears of their managers, understand the reactivity and good intent of their firefighters, recognize the vulnerability that drives the behavior of these protectors, locate their Selves, and begin to relate to their whole inner systems differently. In other words, even if we cannot complete the job by witnessing and unburdening exiles, developing relationships with protectors can be empowering.

IFS WITH HIGHLY DISTURBED CLIENTS

When we present the IFS model of therapy, we are sometimes asked: *When you talk about parts with highly disturbed clients, aren't you running the risk of further fragmentation?* The answer is yes. But the danger does not

come from inviting people to view themselves as multiple beings. Highly disturbed clients are well aware of their multiplicity and are usually relieved to hear from someone who does not view it as pathology. The problem is not that the psyche is plural, but that the person's parts are so highly polarized. Intense polarizations preclude Self-leadership, which means clients with highly polarized systems have little experience of effective inner leadership or the sense of continuity and cohesion.

As we detail in Chapter 8, two important IFS techniques are in-sight (when the client's Self communicates with parts internally) and direct access (when the therapist's Self communicates with the client's parts). When these techniques are used improperly, particularly when managers are disrespectfully pressed to give premature access to exiles, intense inner conflict and chronic dissociation can increase a client's feeling of fragmentation. This, in turn, can set off powerful firefighter reactions, more inner conflict, and further polarization—which is the feeling of being fragmented. However, when therapists follow the guidelines outlined in this book and in the IFS skills training manual (Anderson, Sweezy, & Schwartz, 2017), in-sight and direct access are generally safe techniques. We also strongly recommend Level One training (which also has a manual [Pastor & Gauvain, 2019]) with the IFS Institute (*https://www.IFS-institute.com*). When we help extreme, isolated, polarized parts to disarm and trust the Self, they integrate and harmonize, causing the feeling of fragmentation to decrease rather than increase.

IFS WITH CHILDREN AND ADOLESCENTS

Children are often more receptive to the IFS model than adults because they are less socialized away from their multiplicity. When I (RS) discovered that even young abused children have access to the Self when their parts separate, I finally became convinced that the Self exists fully formed in everyone and doesn't have to develop through a nurturing external relationship. Like all child therapists, IFS therapists who work with children often use external props such as a sand tray with little figures or hand puppets. They may also invite children to draw their parts and interact with the drawings, make up stories, or enact stories in psychodrama. Any strategy used in play therapy can be adapted to IFS with children or with

adults, for that matter. Similarly, IFS therapists can use the model with adolescents. Once therapists make a connection with the parts who guard adolescents' self-images or who do not trust adults, teens are often adept with IFS. For more on using IFS with children, see Pamela Krause's chapter, "IFS with Children and Adolescents," in *Internal Family Systems Therapy: New Dimensions* (2013) and the books by Arthur Mones (2014) and Lisa Spiegel (2017).

IFS WITH GROUPS

Many clinicians who specialize in group therapy have adapted the IFS model, which is now used with a wide variety of group formats and client populations. One method is to work with a single client while the rest of the group watches. This process has several advantages: The client senses the Self energy of the group, which advances the work and helps that client's parts to feel highly witnessed; meanwhile, those who are watching the client often feel inspired to go to similar parts internally. In this way, the vulnerability of one client's work often stimulates rich inner work for witnesses, followed by open group discussion. Psychodrama is also easily adapted to IFS group therapy, with one member directing other members to take the roles of various parts and illustrate the interactions of an internal cluster of parts that include protectors and an exile.

INTRODUCING THE IDEA OF PARTS TO CLIENTS

When clients come to a first IFS therapy session, their managers will be assessing us—and our mode of therapy—to see if it is a safe and worthy investment. After hearing what brought the client to therapy, our first offer of help involves language. In our experience, the majority of clients come to therapy already speaking about their parts (e.g., *One part of me wants to go to my high school reunion, but another part is afraid!*), so the shift to talking about parts—and then with parts—comes easily. When we normalize the plural mind, we make room for clients to experience themselves as more than their feelings of neediness, incompetence, shame, and rage. And as clients discover that these tormenting feelings come from

parts, often very young ones who need the very help the client can offer, their outlook on life begins to change for the better.

SHIFTING TO PARTS LANGUAGE

The following sections illustrate two ways of introducing the concept of parts and shifting into talking about (and then with) parts. The first is to restate the problem by calling the client's thoughts, feelings, and sensations *parts*. The second is to inquire about the client's inner self-talk and behavior toward others.

Restating the Problem

Following is an example of introducing the concept of parts by calling the client's thoughts, feelings, or sensations *parts*.

STELLA: I try not to purge and I succeed more often these days, but my parents see failure, not progress. The minute I think "I'm doing so great!" I picture them disapproving and all my pleasure disappears.
THERAPIST: And then what happens?
STELLA: I feel like "Why bother? I may as well purge." But then again I think, "No, I should stop!"
THERAPIST: So two parts of you have an argument. One is hurt that your parents don't see progress and tells you to give up, and the other pushes you to keep trying, no matter what. Is that right?
[Based on this clear description of a polarity, the therapist takes the opportunity to introduce two important concepts: that Stella has parts, and that her parts can argue with each other.]
STELLA: Yeah.
[In this context, the concept of parts is unremarkable to Stella.]
THERAPIST: We can help these parts if you want. But first, let me ask you a question. You saw an image of your parents being critical. Have they been critical?
STELLA: Well, sometimes. My doctor told them to stop getting mad at me, and I know they're trying.
THERAPIST: So how about you? Do you have an inner critic?

[A critic with an agenda can interpret feedback from others as criticism, amplify actual criticism, or tell the client that others are critical without any evidence. The therapist is mindful that inner critics habitually interpret feedback from others in a negative way, whether or not the feedback was intended to be negative.]

STELLA: Oh, yeah! I feel like a loser all the time because I can't stop.

THERAPIST: So when you purge, your critic calls you a loser?

STELLA: (*tearfully*) Yeah exactly.

THERAPIST: Which makes another part sad?

STELLA: This sad part has been around a lot lately.

[Note that Stella goes from accepting to using parts language in her last response.]

Inquiring How the Client Speaks to Herself and Acts toward Others

Next is an example of shifting to parts language by inquiring what the client says to herself and how she acts toward others. Mrs. Gorelick is Stella's mother.

MRS. GORELICK: I can't stand the mess Stella leaves in the bathroom. If she doesn't stop this soon, I don't know what I'll do.

THERAPIST: What do you say to yourself when you find the mess in the bathroom?

[The therapist moves immediately to the client's inner conversation.]

MRS. GORELICK: I say she's doing this to rub my nose in it!

THERAPIST: And when this part tells you that Stella is rubbing your nose in it, how do you act toward Stella?

MRS. GORELICK: I yell and threaten to throw her out. And then I feel guilty.

[A polarity.]

THERAPIST: And what does the guilty part say to you?

MRS. GORELICK: Her problems are my fault, so I shouldn't get mad. I'm a bad mother … but what else can I do?

THERAPIST: Shall I sum up? Okay. I'm hearing that one part gets furious with Stella, while another part criticizes you. Is that right?

MRS. GORELICK: Yeah. Pretty crazy, huh?

[At this point, Stella's mother simply experiences her inner conflict (the polarity) as a confusing loss of control.]

THERAPIST: No. Stella's problem is scary, and your reaction is normal. But even though inner disagreements are normal, this one gets in the way of your having a better relationship with Stella. Do you agree? If you want, we could make family sessions a twofer: Improve your relationship with Stella and help these parts of you, too.

[The therapist normalizes internal conflict, and then acts as a "hope merchant" for the client's system, offering help inside and out.]

MRS. GORELICK: What about her parts?

[And, naturally, Mrs. Gorelick's protectors remain guarded about being blamed.]

THERAPIST: Absolutely. Stella's parts too. Everyone has parts.

As these examples illustrate, the simple act of translating the client's speech into parts language is an initial step toward broadening her perspective. Since this broader perspective promises to be less shaming and more empowering (*I am more than my misbehaving or injured parts, and others are too!*), clients who come to therapy in the grips of a shaming manager or an angry firefighter often get enough space to feel curious just by thinking and speaking in terms of parts. In addition, parts language continually orients the therapist. When the client is able to attribute a feeling or thought to an entity (*A part of me feels*) rather than speaking of the feeling or thought as if it were the whole of the client's being (*I have a feeling*), we both stay aware of her parts and avoid stepping on their toes.

THE INTERNAL SYSTEMS OF PEOPLE WHO SEEK THERAPY

Most people come to therapy in the grip of inner conflict and negative feelings such as fear, anger, grief, shame, or maladaptive guilt. From an IFS perspective, all parts in the triangle of manager, exile, and firefighter are hurt, frightened, and frozen in the past. They have been doing their best to cope with life's challenges. We see their relationships as falling into one of two categories: (1) protective (e.g., a manager or firefighter protects an exile) or (2) polarized, in which two protective parts are in conflict with

each other. We explore their relationships, but not to resolve their disagreements or interfere with their alliances. Instead, we aim to introduce a game changer: the client's Self. Box 7.1 summarizes typical features of the internal systems of those who seek therapy.

BOX 7.1. The Inner Relationships of People Who Seek Therapy: Parts Are Either Protective or Polarized

❑ **Protective:** We call proactive parts who try to inhibit exiles from reaching consciousness *managers*. These protectors can be harsh, smothering, or kindly. In contrast, reactive protectors, whom we call *firefighters,* try to suppress, numb, or distract from exiles after they reach consciousness. Firefighters tend to use anything that will stimulate or soothe quickly, including food, drugs, alcohol, self-harm, rage, and sex.
❑ **Polarized:** Managers often polarize with firefighters (e.g., the caretaker vs. the angry part), but they can also polarize with each other (e.g., the caretaker vs. the workaholic). In contrast, firefighters are less likely to polarize with each other than they are to "pinch-hit" for each other (*When I stopped bingeing and purging, I started drinking too much*).

ASSESSMENT IN IFS

An IFS assessment generally revolves around two questions. First, we want to know if the symptomatic part (e.g., depression or anxiety) is a protector or an exile. Second, we want to know how much access the client has to the Self.

The First Assessment Question

Let's begin with the first question. The easiest way to find out about a part is to ask it. For example, *What do you do for Sasha?*

The Part Who Is Doing a Job

If a part endorses the idea that it is *doing* a job, we know a few things right off the bat. Its role is protective and it is either proactive (a manager) in suppressing emotional pain or reactive to emotional pain (a firefighter). Managers are often motivated by fear to inhibit other parts. They try to

inhibit feelings they believe are too much, like shamefulness, fear, sadness, guilt, pain, and anger. And they are generally polarized with at least one other protector, either another manager or a firefighter, which motivates them to intensify their behavior. In addition, they are not capable of healing injured exiles. Most managers will not change in any fundamental, permanent way until we help the exile they protect to leave the past and let go of burdens. Reactive protectors—firefighters—are at the other end of the cycle. They are reactive rather than proactive; they distract from overwhelming feelings that have already arisen. Otherwise, however, they too are motivated by fear of pain and are usually polarized with at least one other part (often a manager). They too cannot heal other parts. And they too are unlikely to change until the exile they protect is unburdened.

The knowledge that most protectors will not change their behavior until the part they protect is healed could improve many aspects of psychotherapy and improve our culture's tolerance for protective parts in general. The expectation that people should be able to use willpower, for example, to stop addictions, control anger, or override fear only exacerbates inner polarizations. It also exacerbates addictions, fills our prisons, and drives our massive consumption of medications. This worship of willpower comes from the legacy burden of individualism, which permeates our culture and us. Most protectors will gladly stop their behavior once the part they protect has been healed and the system is less vulnerable. Until then, they will continue to believe that anyone who asks them to stop is unaware of the dangers of stopping, and they will fight to do their jobs—often as if the client's life depended on it, since the client's life often did depend on this protector stepping in when she was young. People who do succeed in controlling firefighter behaviors with willpower are relying on managers to sit on their firefighters as well as their exiles, which makes for a very tense, vulnerable recovery, like a dry drunk. Box 7.2 summarizes the typical characteristics of protectors.

BOX 7.2. A Part with a Job Is a Protector

☐ A part with a job is either a manager or a firefighter.
☐ If it is a manager, it will focus on inhibiting the feelings it believes are dangerous, especially shame, fear, sadness, guilt, pain, and anger; if it is a firefighter, it will focus on distracting from negative feelings.
☐ Both managers and firefighters are motivated by fear.

❑ Both managers and firefighters tend to polarize with at least one other protective part, which motivates both sides to continually escalate their behavior.
❑ Neither managers nor firefighters can heal the injuries of exiles.
❑ No protector will change in any fundamental, permanent way until the injured part it protects is helped to leave the past and let go of its burdens.

The Part Who Is Not Doing a Job

The target part who says it is not doing a job is likely to be an exile—a part who got scared or shamed and then banished from consciousness and the flow of time, leaving it feeling alone and abandoned. These parts long to be rescued and redeemed. If they are sufficiently triggered, they are capable of breaking out of exile and overwhelming the client with their feelings. An exile jailbreak often evokes extreme firefighters such as dissociation, addiction, self-harm, and suicide. On the other hand, and this is key to IFS therapy, exiles are also capable of not overwhelming the client if they are convinced that they can get attention by staying separate. An exile's ability to exercise choice about emotional overwhelm is vital to IFS therapy. When an exile agrees not to overwhelm the client, and the client's Self stays present, protectors gain confidence and cooperate, paving the way for our ultimate goal of witnessing and unburdening the exile.

Because any part can control the level at which it blends with the Self, we are able to work with very delicate inner systems largely without having to use the grounding techniques and affect regulation skills that are a prevalent feature of most trauma therapies. From the IFS perspective there are several problems with focusing on building such skills in trauma therapy. First, if a client has a panic attack or dissociates in a session and we tell her to look into our eyes, feel her feet on the floor, and breathe deeply, we are signaling the part who has come forward that we need it to leave because it is too scary or dangerous. This is the last thing we want to convey to frightened, desperate parts. Therefore, in IFS when a client begins to be symptomatic in session, we notice the part and talk about it with the client's Self or ask to talk to it directly. Once we learn why it is taking her out, we negotiate with it to allow her to return. Then, suddenly, the client is grounded again. If, for example, a client has a panic attack we say something like, "I see that a frightened part has taken over. It is very welcome here. I get that it's stuck in a scary place in the past, and we're

going to get it out of there. It would help a lot if it were willing to separate from you just a little so you can be with it rather than being overwhelmed by it." If the part trusts that we mean what we say, the client will suddenly be grounded again (i.e., the Self will be available), and she will be able to help the scared part. Most exiles overwhelm because they are afraid of being locked away again if they back off. Once they understand that our goal is the opposite—to pay attention and help—they usually agree to separate and stop overwhelming. Box 7.3 summarizes the typical characteristics of exiles.

BOX 7.3. A Part without a Job Is an Exile

❏ The part got hurt and banished, and continues to feel unbearably lonely and worthless.
❏ The part wants to be rescued and redeemed.
❏ The part is capable of overwhelming the client with feelings that evoke extreme reactions from protectors, such as dissociation, addiction, self-harm, and suicide.
❏ The part is also capable of not overwhelming the client if it believes that differentiating is the best way to get its needs met.
❏ Since emotional overwhelm is the foremost fear of protectors, an exile's ability to decide not to overwhelm is vital to the process of IFS therapy. When the exile agrees not to overwhelm, protectors are more likely to cooperate, which paves the way for witnessing and unburdening.

The Second Assessment Question

Once we learn whether a part is doing a job or not (i.e., whether it is a protector or an exile), we have a second important assessment question: How much access does the client have to the Self? This we gauge by noticing if he can speak for his parts rather than speaking from them, if he can be interested in his parts, and if he is able to get to—or imagine getting to—a feeling of curiosity, kindness, or compassion toward his parts. As long as the client is curious about his parts, we can use the communication method called *in-sight*. In-sight involves the client's Self communicating internally with the client's parts. But if the client is jittery, tearful, self-critical, angry, confused, sleepy, dissociative, or in some other way extreme, we can expect to use a good deal of direct access, in which the therapist's Self talks with the client's parts. In this case the therapy will probably take longer.

WHO IS RUNNING THIS CLIENT'S LIFE?

As we ponder a client's behavior, we ask ourselves who is dominant in her system. An exile? For example, the client is unable to hold a job, is overwhelmed by flashbacks and panic attacks, is frequently in the hospital, or is in a violent relationship and will not leave. Or, perhaps a manager is in the driver's seat? For example, the client is able to work and can function well enough, but is critical of herself and others; or she is rigid and wary; or she is chronically depressed and has breakthrough anxiety. On the other hand, perhaps a firefighter is in the driver's seat. For example, the client is abusing fentanyl, overexercising, or bingeing and purging. Finally, the client may be dominated by a polarity between two protectors. For example, the client veers between being an attentive spouse and mother at home and having affairs at work. Parts that can dominate a system are summarized in Box 7.4.

BOX 7.4. Which Part(s) Dominates the Client's System?

1. An exile?
2. A manager?
3. A firefighter?
4. A polarity between two protectors?

BE CURIOUS ABOUT A PART'S ROLE IN THE SYSTEM

We find it helpful to know the role of any given part in the client's system because different roles call for different approaches. Managers are proactive and inhibitory. They do not want exiled feelings to reach consciousness. They want to keep the client functioning, they care about consequences, and they can be harshly critical, but they will admit to being tired and having failed. We help managers by appreciating their desire for stability, validating their fear of firefighters, and offering that the client's Self can negotiate with firefighters and take care of exiles.

In contrast, firefighters are reactive and often (though not always) disinhibiting. They want to distract from emotional pain and will do so in any way possible as long it works quickly and is effective. The horizon is always close for firefighters; they profess to being unmoved by even devastating consequences and are reluctant to admit failure. As a result, motivating a firefighter to cooperate can appear daunting. To be persuasive with a firefighter, keep in mind that they care about maintaining their ability to protect and they want to be appreciated. We therefore tell firefighters, *You are the boss*. We also appreciate their sacrifices and validate their positive intention for the client. While avoiding scolding these parts, we offer to help them get relief from burdensome jobs and we help protect them from other parts (and people) who shame, damn, or want to kill them off. Not least, we also offer them the prospect of a preferable role.

In contrast to busy protectors (both managers and firefighters) who talk about what they can, should, will or will not *do*, exiles simply exist in painful, lonely, often dangerous places. Some hide, some struggle to be seen and rescued, some are buried so deep in the body or in a dungeon that the client is unaware of their existence. We help exiles by witnessing the bad things that happened and caused them to believe they were bad. When a part is witnessed (understood, validated, loved) by the Self, it goes from believing *I am bad* (worthless, unlovable, defective, ugly, etc.) to feeling accepted and understanding that *a bad thing happened to me,* at which point it is usually ready to let go of its burdens.

TRANSLATING DSM DIAGNOSES INTO IFS

As we hope the description above makes clear, assessment and diagnosis in IFS bear little resemblance to standard assessment and diagnosis based on any iteration of the DSM. In IFS we conceptualize symptomatic behavior as the product of a plural mind, and for both physical and mental ailments we assess connections between mind, brain, and body (Anderson et al., 2017). We view DSM diagnoses as descriptions of various activated parts whose behaviors were intended to ensure survival by coping with past danger, preventing future danger, and maintaining inner balance. To say protective parts have positive intent is not to say that their actions have positive consequences, far from it. But regardless of the effects of their behavior, we

must understand their positive intentions if we are to help them. We can take any diagnosis in the DSM and provide an alternative, nonpathologizing view of that condition, based on which parts dominate in any given client.

WHAT DO WE WANT TO CHANGE IN IFS THERAPY?

Some models of therapy are based on the principle of addition. On top of new insight and understanding, the therapist helps the client add new skills, experiences, and ways of relating with external others. We appreciate the value of practicing new skills and having new experiences, but we view their acquisition as the natural outcome of the client releasing constraints and moving forward in life, which is our priority in IFS therapy. Negative self-referential beliefs (*I am worthless*) are profoundly inhibiting, as are many of the feelings engendered by traumatic experience (*I am terrified, I am enraged*). Inhibitions of this nature lead to all kinds of consequential, negative sequelae. In IFS we aim to release our clients from constraints so that they can be who they truly are in the present, free of burdens from the past.

Along these lines, there are three primary goals for using IFS with individuals: (1) Liberating parts from extreme roles so they can move on to preferred, valuable roles; (2) restoring the trust of parts in the leadership of the Self; and (3) re-harmonizing the system of parts such that they get to know each other and form productive collaborations. As these goals are achieved, people feel more unitary, but their parts still exist. The change is that their parts are now living in synchrony and no longer stand out. The reader may have noticed that these same goals apply to human systems at all levels, which points to the many parallels between internal and external systems. Our motto, therefore, is that *all parts are welcome*. If clients start therapy feeling they have too little space for all inner inhabitants, we aim for therapy to end on the opposite note, with their parts harmoniously embodied because the client's inner environment has become spacious, inclusive, and Self-led.

In IFS we also want clients to change their relationship with time. Protective parts use the memories of the past in various ways to manage feelings in the present: discouraging in order to inhibit hope,

disappointment, and suicide; denying to try to avoid consequences; and using all kinds of strategies to avoid acceptance and grief, including undoing (*Let's go back to before that happened and erase it*), speculating (*What if I had delayed by just 5 minutes?*), reminiscing nostalgically (*Things were better when …*), minimizing (*That wasn't so bad*), and comparing (*Others have it worse/better*). Protectors also make use of the future: They fantasize to distract from reality (*I will be the winner!*) and escape (*Imagine being in that water right now!*); they predict to exert control (*If you commit to that relationship, you'll end up with someone just like your father*) or inhibit (*That airplane is going to fall out of the sky!)* or steer (*Wouldn't it be nice to be rich*?). If body-based addictive strategies (food, exercise, drugs, alcohol, pornography) are firefighter strategies for soothing and distracting from emotional pain (Catanzaro, 2016; Sykes, 2017; Wonder, 2013), undoing the past and imagining or predicting a particular future are manager strategies for controlling feelings. Although their efforts produce a desired effect in the short term (or they wouldn't keep doing it), there are inevitable long-term costs to managing feelings by fantasizing and denying reality.

While protectors are busy moving around in time to manipulate memory and expectation, exiles are trapped in time. Once the client's Self has established a trusting relationship with an exile, it takes the Self on a tour of the past, showing where and how it got stuck. This tour gives the Self the opportunity to validate the exile's perspective (*You were hurt*) and to reassure it (*You didn't deserve that*), until the part is ready to let go of the beliefs and feelings—the burdens—that accrued from those experiences. To conceptualize time in IFS therapy, therefore, it helps to think literally. We notice protectors playing tricks with time, and we accompany exiles back in time. Our ultimate aim is for clients to be alert and available in the present, to remember and visit the past if and when they want, and to move into the future imaginatively, free of unnecessary constraints and confident that their concerns, when they have them, will be based in reality. The burdens of parts who are stuck in the past are like grains of sand in the works of a clock. Until we release them, time cannot go forward.

A BRIEF SUMMARY OF IFS TREATMENT

When a client describes her problem we ask questions about her inner experience around the problem and feed back what we hear, adding the phrase, "So one part of you … and another part…." Once the client has identified a few parts, we ask which one she wants to help first and if it seems like a protector we ask if any other parts have concerns; then we help any reactive parts and proceed to get to know the target part. If the target seems like an exile, however, we tread more cautiously, first addressing the problem of exile overwhelm and any protector fears.

Throughout this process we look for the client's inner polarities, which can involve a manager and a firefighter or a manager and a manager, keeping in mind the essential difference in the roles of managers and firefighters: Managers tend to be preemptive and controlling in their efforts to keep exiles from activating; firefighters jump into action after an exile is activated, either reactively and impulsively distracting from or dousing the flames of exiled emotion.

As they take action, protective parts have a few common concerns. They fear each other (*she would be too angry, he would be too passive*) or they fear exiles (*she would be overwhelmed by sadness, he would know he's unlovable*). Additionally, they are often concerned about their own fate (*If I don't have this job, will I disappear*?). As we get to know these parts, we can ask them what would happen if they stopped doing their job. The answer tells us if their first fear involves a polarized protector or a fragile exile. We address their fears by proposing that the client's Self can take care of the exile or help that polarized protector de-escalate, and reassuring them that they will be free to choose a new role.

Once protectors give permission for the client's Self to help an exile (and the timeline for this will range widely), the Self can form a trusting relationship with the exile and ask what it needs. Most exiles need the client's Self to witness burdening experiences from the past. In this case, the Self accompanies the exile to the past and, after the exile feels fully witnessed, the Self offers to do whatever the part needed someone to do at the time (a *do-over,* which is an emotionally corrective experience). Finally, when the exile is ready, the Self brings it out of the past and invites it to let go of its burdens. During witnessing and unburdening, the exile is in charge of all decisions. After the exile unburdens and invites in the qualities it will need going forward, the Self returns to protectors to see if they are ready to take new jobs. Box 7.5 lists key steps in IFS Therapy.

BOX 7.5. Key Steps in IFS Therapy

FINDING A TARGET PART: START WITH PROTECTORS

1. Ask the client, "What brings you to therapy?"
2. Ask the client, "Can we talk about parts?"
3. Find a target part, preferably a manager, or focus on a polarity between two protective parts.
4. If an exile comes up first, ask it to let the client's Self negotiate first with protectors then return to locating a protector who will be the target part.
5. Get permission (from all other parts) to talk to the target part.
6. Ask the target part about its job.
7. Ask the target part about its fears.
8. Offer to introduce the target part to the client's Self.
9. Ask for permission to help the exile.
10. If the target part agrees, check to see if any other parts object. If yes, go through the same steps with those parts. If no, proceed to the exile.

WITNESSING AND UNBURDENING: EXILES AS TARGET PARTS

1. The exile meets the client's Self.
2. The exile tells the Self what it needs.
3. The Self witnesses the exile's burdening experiences.
4. The exile lets its burdens go.
5. The exile invites in the qualities it will need going forward, in place of burdens.
6. The Self checks back with protectors and invites them to find new roles.

CONCLUSION

People generally come to therapy because they fear their feelings and believe they are unlovable. In IFS we do not view these symptoms as signs of pathology. For us, fear, burdensome beliefs, inner conflict, and extreme behaviors are a product of systemic imbalances and constraints that often have roots in the events of childhood. Additionally, by *systemic* we mean imbalances and constraints that can develop at any level among multiple nesting systems, starting with an inner system of psychic parts, which is nested in a family system, which in turn nests in a community, which is nested in a culture and a civic structure. Given our extreme childhood vulnerability and the systemic complexity of our lives, most of us

accumulate at least some fear and self-doubt, which means we have parts who need to be liberated.

In IFS we aim to liberate parts and rebalance systems by releasing constraints. We begin in individual therapy by being curious about the behaviors and motivations of protective parts. During early sessions we are most interested in the relationships within the client's inner system: who is currently doing what to whom and why. Once protectors feel sufficiently understood and appreciated by the Self, they will allow access to the exile. After this we move into the second phase of treatment, which often moves along far more rapidly and is devoted to the Self witnessing and unburdening the exile, who is usually stuck in the past and has an important story to tell. If the client's system has many exiles, this process may be repeated multiple times with different clusters of parts. Every time an exile tells its story, lets go of its burdens, and the client is reunited with her natural self-righting abilities—her Self—inner space and time expand.

CHAPTER 8

In-Sight and Direct Access

We can enter the internal system through many doors. Some are esoteric, like shamanic rituals and medicines that affect the chemical system of the brain such as MDMA (known as Ecstasy as a street drug), psylocibin (a hallucinogenic substance in certain mushrooms), Ketamine (an anesthetic that is now being used to treat depression), or its electrical system (some form of neurofeedback), other doors involve the arts (e.g., drawing or painting and movement) or some form of therapy (e.g., sand tray, psychodrama, movement, talk). When the client is adult, the IFS model relies primarily on directing the client's attention with techniques we call in-sight and direct access, which we describe in this chapter and which have been used extensively by many therapists at this point. Although we rely on in-sight and direct access, if the therapist is inclined to offer a range of options some clients respond well to methods that externalize parts. Sand tray, drawing, and movement, for example, are frequently used with children. These methods are easily integrated with IFS. Whatever method you choose, we advise you to proceed carefully, keeping in mind the pitfalls we describe in this chapter, which are relevant regardless of methodology.

Early in therapy the client's consciousness is often "up for grabs," with parts blending and unblending as they struggle for influence and control. Parts who have not been acknowledged, spoken to, or validated (sometimes ever) may not seem to be (and perhaps do not experience themselves as) particularly differentiated from each other. As a result, the client's inner experience can seem noisy, baffling, and pointless. Most clients, however, find they can follow a sensation, feeling, or thought to this inner realm, where they can get into communication with individuated parts remarkably fast. After this shift, and after the client chooses a target part, the question is how to proceed. Who is going to talk to whom?

WHO TALKS TO WHOM?

If the client's Self is available, it does the communicating, which we refer to as *in-sight*. However, when the client's Self is not available the therapist's Self talks to the client's parts directly, without the client's Self as the intermediary: hence, *direct access* (see [Box 8.1](#)). The therapist can also invite parts to talk to one another using direct access, or they can talk to the client's Self. Gestalt therapy's open-chair technique is one way of conducting direct access, but most often in IFS we don't have to guide the client to move; we simply ask to talk to a part directly, as we describe in this chapter. Whether we use in-sight or direct access, we aim to avoid part-to-part interactions between therapist and client; we want to lead with our Selves, not our parts. Finally, since our first mission is to learn about this individual's inner community, but we do not want to barge into the client's psychic home, we are careful to ask for permission at each step when using either in-sight or direct access.

BOX 8.1. Communication Options: What We Do and Do Not Want

In-sight (Client's Self is available)	Direct access (Client's Self is not available)	Avoid (Client's Self is not available)
Client's Self to client's parts	Therapist's Self to client's parts	Client's parts to client's parts (unless invited by the client's or the therapist's Self)
Therapist's Self to Client's Self		Therapist's parts to client's parts
(Therapist's Self is available)	(Therapist's Self is available)	(Therapist's Self is not available)

<p style="text-align:center">*   *   *</p>

IN-SIGHT

I (RS) stumbled upon the method of communicating with parts that I named *in-sight* when my clients reported seeing their parts and watching them

interact. Subsequently I learned that Jung had made a similar discovery and developed a similar approach (Hannah, 1981), a technique he called "active imagination."

For those who are visual, a lot of inner communication comes in the form of imagery. Nevertheless, imagery is not the best term for in-sight because in IFS the client is not making an effort or being told to imagine anything. While some clients can see their parts with great clarity right away, others sense or see their parts only vaguely, and a minority (like me, RS) are not internally visual and can't see anything inside. Those who are not internally visual generally communicate with their parts kinesthetically or aurally, which can be disorienting for individuals who are used to navigating the world by eye. In any case, when we focus internally we seem to be able to enter and see (or feel or sense) a world that already exists. The word *in-sight* is therefore intended to signify the "keen understanding" that comes from inner inquiry, whether that experience is visual in nature or not.

Clients who are blocked from seeing inside at the outset of therapy tend to be dominated by one of several kinds of protectors, including highly rational, analytic, striving parts who worry about performance, parts who do not trust the therapist, and parts who don't trust the IFS approach. When clients cannot see their parts, we go with the flow. If we are confident in the model and curious about the client's experience, the client's managers will relax eventually and inner vision may develop. But visuals are not, in any case, a prerequisite for using in-sight. Clients who never see their parts can still sense and interact with them. In-sight only requires the willingness to be internally attuned.

WITH IN-SIGHT THE CLIENT BECOMES THE THERAPIST

With the initial help of the therapist many clients can identify a large number of parts and help them differentiate from the Self quickly, after which the client's Self is able to communicate with the client's parts. In effect, the client's Self takes over the role of therapist, and the therapist serves as an adjunctive guide and witness. Once clients know how to use in-sight they can practice between sessions to boost their confidence and decrease their dependence on the therapist. Clients who can get enough

access to their Self usually find in-sight efficient. When a client can't get access to the Self we use direct access as we describe next.

<p style="text-align:center">*   *   *</p>

DIRECT ACCESS

In direct access the therapist communicates with client parts without the client's Self acting as the intermediary. The therapist's Self can talk to parts of the client directly, or can facilitate the client's parts talking to one another, or can talk to the client's Self (e.g., *Can I talk directly with the part who puts you to sleep during sessions? Okay. I want to speak to the part who falls asleep during therapy. Are you there?*). If the client has a history of extreme trauma, direct access may be the best option and can function as the primary door to the inner world for quite a while.

Direct access has several advantages. When clients have been severely hurt or scared their protectors may have little trust in anyone and may therefore need to vet the therapist by talking to her directly. A survivor of chronic incest, for example, may reject the concept of untapped inner resources (the Self) out of hand. When protectors will not allow the client's Self to embody, efforts to try to place the client's Self in the lead won't work. In this instance, direct access is not just more efficient than in-sight it is also safer because it offers wary protectors the opportunity to develop a relationship with the Self of the therapist, who can help them resolve their polarizations much as the Self of the client would. This help piques their curiosity about the client's Self and prepares them to switch to in-sight when they feel more trusting.

Thus, when protectors block the client's Self, we act as the Self for the client's system. With direct access we spend much of each session talking with one part or another. We may also help two parts talk to each other. Although talking to parts directly looks similar to the approach described in the literature on dissociative identity disorder, it differs in one important respect. As the client's parts begin to trust the therapist, the therapist suggests that they open space inside for the client's Self to emerge and, when they finally agree, the therapist shifts leadership to the client's Self, starting with needs that arise between sessions. In contrast, DID therapists

do not know about the Self, so they, in essence, do direct access with clients for the whole treatment.

Direct contact can be challenging because highly reactive parts will reveal any fault lines in the therapist's system. Therefore, when we sit with dramatically polarized clients we only attempt direct access if we can lead with the Self regardless of a wide range of provocations. If we fail to maintain Self-leadership under assault from an extreme part the best option is to own up and apologize. Any attempt to cover for our protectors will diminish the client's trust. That said, in our experience direct access is a great opportunity to get to know some powerful parts, and the interaction can be as rewarding for the therapist as for the part.

Finally, direct access allows parts to embody and express themselves fully, and we benefit by seeing parts in action. When a part embodies, the client's tone, posture, and movement all change, providing a graphic view of her inner personalities and impressing even skeptical therapists as a vivid, *in vivo* illustration of psychic multiplicity. Direct access also helps parts learn about their feelings and thoughts by putting them into words. Students of IFS may want to familiarize themselves with the concept of parts by taking some time to do nothing but direct access with a few of their least polarized clients.

DIRECT ACCESS IN COMBINATION WITH IN-SIGHT

For many clients, direct access is a good complement to in-sight (see Box 8.2). Before moving to in-sight we often use direct access to talk to a client's managerial parts about what we plan to do and how safe it will be, which gives managers the opportunity to check us out. Once we have their permission to proceed, we shift to in-sight. But we can still move back to direct access whenever doing so might work better. If, for example, a part (or a whole group of parts) is highly activated and the client's Self isn't getting any purchase we can ask to speak to the target part directly. Additionally, if at any point in therapy we intuit that progress would be expedited by a wary part having personal contact with the therapist's Self, we can ask to speak to that part directly. Overall, therapy goes more smoothly when concerned protectors have the opportunity to speak, clarify their goals, and feel understood.

THE DISADVANTAGES OF DIRECT ACCESS

Direct access has three disadvantages. The first is inefficiency. It is, generally speaking, slower than in-sight, particularly if we are helping a whole group of parts. Second, there is a risk that we will violate the system's rules by talking to a part without permission. Direct access with highly polarized, conflict-ridden systems is a delicate operation. We may feel tempted to talk to an exile (or an exiled protector) before the system can tolerate its emergence. When we talk to one part directly, it's harder to be sure that we have full permission from the rest of the system (conversely, once we talk with a "hot" part, the rest of the system is likely to feel less

afraid of it). Third, with direct access, parts are building an attachment to the therapist rather than to the client's Self, which is fine as long as this is temporary and the client's Self comes in as soon as possible.

DIRECT ACCESS AND EXILE OVERWHELM

Exiles have the ability to choose whether they will or will not overwhelm the client emotionally. This is one of the most important discoveries in IFS. If a client is engulfed in scary thoughts or memories, or suddenly turns into a sobbing, terrified, desperate child in the middle of a session, it is likely that an exile is breaking through to consciousness and overwhelming him emotionally. If the therapist believes episodes like this are a sign of pathology, her fear may lead her to shoo the part away with grounding skills or some technique that can have a managerial tone, sending a message to the part that it isn't welcome and needs to leave.

We view the emergence of terror or desperation as the sign of a part in need of help, not of deeper pathology. This perspective is central to IFS. In the face of panic, flashbacks, dissociation, desperate weeping, and other intense behavior, we ask permission to talk directly to the part. Then we speak to it (using direct access) in a soothing, kind, respectful way, asking about its situation and encouraging it to let the client's Self help by separating even just a little bit. Most of the time exiles cooperate and the client is quickly grounded. The importance of the therapist's Self-leadership in such situations cannot be overemphasized. Because the threat of emotional overwhelm by an exile activates protectors and obscures the client's Self, negotiations that aim toward unblending in order to tone down the client's emotional state are almost always conducted via direct access, with the therapist's Self talking to the client's parts.

As mentioned previously, researchers Singer and Klimecki (2014) explained that the act of *feeling with* can either involve a deep sense of resonance and connection (what we're calling mature empathy), or it can tip into emotional overwhelm and cause social withdrawal (which they call *emotion contagion* and *empathic distress*). In contrast, *feeling for* (compassion) is associated with positive, other-oriented thoughts and feelings as well as prosocial behavior. Consequently, *feeling for* (compassion) develops internal stability, whereas *feeling with* (the

continuum from empathic distress to mature empathy) has the potential to be internally destabilizing, depending (in IFS terms) on how internally differentiated parts are from the Self. Singer (personal communication, November 2017) also found that compassionate *feeling for* manifests in a different neural network (reward circuitry) than the empathic *feeling with* (pain circuitry) response. In our experience, the *feeling with* of a part can nicely inform the *feeling for* of the Self without becoming emotionally overwhelming, and we hypothesize that this is mostly likely to occur when the part has a good relationship with the Self.

Conversely, when we as therapists fear and avoid our own exiles, leaving them burdened, they activate empathically in response to our clients' exiles, which in turn motivates our protectors to try to control our clients (and us). Our goal, therefore, is to be mindfully present for our own exiles and heal them. When our parts feel cared for, we can empathize and lead with the Self. When we lead with the Self, we feel connected to and deeply caring for others, and more than that we have the clarity to see and hear their feelings without the distortions of our own projected pain; we feel calm and curious about how to help; and we have the confidence, creativity, and courage to act effectively on their behalf (see Box 8.3).

BOX 8.3. Empathy and Compassion in IFS Language

❑ **Burdened part-to-burdened part:** (*being* the other) emotion contagion, empathic distress, emotional overwhelm
❑ **Unburdened part-to-unburdened part:** (emotional resonance and *feeling with* the other) empathy
❑ **Self-to-part:** (*feeling for* the other with care and concern) compassion
❑ **Self-to-Self:** compassionate, heartfelt, empathic attunement and connectedness

---

STABLE CONNECTEDNESS

Ultimately in IFS we aim for stable connectedness on several tracks. The first is connectedness between the Self and parts (Self-to-part), which is characterized by compassion and facilitates inner balance and harmony; the second is between the Self of one person and the Self of another person (Self-to-Self), which is characterized by compassion and kindness; and the

third is between parts who have let their burdens go (unburdened part-to-unburdened part). Unburdened part-to-part relationships are characterized by emotional resonance, and stand in sharp contrast to the contagion, overwhelm, distress, and protector reactivity that are endemic in the relationships of burdened parts. Our job is to offer exiled, distressed parts the attention they crave in return for not overwhelming the Self—an offer they rarely refuse. Asking exiles not to overwhelm the Self is one way of solving the great problem of dysregulated emotion in psychotherapy.

BEGINNING DIRECT ACCESS

Direct access is not difficult. As with in-sight, this simple method begins with the client focusing internally. When the client identifies a sensation, feeling, or thought we guide her to focus on it as a part and ask whether the part would be willing to speak with the therapist directly. If the part agrees, the subsequent exchange would go something like the following.

THERAPIST: Just let the part be you, and you can also watch.
MARCELA: Seems strange, but I'll try.
THERAPIST: Okay. I'll ask questions. If it doesn't want to talk, that's okay. We'll do something else. Ready?
MARCELA: Yes.
THERAPIST: I want to talk to the distrusting part of Marcela. Are you there?
MARCELA: (*After a pause, nods*.)
THERAPIST: (*continuing*) What do you say to Marcela?
[To differentiate the part from Marcela, the therapist asks a question about how the part relates to Marcela.]
MARCELA'S PART: I tell her not to trust anyone.

As we see, a relationship-focused question leads the part to speak of itself as separate from Marcela. Box 8.4 lists various ways that these initial questions can be phrased.

BOX 8.4. Some Initial Direct Access Questions for the Target Part

---

❏ What do you say (or do) to Marcela?
❏ Why do you say (or do) that to Marcela?
❏ What do you make Marcela think (or do)?
❏ What do you do for Marcela?
❏ Who do you see when you look at Marcela?
❏ How do you think Marcela feels toward you?
❏ What are you afraid would happen if you stopped doing this to Marcela?
❏ How old do you think Marcela is?
❏ How old are you?

After the part answers, the therapist goes on to the same kinds of questions we use with in-sight. These questions range broadly from the part's real intentions and its desired new role to the ways in which it would like the Self to help. Finally, after getting whatever information seems pertinent, the therapist asks whether the part wants to add anything and thanks it for coming forward. Then we ask the client to comment on the experience. Although most clients express interest, some find watching the therapist talk to one of their parts (often a part who will not talk to them) weird. If the client believes this is a sign of mental illness, we revisit the topic of psychic multiplicity, emphasizing that it is normal to have parts, and for parts to be willing to talk to the therapist before they will talk with the client. Let's continue with Marcela's distrustful part.

THERAPIST: What's the most important thing about Marcela not trusting anyone?

MARCELA'S PART: Being safe.

THERAPIST: That makes sense. I know Marcela has been unsafe a lot. What do you say to her about other people?

MARCELA'S PART: I tell her that people are bad and will hurt her. And I tell her to believe me because she's no different. She's bad, too.

THERAPIST: Does she believe you?

MARCELA'S PART: Most of the time.

THERAPIST: What are you afraid would happen if you stopped saying that to Marcela?

MARCELA'S PART: She's young and stupid. It wouldn't be a good idea.

THERAPIST: How old are you?

MARCELA'S PART: I'm older than she is.

The therapist might want to continue to question this part and get to know more about it, but if he felt an opening he could also ask the part if it would like to meet Marcela's Self. If the part says no to the latter, the therapist can revert to asking questions that flesh out the part's role, motivations, goals, and fears, along with why it doesn't want to get to know the Self. When the conversation with the part feels complete, the therapist asks to speak with Marcela.

THERAPIST: Thank you for telling me all of this. Again, given Marcela's history, your distrust of people makes complete sense to me, and we are going to rely on you to decide when you want to meet the Marcela who is not a part. I also understand why it is hard to trust me and I want us to keep talking about that. I see my job as working to earn your trust, and I get that might take some time. Is it okay if I talk to Marcela again now?

MARCELA'S PART: Okay.

THERAPIST: Are you there, Marcela? Did you hear all that?

MARCELA: Yes.

THERAPIST: How do you feel toward this part now?

MARCELA: I actually appreciate how it's trying to keep me safe. I want to help it.

As we hear at the end of this segment of direct access, by listening to the therapist talk to this forceful protector Marcela now understands it better and appreciates it more, which means that a little bit of unblending has occurred, even though the client's Self was not directly involved. This level of separation, along with her appreciation, will expedite their relationship.

TWO-CHAIR TALKS

Many clients do quite well sitting in one chair the whole time and relating to their parts without externalizing them. For some clients, however, externalizing parts can be very helpful, in which case we can facilitate a dialogue between a part and the client's Self with the "two-chair" technique of Gestalt therapy by designating one chair for a part and, across from this, another chair for the Self. Embodying each in turn, the client moves

between the two chairs and they converse until their relationship makes progress.

To create a dialogue between two parts, or among several, we can use the same procedure. After accessing parts and assigning them to chairs, the client can move between chairs and speak from each part. A client can also make slight postural moves while staying in one chair, or can move sideways on a couch to designate the switch between parts. Meanwhile, our role is to engage with these parts in just the way a Self-led family therapist would engage with external family members. We befriend them and include the client's Self as soon as possible. However they are conducted, chair dialogues are not the only option for externalized communication. IFS therapists have been known to use many other externalizing techniques with adults as well as children, including sand tray, finger puppets, decks of cards with IFS-based illustrations, drawing and mapping parts, and various forms of psychodrama.

CONCLUSION

In this chapter we have described and illustrated the two IFS strategies for communicating with parts: in-sight and direct access. In-sight involves the client's Self communicating with the client's parts internally, whereas direct access involves the therapist's Self talking to the client's parts directly while the client listens. Both are valuable and effective. That said, when a client's parts have very little trust in the Self, or when the Self is not available, we mostly use direct access, which helps us to help clients manage strong emotions without using grounding practices that can send vulnerable parts the wrong message. At the same time, direct access helps parts trust that unblending and letting the client's Self return will be a safe experience with many benefits.

CHAPTER 9

Finding, Focusing, and Fleshing Out Protectors

In IFS training we take six steps with protective parts, which are designated the 6Fs: *find, focus,* and *flesh out* followed by *feel toward, befriend,* and *explore fears* (Anderson et al., 2017). In this chapter we focus on how to help the client find a target part, focus on it, and flesh it out. We conceive the last instruction loosely, since parts can show up kinesthetically or aurally, and when they do show up visually they are just as likely to look like a geometric shape or cloud as they are to appear in human form. Regardless of how our parts appear to us, when we *go inside* (pay attention internally), we quickly enter a liminal state in which we are aware of our surroundings but feel as if we are in another world. While the client drops into this state, the Self-led therapist does too, and from this place may intuit a lot about the client's inner system. However, our job is to ask not tell, so we guide the client in exploring her system and all that information unfolds organically.

*   *   *

WHEN PARTS RESIST THE LANGUAGE OF PARTS

Although many clients take to parts language easily, some have parts who resist. They may fear being labeled *crazy* because our culture has long pathologized multiplicity; they may not want to focus on or reveal what goes on inside; or they may be concerned about being coerced into a particular view of things by the therapist. Additionally, some clients are simply dominated by a part who will not cede ground on any topic until it

feels heard and is convinced the therapist understands its viewpoint: "Don't talk about my parts! The problem is Stella messing up my bathroom." Parts who are in this frame of mind will happily wage a turf war over language. Our advice is simple: Don't get pulled in. Regarding language, the easiest option is to use whatever language the client uses—whether this is a *feeling,* a *thought,* an *impulse,* a *pain,* etc.—until she feels more comfortable with you and with focusing inside.

THREE COMMON BEGINNER ERRORS WITH LANGUAGE

Beginners in IFS are liable to make three mistakes when it comes to introducing the concept of parts (see Box 9.1). The first error involves talking about parts too eagerly and using too many words, which elicit caution in the client's managers. When therapists' managers feel discouraged by this caution, they may then push their therapists to give up or sell the model even more vigorously. The second error is to be so tentative and inconsistent with the model's language that the client's managers sense danger and resist. The third error involves anticipating that clients will find parts language silly or bizarre and communicate this unease, which also elicits caution in therapists' managers. The more confident and even playful the therapist is about the model and the language, the more likely the client will participate willingly. The catch, of course, is that therapists need time and experience in order to feel confident. This is one reason IFS training is largely experiential. It is also why we recommend having the experience of being a client with a skilled IFS therapist.

BOX 9.1. Beginner Errors with Language

❏ Talking about parts too eagerly and using too many words, and then responding to resistance by either giving up or selling the model more vigorously.
❏ Speaking so tentatively and inconsistently with the language of parts that the client's managers sense danger and resist.
❏ Anticipating that clients will find parts language silly or bizarre and communicating this unease.

GOING INSIDE: WINNING HEARTS WITH QUESTIONS

Once clients agree to try the model, with or without using the word *parts,* we have several options. Probably the least threatening is simply to ask questions. As we assess the client's problems and identify different parts, we can inquire about each part's relationship with the client's Self, with other parts, and with the people who surround the client. The goal is to get a sense of the client's inner and outer ecologies. If you are a beginner at IFS, we recommend taking time with this step. Identifying the client's parts and being aware of the client's dominant relationships will help you enter his system safely. When the client's managers seem extremely mistrustful or afraid, even experienced IFS therapists who trust their intuition on pacing and can easily spot common relational patterns will want to talk *about* parts for a while before helping the client talk *to* them. But once the client is used to the language of parts and signals openness to exploring further, the next step is to find a target part.

*   *   *

FINDING A TARGET PART

At the outset of therapy we elicit a lot of information about the client's system. We can illustrate all this on a white board and look at it together with the client, we can take notes on paper, or we can rely on memory. However we track this initial information, it's useful to keep summarizing what we hear: *You mention three parts. There's one who wants to move to Oregon, one who wants to apply to graduate school, and one who just wants to stay here and get a job right now to save money. Is that right?* If the client endorses our summary, we move on to choosing a target part by asking another question, *Who needs your attention first?*

FOCUSING ON AND FLESHING OUT THE TARGET PART

To find a target part, we ask the client to focus inside, observe, and then describe the part (or flesh it out). For some clients, finding, focusing, and fleshing out happen almost simultaneously in a quite unremarkable way. But for others, like those whose subjective experience has been chronically invalidated by authority figures, noticing and describing parts are novel and exciting experiences. Many people who have been persistently dissociated have only a vague sense of their parts when they start therapy, but they still gain a lot from questions that direct them to observe more closely. Curiosity and kindness go a long way toward inviting parts to risk showing up. At the same time, the therapist can begin to get a sense of the client's internal experience, which can vary from chaotic and restless, to highly regimented and slow, to clear and easily navigated.

LOCATING THE TARGET PART IN A SENSATION, FEELING, OR THOUGHT

If a client doesn't immediately know which part needs attention first (or, in an ongoing therapy, if no part from the week before is waiting for the client to return), we can ask her to focus on a sensation, feeling, or thought, which are all portals to the inner world. Following are four examples of locating a target part that range from seeing, hearing, and feeling the part to just being able to sense the presence of a part.

Leigh and the Head Hammerer

Leigh needs some guidance to pay attention internally and notice her head-hammering part and pay attention to what he is saying.

THERAPIST: Where would you like to start?
LEIGH: I don't know.
THERAPIST: Take a moment to focus inside. What do you notice?
[The therapist guides Leigh to focus internally, which most suffering people avoid without being aware that they are avoiding.]
LEIGH: The usual. I'm no good.
[Before paying attention internally, Leigh is globally aware of the message her inner system takes from the head hammerer's behavior, but she has not

actually listened to him much less engaged with him.]
THERAPIST: How does the part who says you're no good show up?
[The therapist immediately moves from the global to the relational and specific with parts language, framing Leigh's experience as the communication of a part.]
LEIGH: I guess I hear it and my head hurts.
THERAPIST: Want to start with that?
[The therapist asks for permission to pay attention to this phenomenon.]
LEIGH: Hmm. I want to be sure I do this right.
[And a part who is anxious to comply with external expectations immediately shows up.]
THERAPIST: Since there is no right way, you can't do it wrong. You might sense a part and know it's there. Or you might see the part, hear it, or feel it physically. Our job is to pay attention to your experience and notice who's there.
[The therapist makes a plug for noticing, which is a crucial step toward unblending.]
LEIGH: Oh now I see the guy all right! He's got a sledgehammer, which he slams around in my head like a bell. He says: *There! There! This is what you deserve. Why don't you listen to me?*

Leigh's head hammering manager is graphic and vivid. Now she not only sees him, she hears him and feels the effects of his hammering inside her head. Notably, he is not saying *You're no good* as her parts interpreted the message; rather, he is saying *Why don't you listen to me?*

Noah Can't See Anyone

In contrast, at the outset of his therapy, Noah can't see his parts. Only time can tell if this will change. As mentioned previously, a small percentage of people, myself (RS) included, hear or sense parts rather than see them. Noah may not have internal vision. On the other hand, his target part could be too afraid or too blended to be seen or a manager could be blocking it. If so, Noah's inner process will become visual later on. Either way the therapy can proceed.

NOAH: I want to focus on anxiety.
THERAPIST: Where do you notice it?

[The therapist immediately moves to the client's embodied experience of the emotion he is noticing. Parts affect the body and show up in the body.]
NOAH: In my chest.
THERAPIST: Is it okay to focus on that?
[The therapist asks for permission to notice the part, without yet calling it a part.]
NOAH: Yes.
THERAPIST: How do you notice the anxiety?
NOAH: It's a sensation in my stomach that radiates out all over my body.
THERAPIST: Do you see anything when you focus on it?
[Since the inner eye offers a quick connection to parts, the therapist checks to see if Noah is internally visual.]
NOAH: No.
THERAPIST: How do you feel toward it?
[The therapist moves right on to this standard parts-detecting question.]
NOAH: Oh god, I'm so sick of it!
THERAPIST: Would the parts who are sick of it be willing to let you help it?
[The therapist shifts into parts language now, still not having named anxiety as a part.]
NOAH: Well sure, if I knew how. I guarantee you I've tried.
THERAPIST: If they're willing, I'll show you something different.
[The therapist speaks to the willingness of Noah's protectors, knowing they are listening.]
NOAH: This has been around my whole life. Nothing helps with anxiety.
[Noah speaks from a resigned, hopeless part.]
THERAPIST: You've felt this way for a long time. And you've tried other things that haven't helped. So it makes sense that you have parts who don't believe me. But would they be willing to let you try something new?
[The therapist validates and asks permission to proceed.]
NOAH: No.
THERAPIST: Can you ask why?
[Without arguing, the therapist is curious about protector fears.]
NOAH: I'm hearing that hope isn't all that helpful.
[And a protector reveals its fear.]
THERAPIST: What happens when you feel hopeful?
NOAH: I get depressed.

THERAPIST: What makes you depressed?

NOAH: Disappointment.

THERAPIST: So if you feel hopeful and then disappointed, you get depressed, is that right?

[The therapist sums up what they have just done: traced the apparent problem—anxiety—back to its roots in a depressed part.]

NOAH: Yes.

THERAPIST: Would it be okay to help the part who gets depressed in response to disappointment?

NOAH: I guess so.

THERAPIST: Check inside and ask if that would be okay.

[I guess so is equivocal. Rather than going with this, the therapist sticks with the process of listening to protectors until they give affirmative permission.]

NOAH: I'm sensing a lot of reluctance. They say okay but reserve the right to stop us any time. They don't want the depressed part taking over.

THERAPIST: I don't either. Let's ask it if it would be willing to not take over in return for having your attention.

[The therapist validates this protector's concerns and proposes to negotiate unblending with the exile as a way forward.]

NOAH: I'm hearing *Yes.*

THERAPIST: So is it okay to go ahead with the depressed part?

[The therapist checks again for permission to proceed.]

NOAH: Yes.

THERAPIST: Before we do that, I have one question. Is that okay?

NOAH: Yes.

THERAPIST: Is the anxious part the one who gets disappointed and then feels depressed?

NOAH: Yes.

As we hear, Noah has experienced anxiety since childhood and nothing he's done so far has helped to lower it. He does not see the anxious (disappointed, depressed) part—he feels it. Although other parts are frustrated with this anxiety, they are not willing to let Noah feel hopeful about trying something new in relation to it because failure and disappointment, which have occurred in the past, activate its depression. Understanding all this, Noah and his therapist can negotiate with the

anxious part not to overwhelm so that Noah's Self is present and his protectors feel safe proceeding.

Elijah Dances with His Exile

For a third example, here is a client who senses and moves with his parts, which he sees only vaguely as shadows. Elijah is a 25-year-old dancer. He is gay and his parents are fundamentalist Christians who live in a homophobic community. He came to therapy because he wanted to convince them, as he says, to "step back" from their prejudices and be his parents. He describes them as good, devoutly religious people who are active in their congregation, and he firmly believes that they want to reconnect with him, their only child. At the same time, some of his parts are afraid of them.

ELIJAH: My parents can be mean.
THERAPIST: So who needs your help?
[The therapist immediately guides Elijah in what we call a U-turn, so that he will focus internally on his parts (a perspective that prompts his parts to unblend from his Self), rather than encouraging his parts to focus on his parents (from which perspective they are most likely to stay blended).]
ELIJAH: I don't want the fear to take over. I know they're more than that.
[Elijah names a part.]
THERAPIST: Do you want to help this fearful part then?
ELIJAH: Yes.
THERAPIST: Where do you notice it?
[The therapist invites Elijah to locate the part physically.]
ELIJAH: In my gut.
THERAPIST: Can you see it?
[The therapist checks on how he perceives his parts.]
ELIJAH: Like a shadow. More I feel it.
THERAPIST: How do you feel toward it?
[The therapist checks for Self-energy.]
ELIJAH: Compassionate.
THERAPIST: How does it respond?
ELIJAH: It's despondent.
THERAPIST: What does it need from you?

[Since Elijah has good access to his Self, the therapist invites the part to state its needs.]
ELIJAH: I think we'll just move together.
THERAPIST: Do you want to move in this room?
ELIJAH: (*closing his eyes*) No. We'll move together inside.
[Elijah's Self is in charge now.]
THERAPIST: (*after a few moments*) How's it going?
[The therapist checks in. We decide whether to check in by observing the client and sensing when help might be needed. Clients who are in the middle of a deep process can feel interrupted by this. If so, we want them to feel free to say so. If the client asks not to be interrupted, it's good to check in later and find out what works best for this client's system. At the same time, dissociative parts can take over without much of an external signal, so it's wise to err on the side of checking in with new clients or those who have flagged dissociation as a concern.]
ELIJAH: This part likes being with me.
THERAPIST: Will it trust you?
ELIJAH: Me, yes—but my parents, no.
THERAPIST: Will that work?
[Again, the therapist follows the lead of Elijah's Self.]
ELIJAH: I think I have to spend more time with this part before I do anything. It's not ready. I won't contact them until it is ready.

As we hear, Elijah comes to therapy with a specific goal and plenty of Self-energy, but this goal scares a part who has felt hurt by his parents. He has compassion for the part and finds a way to be with it, which involves the part and his Self moving together internally.

A Wall Blocks Toshi's Vision

And, finally, here is a fourth example of inner communication that involves a 45-year-old woman feeling and then hearing from a part whom she doesn't see until she wins more cooperation from a wary protector.

TOSHI: Someone's there. But I can't see anything.
[This statement is a clue that Toshi may usually be internally visual.]
THERAPIST: How do you notice it?
TOSHI: I just know it's there. But it's like the lights are out.

THERAPIST: How do you feel toward it?
[The therapist defaults to our basic parts-detecting, Self-energy-detecting question.]
TOSHI: I would like to meet it.
THERAPIST: How does it respond?
TOSHI: Blank.
THERAPIST: Would it be okay to feel into the blankness?
[All parts are welcome and all experiences, even blankness, are germane as communications from parts.]
TOSHI: I hear a little voice saying, *Wall!*
[As is often the case, parts reward attention and patience with more direct communication.]
THERAPIST: There's a wall?
TOSHI: Yes. When I asked the wall to move it said, *Who are you*?
THERAPIST: How do you feel toward the wall?
[Having noticed two parts, the wall (who Toshi experienced at first as blankness) and the part who said Wall!, the therapist moves on to the parts-detecting question to find out if other parts are reacting to the wall and to assess Toshi's level of Self-energy.]
TOSHI: Well, it must have some reason to be cautious … now it's softening a little. I'm telling it I'm here to help.
[Toshi's Self is immediately evident in her response.]
THERAPIST: (*after a silence*) How does it respond?
[Although Toshi has plenty of Self-energy, her long-ish silence at this point is ambiguous. The therapist, who does not know if Toshi is hearing from the wall now or if something else has happened, decides to check in.]
TOSHI: It turned transparent. I see a child-size person behind it.
THERAPIST: What needs to happen?
[Since Toshi's Self is present and things are moving along internally, the therapist stays out of the way.]
TOSHI: The wall doesn't want me to be overwhelmed by this child.
THERAPIST: I agree. But we can just ask the child not to overwhelm you. If it says yes, would the wall let you help the child?
[Here the therapist takes the opportunity to validate and address the concerns of the wall, who is a protector.]
TOSHI: Yes.

As we see, Toshi is first able to notice a part without seeing it. Then she discovers a wall between her and this unseen part. Toshi has enough Self-energy to reassure the wall, and in return it explains that it fears emotional overwhelm, the number-one concern of protectors. When the therapist validates this concern and explains how to avoid overwhelm, the wall agrees to cooperate.

As these four examples illustrate, there are many ways of perceiving and communing with parts. For some people inner communication includes visuals, sounds, and sensations; for others it includes just one of these modes. Clients who do not see their parts often need reassurance that subjective experience is highly idiosyncratic and varies widely.

*   *   *

CONCLUSION

Find, focus, and *flesh out* are the first three steps of the IFS inquiry. Depending on how dissociative the client has been in her life and how much Self-energy she can access, these steps may conflate and go by in a flash, or they may be quite distinct and take time. After we introduce the concepts and language of IFS, we check for permission from managers (*Is it okay to notice what's going on inside?*). Once we get a green light, we enter the client's inner world and locate a target part by noticing the client's body, feelings, and thoughts. If the target part is a manager, we can safely proceed with detailed questions that help clients inquire into and articulate their inner experience.

However, if the person is in the middle of an exile jailbreak and is having trouble functioning, this kind of inquiry is problematic. We urge therapists to be mindful and Self-led when taking a client inside for the first time. It is safe to ask questions that flesh out parts if the client is able to focus without quickly veering off and changing the subject. Assuming it is safe to proceed, we may find that the client experiences the inner world visually, and that these visuals become more vivid for having been noticed. Other clients see inside only vaguely. And yet others experience parts aurally or kinesthetically. Just as all parts are welcome in IFS, all ways of experiencing are equally valid and potentially profound.

CHAPTER 10

Feeling toward, Befriending, and Exploring Protector Fears

In the last chapter we described the three exploratory steps we use to identify a target part, represented by the mnemonics *find, focus on,* and *flesh out*. Using these three steps, clients who are not familiar with their inner landscape learn to notice their parts, while those who are more accustomed to the world inside become adept at locating their parts. After these steps, we take three more—*feel toward, befriend,* and *fears*—that reveal the part's motives and build its relationship with the client's Self.

FEELING TOWARD

Every time we want to talk to a target part, and also any time we suspect another part has taken over from the client's Self during the process of interviewing a target part, we ask the question: *How do you feel toward the [target] part?* (see Box 10.1). The client's answer to this question reveals either a part (e.g., *I hate it! I'm afraid of it,* or *I pity it*) or the Self (e.g., *I'm curious, I feel bad for it,* or *I want to get to know it*). In this way, the *feel toward* question smokes out parts who are reacting strongly (either negatively or positively) to the target part. If the client's answer reveals a reactive part, we help it relax and make room so more of the client's Self can show up. Sometimes we have to ask several parts in a row to step back. If we find a part who will not step back, it becomes our new target of inquiry until it will step back.

BOX 10.1. How Do You Feel toward This (the Target) Part?

The aim of the *feel toward* step is to introduce the client's parts to the client's Self. When the client's system is highly reactive and protectors will not cooperate we give up on this step temporarily and switch to direct access so the therapist's Self can befriend the target part and inquire about its fears. Once we switch to direct access, the important question is not how the client feels toward the target part but how the therapist feels toward it, which (if we are Self-led) should be somewhere from curious to compassionate.

The Room Technique

When the client's parts are less polarized and more differentiated from the Self, the client's parts are more cooperative and we are less likely to need to use direct access. Instead, we can just get to know the target part. Occasionally, however, it is too scared or shy to be noticed, or it alarms other parts. In this case, the room technique, mentioned earlier, is handy. We start by asking the client to put the scared or scary part in a room. Since the inner system experiences the room as a literal separation this helps in a couple of ways. First, the target part has containment and feels safer; and, second, other parts who dislike or fear the target part feel safer and are more likely to allow the client's Self to talk to it.

We have a couple of caveats regarding the room technique. To avoid the exile going right back to a room where something bad happened, we suggest starting with the instruction, *Put the part in a room or space that feels safe and comfortable.* If the target part balks at the idea of a room, it may like to hear that the goal is to help the client pay attention and listen so any contained space that feels safe, like a meadow, a glen in the woods, or a spaceship, would serve just as well as a room. The idea is to get physical separation. Illustrating that target parts feel liberated to show their feelings when they have this kind of containment, angry parts will often make a great show of storming around in the room, but they won't come out.

Remarkably, if the client agrees to put the part in a room and the part shows up in there (sometimes as a felt rather than a visual presence) the technique usually works to calm the reactivity of other parts, who become more willing to relax back. If the conversation is going well we can follow up by asking if the Self can go into the room with the part to explore its state of mind and its priorities. Here is a vignette illustrating the room technique. Dakota, a 17-year-old girl, has found an old witch in her internal system who threatens other parts with spells and punishments.

THERAPIST: Put the witch in a room by herself while you stay outside the room.
DAKOTA: Okay, she's in there.
THERAPIST: How do you feel toward her now?
DAKOTA: Afraid because she's mean.
THERAPIST: Let me tell you an important law of the inner universe: When you're not afraid, mean or scary parts can't hurt you. Since the Dakota-who's-not-a-part won't be afraid of this mean one, you can ask the part who is afraid to relax for a few minutes and trust you.
DAKOTA: Who do you mean by "you"?
THERAPIST: I mean the Dakota-who's-not-a-part.
DAKOTA: (*after a pause*) Okay, the scared part is willing to try.
THERAPIST: How do you feel toward the witch now?
DAKOTA: Well, now I'm angry with her. I want her to go away.
THERAPIST: Okay. Ask the angry part to trust you for a few minutes, too. It could go in a waiting room, Would that work? Good. Now how do you feel toward the witch?
DAKOTA: She looks like a tired old lady. I feel sorry for her. Where did she come from?
THERAPIST: Ask her.

In order to see the witch more fully, Dakota had to help two parts unblend, the one who was afraid of her and the one who was angry with her. Sometimes we need to help as many as six or seven reactive parts before the Self is available to help the target part. We locate reactive parts who need help to unblend by asking the client, *How do you feel toward this part?* If the client's Self is available, the answer will reflect qualities of the Self, both in content and tone of voice. While we do not need reactive parts

to unblend fully we do need them to unblend enough for the client to feel open and curious. Once the client reports feeling open toward the target part, we ask the client's Self to enter the room and learn about the part's fears.

Self-Like Managers

There is a certain kind of manager who is caretaking and solicitous. Managers like this can seem very much like the client's Self. Since they are easily confused with the client's Self, we refer to these managers as *Self-like*, though clients may come up with another name (e.g., *the look-alike part*). It is important to remember that the agenda of a Self-like part is, no less than any other manager, to control other parts. Clients who are internally visual will see the Self-like part, which tells us it is a part and not the Self. This is because when the Self is embodied we see our arms, hands, nose, lap, and legs but we do not see a separate entity.

If the client does observe an image of herself interacting with her other parts, this is the Self-like part. We guide her to ask it to slide over a bit so that her Self can be present, too. Since Self-like parts prefer to be in the driver's seat they often deny being a part at first, and don't agree to unblend quickly. Lack of progress, especially when we believe the client has good access to Self and everything should be going well, is a sign that a Self-like part is blended. Likewise, a Self-like part may be in control when the client appears to be open but we still sense that she is being moved by a strong agenda.

BEFRIENDING

After making sure the client has sufficient Self-energy, we move on to befriending the target part. If it is cooperative and willing this step may pass virtually unnoticed. However, if the part is wary and concerned this step can take some time. As always, we explore the part's concerns. The part may need to spend more time with the client's Self to feel safe, it may need to know that the therapist isn't judging, or another part may be interfering. Novice IFS therapists can miss common signs of interference. These include the client—or the therapist—suddenly getting sleepy, changing the

subject, losing the image, expressing impatience with the pace of therapy, or expressing extreme views.

This behavior in the client could signal a protector steering clear of an exile, but it could be in response to a blended part of the therapist. Since our parts could be driving the problem, we check ourselves first. If we find that one of our parts has created a problem, we tell the client. If he has been aware of our part, he feels validated. But even if he hasn't noticed our activated part he is likely to feel relieved that we are willing to be responsible for our parts and pleased that we are being honest. Clients feel reassured when we are transparent and take responsibility for our parts. On the other hand, if our own parts did not interfere, we ask the client to find the part who is engaging in the problematic behavior and invite it to be direct about its concerns and needs. For protectors who have survived by indirection and do not expect to have their views solicited much less respected, this invitation is novel.

Befriending Managers

Befriending involves listening, validating, and honoring the target part. As with all other steps, protectors set the pace and success depends as much on the therapist's level of Self-energy as the client's. Continuing with the example of Dakota, here is an illustration of how we ask these questions.

THERAPIST: What does the witch say?
DAKOTA: She wanted to scare me into being a good girl so my father wouldn't get mad at me anymore.
THERAPIST: Does that make sense to you?
DAKOTA: Jeez. This is sad! All those years of her being so mean to me. She thought it was the right thing to do.
THERAPIST: What do you say to her?
DAKOTA: I'm giving her a hug. What a lousy job.
THERAPIST: How does she respond?
DAKOTA: She's wiping her eyes.
THERAPIST: Does she know you're grown-up now?
DAKOTA: I'm telling her that I'm not that kid anymore. I'm 32 years old. I won't let anyone speak to me that way again.
THERAPIST: What needs to happen?

DAKOTA: She's taking the witch costume off. Since she doesn't want anyone to take it seriously, she's donating it to Goodwill for Halloween.
THERAPIST: What would she like to do now?
DAKOTA: She wants to help out if I ever need to stand up to bullies.

Befriending managers may not work as quickly as this illustration implies, but it is always a powerful move. And because managers will admit to being tired, it is often easier to befriend them than to befriend firefighters. Once Dakota's Self is being kind, the witch confesses that she would rather protect against bullying than be a bully.

EXPLORING FEARS

After the client's Self has befriended the target part, the client (using insight) can start asking questions (see Box 10.2). We suggest asking a series of questions about protectors' fears, which revolve around discovering constraints that keep the part in an extreme role. We also suggest asking what kind of role the part would prefer. These questions can be used with all protectors, including impulsive, indulgent firefighters and critical, judgmental, striving, perfectionistic managers:

BOX 10.2. Nondirective Questions to Assess Whether the Client's Self Is Present to Take Over

❏ What do you say in response to that?
❏ What needs to happen now?

- Why are you saying or doing this [extreme behavior]?
- What do you really want for [the client's name]?
- What are you afraid would happen if you stopped doing or saying this?
- If [client's name] were able to keep [the feared consequence named by the part] from happening so you could quit this job and do anything you wanted to do, what would that be?
- Would you like us to help you get into that new role?

The following dialogue is an illustration of how we ask these questions.

THERAPIST: This part is very critical of you.
SOL: He thinks I make too many mistakes.
THERAPIST: Do you agree?
SOL: Hmmm. His concern seems a little extreme.
THERAPIST: Ask what he's afraid would happen if he stopped criticizing you.

[This clarifying question is key. When we are finally able to ask a protective part about its fears, we learn about either an exile or a polarized protector. When it points to an exile, we follow the down arrow as illustrated below (And then what would happen? … and then what?) until the client names the exile (No one would love me), at which point we can offer to help the exile.]

SOL: People won't like me.

[This part's fear points toward the exile who felt rejected.]

THERAPIST: Who won't like you?
SOL: He says my father and older brother.
THERAPIST: Does that make sense to you?
SOL: Kind of. My older brother was the ideal in my family.
THERAPIST: Ask the critic if it would need to keep doing this job if you could heal the part who felt like he was less than your brother?
SOL: It says *no*.
THERAPIST: So if this part didn't have to criticize you anymore, what would it rather do?
SOL: Hmmm. He likes to draw.
THERAPIST: Is it okay with him if you help the one who felt less than your brother now?

[The therapist gets the part's permission before moving forward.]

Note that by inquiring about a protector's fears, the therapist aims to get permission for the client's Self to help the exile it protects, who has been identified during their chat. In this case, the therapist feeds Sol questions for the critic. The more determined the protector, the more the therapist may help out for a while by feeding the client questions. But in general we should be directive for as brief a time as possible. Instead of telling a client what to do or say, as we go along we can test whether the client's Self is

ready to take over by asking nondirective questions like, *What do you say in response to that?* and *What needs to happen now?* Once differentiated, the client's Self knows how to deal with the whole system, and the client tells us what the Self is doing rather than asking us what to do.

Hypothetical Questions and Assertions

Notice in the example of interviewing Sol's protector about his fears that the therapist sticks to three strategies: (1) observing and reassuring (see [Box 10.3](#)), (2) asking clarifying questions, and (3) asking hypothetical questions (see [Box 10.4](#)). Whereas all questions aim to help parts unblend, the hypothetical questions dispense with disagreements and arguments. Therefore, the hypothetical question is our magic formula. With a hypothetical question (*If the part were healed, what would it like to do?*) we can introduce new optimistic possibilities while also validating a part's fears and justifiable pessimism: *Of course, we wouldn't want Sol to feel "less than" again, but if he felt safe, would you need to do this job?* The hypothetical question jumps over the controversial concern about whether the exile can be healed—which the critic undoubtedly believes is impossible—and goes straight to the happy ending. We don't ask the part to endorse this happy ending, or even to say it's possible; we simply ask whether a happy ending would be good. In our experience parts only say *no* to this question if we've missed some hidden danger that we need to know about in any case. Most often the part endorses the happy ending as a good outcome but adds that it's not possible. Then we assert that it is, indeed, possible and we can prove it if the part gives us the chance. Our job is to make this new experiment (the client's Self being present with the exile) seem low cost enough that protectors are willing to try it, even though they are deeply skeptical that it will work.

BOX 10.3. Statements to Reassure Protectors

❑ We are not trying to take anything away from you.
❑ You are the boss.
❑ If you don't like the outcome, you can go right back to doing what you do so well.
❑ You are a valued part of [the client's name] and you will always be part of the client, and if this works, you will be free to do something you'd rather do.

Additionally, when we use hypothetical questions we never need to argue. If a protector disagrees that something good could happen, which is likely, we just validate its pessimism: *I understand why you would feel that way given your experience*. We serve as the "hope merchant" by asserting our more optimistic perspective, but we don't ask the client's parts to share our optimism. We make an offer, not a display of force. Our offer is to show the part how this process works safely. We ask, *If it costs you nothing to find out, would you be willing to let us show you how this better outcome could be achieved?* We invite, *You can watch, and if it seems too scary, you can interrupt and we'll stop to address your concern.* And we assert, *If what I'm saying doesn't prove true, you can go right back to your job. No one is taking anything away from you. You are the boss.* Protectors who fear ceding control may be slow to take this offer, and protectors who fear the devastation of disappointment may need to spend quite a bit of time with the therapist's Self through direct access before being willing to meet the client's Self or reveal an exile. But a hypothetical no-cost happy ending is powerfully persuasive over time, and eventually most protectors take the offer.

Manager Fears

People often come to therapy either at the urging of an inner manager or under pressure from an external manager like a parent, spouse, employer, inpatient unit, or court. If the client is blended with either an exile or a firefighter at this time, he is likely to have been mandated or referred in

crisis. But if he brings himself in for help, a manager likely made that decision. Do not, however, mistake the initiative of one manager for internal agreement among protective parts about being in therapy. Other managers or firefighters are certainly in the wings with their own concerns and if we don't invite them to speak up, they can block progress.

Managers are driven by fears, many of which are not valid now but were at some point in the client's life. When we understand their fears we are more likely to win their cooperation. Once we address their fears and they are satisfied that cooperating with this new project is safe, managers will let the Self access exiles and will even help rather than resist. Following is a list of common manager fears, also summarized in Box 10.5 (on p. 146). Although not every manager will endorse all of them, most will endorse more than one.

BOX 10.5. Common Manager Fears

1. **Firefighters are dangerous.** Managers need confidence that dangerous firefighters will not deploy as the client's Self approaches the exile.
2. **Exiles overwhelm.** When the Self is emotionally overwhelmed because an exile blends, it is like a cloud covering the sun. The Self is merely hidden, not damaged. Nevertheless, when the Self is hidden, other parts have no way of accessing the Self's leadership and are only aware of the exile's distress. Therefore, managers need to be reassured that the exile can control its level of blending and the Self will show up.
3. **This will be too much for you (the therapist).** Managers need to believe that the therapist is not fragile and will be able to handle the exile's vulnerability without recoiling in disgust, abandoning the client, or becoming disrespectful and punitive.
4. **The therapist will disappear when the client's Self shows up.** Managers need to know that having access to the inner resources of the Self is not a setup for relational abandonment and a future in which the client has to forgo external support in favor of self-sufficiency.
5. **This isn't safe.** Managers need to feel confident that the Self will protect the exile and keep the system safe if the people around the client have dangerous parts.
6. **Something bad could happen.** Managers need to feel confident that the Self can handle punishing consequences like being shunned by family or threatened with violence if an exile exposes secrets or gives up on hopeless attachments.
7. **I will be eliminated.** Managers need to feel confident that they will not be discarded or eliminated when they are no longer needed in extreme roles.
8. **Exiles are their burdens.** Managers need to understand that the exile is not its burdens and that it will transform once released from the constraints of burdens.
9. **Unblending will reveal that [the client's name] is empty and has no Self.** Managers need a new perspective on the client's sense of emptiness, which they take literally. Viewed as the communication of an exiled part, the sense of

emptiness is actually a compelling portrait of insecure attachment. The client who feels empty is full of the child's experience of absence.
10. **I will be judged for the damage I have done.** Managers and firefighters need compassion from the client's Self and reassurance that it will mediate if other parts (or people) are angry or judgmental.
11. **Change will destabilize the system and evoke grief.** Managers often need to problem-solve external threats, as well as explore the pros and cons of the exile feeling better and the client having access to a full range of feelings.

Firefighters Are Dangerous

We ask about the risk of rage, suicide, bingeing, and the like before we even try to make contact with an exile. The firefighters who orbit around exiles can be dangerous. If the client gets close to an exile, firefighters can deploy. Some managers are vigilant on this score; others try to deny that firefighters even exist. If a manager denies danger but the client's history says otherwise, we check directly with those firefighters we are aware of. Because internal systems can be very delicately balanced, we need their permission to approach exiles.

Exiles Overwhelm

The fears of protectors motivate much of the behavior that gets clients in trouble and brings them to therapy. The number-one fear of both managers and firefighters is that the client will be overwhelmed by the negative feelings and beliefs of exiles. The fear of emotional overwhelm motivates managers to inhibit and firefighters to distract, often through disinhibition. Many methods of therapy include emotion regulation skills training, as mentioned previously, to help clients regulate their feelings and forestall impulsivity. In IFS, however, we preempt extreme reactivity by asking the exile not to overwhelm the client with its feelings. The fact that an exile can decide not to overwhelm can save a lot of time and energy for the client. Asking, of course, does not guarantee that the exile will cooperate. But if it trusts the client's (and therapist's) Self, it will usually agree. When an exile does not trust the client's Self, its relationship with the Self must be repaired before we can expect cooperation.

Sometimes an exile is angry because the Self has not been available and the part was forced to look to other people, the majority of whom also failed

to help or were actively harmful. But if the Self validates this anger and apologizes the part will soon feel better and accept help. As the rapprochement between the Self and the exile proceeds, managers who have concerns can get nervous and intervene. Most of the time we ask them to step back, but if they persist we listen and address their concerns before returning to the exile. In IFS "resistance" is a manager putting on the brakes. We are, after all, stepping into the delicate inner ecology of a traumatized individual who has good reason not to trust. When we respect and heed managers, and when they believe we know how to move forward safely, they help rather than resist.

It Will Be Too Much for You (the Therapist)

Many clients have a history of being hurt or abandoned by families, peers, or previous therapists when their exiles were exposed, and their protectors fear the same treatment from us. They believe that revealing an exile will destroy the therapeutic relationship, and if the therapist isn't comfortable with his own exiles, this fear is realistic. When our managers get in the driver's seat—or are poised to do so—after a client has exposed an exile, we put our clients at risk. Instead of being the safe, warm, caring people we were when the client risked being vulnerable, we can quickly transform (without conscious intent) into cold, impatient, or distracted people, confirming the client's sense of worthlessness and kicking her protective system into high gear. All this speaks to the importance of therapists staying in close relationship with their parts and maintaining Self-leadership. Therapists who cannot take care of their own exiles should not work with clients' exiles. Once the gates are open and the client has access to her exiles, we have tremendous responsibility. Our clients can ill afford to be rejected, abandoned, or punished by our protectors. We should not open that door until we can commit to being available—no matter what.

In this regard, the opaque therapist, the fearful therapist, and the angry therapist are a particular problem for the client's managers. Being opaque in the role of therapist raises the stakes for managers, especially if negative experiences from the past loom large. Many managers need to feel that the therapist cares about the client and is not just doing a job, but many therapists have been trained to remain opaque out of concern that expressing care directly will promote unrealistic fantasies or inappropriate

enactments in the therapeutic relationship. This unfortunate combination can manufacture a standoff, reinforcing managerial distrust and prolonging therapy. So if you care about a client, we recommend looking for ways to reassure her that you care, including by saying so.

The second concern of the wary manager is the fearful therapist. Many managers, especially those who have experienced trauma, do not trust whole categories of human beings: adults, men, women, anyone who looks or acts differently, etc. This is as true for therapists as for clients. Meanwhile, therapy is a business of relationships. We cannot be frightened of our clients and be in relationship. If our managers spring to the barricades when the client's protectors are manipulative, destructive, or belligerent, then we are not available. In particular, when the client is coming on strong, that special class of manager, the *therapist part* (so called because it is reasonable, rational, well educated, helpful, and easily confused with the Self) may be tempted to try to steer the session into safer waters. Additionally, when a client seems aggressively "needy," it behooves us to appreciate that his requests for direct expressions of care and concern are made on behalf of young parts whose caretaking fantasies about the therapist are expressions of valid, unmet needs. These parts do not need to be controlled, contained, or condescended to; they need to be understood and held in relationship. Meanwhile, our therapist parts do not need to be empowered—they too need to be in relationship—but with our Selves, not with the client's parts. Part-to-part interactions between client and therapist rarely go well.

The third concern, the angry therapist, is equally fraught. The therapist whose firefighters activate in response to challenging clients can pull rank and do all kinds of damage. A firefighter-driven therapist can be bossy, cold, dismissive, contemptuous, punitive, intrusive, seductive, or in denial about danger. A client who is subjected to a therapist's firefighter will be traumatized and set back by the experience. Being in good relationship with our firefighters is a moral imperative for those of us who step into the role of therapist. The IFS model reminds us that everyone has a Self along with other, less hostile parts, and our role is first to do no harm, and second to facilitate the client's Self in providing for her needs.

This Isn't Safe

Bringing exiles into a dangerous environment is unwise and unethical. When a client is unsafe, her managers will resist IFS therapy out of concern that proceeding would expose too much vulnerability. If a client lives with an abusive spouse or family member, we focus on accessing the client's Self —or, at the least, her mature managers—to change that environment. In addition, as the client becomes stronger and less dependent, people who are close to her, even if they are not dangerous or abusive, may respond in extreme ways. For these reasons, we assess the client's external context before (and during) internal work with vulnerable parts, and facilitate change as needed. If possible, family members can be invited to come in and help their parts, as we illustrate in [Chapter 14](#) on family therapy.

Something Bad Could Happen

Some managers spend years smoothing over or minimizing any hint of wrongdoing on the part of a caretaker. We call these parts *parent protectors*. To comfort exiles who feel unlovable and doomed, these managers are vigilant about warding off the idea that the abuser never loved the client. Managers can also step on the brakes when an angry part wants to confront, reveal, or cut off a person to whom an exile is attached, or someone on whom the client still depends. The IFS model can help managers with all these concerns.

First, once exiles trust the client's Self, they will let go of their dependence on hurtful others. We aim for the client's Self to become the primary attachment figure for all parts. Second, the client needs to know that her healing is not contingent on whether, when, or how she confronts an abuser. That decision should be entirely up to her. Too many clients are encouraged to confront a perpetrator prematurely, well before their internal systems are ready to handle the person's reaction. As a result, they are vulnerable to being emotionally re-abused by denial or counterattack.

Although confronting an abuser is not a condition for healing, the client may want to do so. If this were the case, we would advise taking as much time as he needs to prepare internally, so that his Self remains in the lead and his parts feel safe no matter how the interaction goes. Although this approach is empowering for most clients, some will have parts (usually very young) who associate self-care with abandonment. These young parts will have experienced profound neglect and will be longing for rescue.

They can remain stubbornly focused on getting love from others and may refuse to even meet the Self for a long time. We validate their needs and their experience and we explore the fears of the protectors who surround them, coaxing them all into noticing the Self with reassurances that self-care is a prerequisite but not a replacement for being in safe, loving relationships.

I Will Be Eliminated

Many protective parts believe they are nothing more than the roles they fill for the internal system. They have been in their extreme roles for so long and have been so preoccupied with their work that they are not aware of their other talents and desires. In addition, other parts in the system may be eager to eliminate them if their behavior has been oppressive or destructive. As a result, they often fear that they will cease to exist once the exile no longer needs their protection. Our job (that is, the job of the client's Self and the therapist) is to persuade protectors that we appreciate their sacrifices and value them regardless of their role. We ask what they would prefer to do in the future. If they don't know, we assure them that resting is a good idea and that a new, valued role will always be an option. It is remarkable how often the protector's preferred role turns out to be the opposite of its former role. For example, the critic wants to become a cheerleader, the one who made you hide now wants to help you get out in the world with people, and so forth.

Exiles Are Their Burdens

Most protectors believe that the exile is nothing more than their burden. If an exile is young, which is often the case, its views will match its age, including the either–or (*Either I'm good or I'm bad*) and self-referential (*If it happened, I am responsible*) thinking that is characteristic of children. Trying to correct those beliefs cognitively is rarely persuasive with young exiles, but when the Self gets close and extends love, they open up to alternative views.

The Client Has No Self

Managers can insist for long periods of time that the client has no Self. Tempting as it may be to argue, it is most effective to use direct access with parts like this and be curious about what they believe is at stake. What is the worst thing that could happen if the Self did show up? Often they fear they will no longer be needed. Sometimes, however, managers are interpreting a pervasive, insistent sense of inner emptiness as proof that the client has no Self. We can help by pointing out that the adult who feels empty is full of the child's experience of absence, and that parental neglect seems to produce a particularly intense and fraught sense of ongoing vacancy, deadness, or cold in infant parts. This burden, which tells a relational truth and an old story, is a compelling portrait of insecure attachment, but it does not mean the exile is empty, quite the contrary.

The Therapist will Disappear If the Client's Self Shows Up

Parentified young managers have experienced more than their share of relational abandonment. Some will long for external love and support whereas others veer in the direction of caution, advocating self-sufficiency. The parts who long for more connection often hear our invitation to form a primary relationship with the Self as a prelude to the end of therapy (the therapist will declare success and end therapy), acceptance of permanent isolation, and hope extinguished. At the same time, the parts who oppose the idea of more connection hear our proposal (*Have a relationship with the Self*) as a setup for yet more abandonment. They, too, question our intent when we suggest meeting the Self. Faced with these understandable fears on both sides of the fence, patience is particularly persuasive.

I Will Be Judged for the Damage I Have Done

Firefighters are not the only ones who cause damage. Harsh, rigid, and chronically (often globally) critical managers exact a high price in the client's life. Sometimes the client's Self needs to oversee a kind of internal truth and reconciliation process between injured parts, who need their experience acknowledged, and the parts who have behaved injuriously, who need the opportunity to apologize and renounce their harsh roles. Repairs with external others may also be needed. For this, nothing is more

important than the Self, whose courage, clarity, and open heart are essential both in the perpetrator's apology and the injured party's response.

Change Will Destabilize the System and Evoke Grief

Protectors fear grief as a never-ending sadness and portal to depression. As a result, they often go to great lengths to block, numb, and avoid grief. When the protective system lets go of this stance and the Self is there to witness the exile, grief is very likely to be part of the healing process. When parts finally have access to the Self, they grieve because stability and safety allow them to finally feel their losses. As we go along in therapy we therefore need to reassure managers that grief is nature's way of healing and we are all hardwired to grieve productively (Scott, 2016).

CONCLUSION

After we *find* and *flesh out* a target part, preferably a manager, we make sure that the client's Self is available (*feel toward*) and then we facilitate the bond between the target part and the client's Self (*befriend*) so we can learn about its motives (*fears*). Once the client has a relationship with the target part and we know what drives its behavior, we make two essential offers: (1) We can address the part's problem, which is the imperative to protect an exile and (2) we can provide credible help for that exile in the form of the Self. Once a protector has met the client's Self, even if it is loath to trust the Self without further bona fides, it can see that something different is being offered, something that might help solve the actual problem (exiled vulnerability) rather than trying to stop the part from doing its job. When protectors trust that we understand the validity of their concerns and the method in their madness they are usually willing to risk trying something new.

CHAPTER 11

Changing Protector Polarizations

So far, we have described how we use in-sight to help individual parts. We help exiles to be in relationship with the Self so they feel better, and we help protectors to see this healing effect and take on new roles. Nevertheless, some of our most important work involves changing the relationships between parts. In our experience, every client has polarized parts who maintain each other's extremes. On a continuum, parts in less polarized systems tend to be more cooperative and less in need of individual attention whereas highly polarized systems with warring parts require considerably more attention.

BURDENS BEGET POLARIZATIONS

When an event knocks a system off-balance, its members will try to restore balance, often by opposing each other. Parents become enemies, siblings become rivals, and parts who share the same overarching goal of warding off emotional pain often choose opposite strategies. Then each part fears backing down because the other will win. Paul Watzlawick and his colleagues (1974) used a nautical metaphor to describe these polarizations:

> Two sailors [are] hanging out of either side of a sailboat in order to steady it: the more the one leans overboard, the more the other has to compensate for the instability created by other's attempts at stabilizing the boat, while the boat itself would be quite steady if not for their acrobatic efforts at steadying it. (p. 36)

When we apply this metaphor to the inner system, we can say that both sailors have left their preferred role for one that is so rigid, limited, and extreme it threatens to capsize the boat. As the sailors oppose each other,

each must remain extreme to counter the behavior of the other, and each can move only in relation to how the other moves. The irony of their position is that both wish for safe, smooth sailing, but agreement seems out of reach because they do not trust each other. They need a third party to help them get off the rails—a captain (the Self) whose authority both recognize. Once released from the constraints of their conflict, each sailor can move about the boat freely and play a valuable role, trusting the captain to steer a course that is safe and mutually beneficial.

Quinn's Polarities

Let's pursue this analogy with Quinn, the young woman from my ill-fated study on bulimia. Although Quinn moved out of her parents' home and was dating, she had many polarized parts. One voice, for example, continually pushed her to work, both at her job and at home. If Quinn sat still this striving part would call her *lazy* and remind her of many things that needed to be done. I guided Quinn to ask the striver what it was afraid would happen if it stopped running her to the point of exhaustion. The part replied that Quinn would get depressed and stay in bed. And, indeed, Quinn reported feeling depressed when she paused, which in turn caused her to stay in her apartment for days on end, withdrawing from work and friends entirely. "It's like the depression catches me when I slow down," she said.

After noticing the relationship between overwork and depression, Quinn interviewed her depressed part, who complained that the striver was domineering. As a result, it said, it had to seize any opening to bring Quinn to a grinding halt and hold her down. As soon as it let go, the striver would reclaim her, obliterating all sad thoughts and feelings with excessive busyness. Thus, each part feared the influence of the other, and both were deadlocked in extremity. Neither could deescalate unless both were sure the other would follow suit.

Lacking the systemic awareness we are describing here, Quinn's other therapist offered a commonsense prescription that inadvertently sided with Quinn's depressed part: "Instead of running yourself ragged, try slowing down." In response, her striving part worked harder. When family, friends, and therapists don't understand the polarized nature of inner conflict, they often make the mistake of siding with the part who seems to them to make the most sense. Just like individuals who are negotiating in a family, or

countries that are negotiating internationally, many parts cannot and will not change unilaterally, and they also will not trust someone who sides against them. By understanding the relational context of extreme parts, we lay the groundwork for effective intervention.

Rapid Escalation in Polarizations

In a polarization even small differences can escalate quickly. The more Quinn excluded her depressed part, the more it pushed the sense of depression and hopelessness; the more depressed that part got, the more the striver strove to exile it, and so on. This ubiquitous feedback loop is central to systems thinking. We can help parts depolarize by introducing them to each other and letting them hear their false assumptions about each other, emphasizing that neither intends harm and both aim to solve the same underlying problem. In this case, the depressed part was a 6-year-old who protected a lonely, scared 5-year-old. The depressed part was trying to get Quinn's attention for the 5-year-old by pinning her down, while the striver was trying to keep Quinn away from the lonely fears of the 5-year-old and also the depression.

When Quinn introduced the striver and the depressed part to each other, they softened. But before they could leave their jobs they needed to know that Quinn's Self was taking care of the 5-year-old. Once the 5-year-old could get the attention, influence, and resources that the young Quinn needed, the sad part and the striver would be able to relax. In IFS therapy balance and harmony are intricately linked objectives, with balance producing the necessary conditions for harmony. Fortunately, the Self is a capable captain. Once the depressed part (an exiled protector) and the 5-year-old (an exile) separated enough to get Quinn's attention, they crawled into her lap to rest and cuddle. Their relational resurrection brought a new level of contentment and energy to Quinn's life. Seeing this, the striver stopped pushing and shifted to setting reasonable goals and helping strategize to achieve them.

For the IFS therapist, the client's internal and external worlds comprise one large system that operates according to the same principles and is responsive to the same therapeutic techniques. For example, Quinn's internal family reflected the values and structure of her external family. As her parents became independent of her, Quinn's Self helped her system to

develop better inner boundaries and took care of the parts who feared losing her parents. Change at one level does not necessarily produce parallel change at other levels, but it does shake things up across system levels and create an opportunity for productive change. When the client's external situation is unsafe to begin with, however, we recommend caution. Change that moves across system levels can put this client in danger, so keep an eye out and address external safety issues throughout the therapy. If the client is safe, we can go to whichever system level she chooses, knowing that we can shift levels as needed.

Burdens Resulting from Trauma

Family dynamics and bias are not alone in creating burdens. When people get rejected, neglected, abandoned, shocked, scared, or abused (physically, sexually, or emotionally), their injured parts are quickly sequestered and their inner systems polarize. We can testify that numerous traumatized clients have taught IFS practitioners about the kinds of burdening, imbalance, and polarization that typically result from trauma. When a human system—be it individual, family, community, or country—suffers a threat or an overwhelming trauma, it organizes to protect its leadership and its most vulnerable members. For example, if one country threatens another, the threatened country will move its leaders to a safe place. At the same time, civilians will be sent to shelters, and the military will take over. If the leader stays calm, providing a sense of strength and comfort while the crisis is resolved, the public's trust in the leader is likely to increase. In contrast, the leader who is not able to prevent devastating losses will lose credibility, and the military will likely stay in power.

    Internal families operate the same way. Let's consider an inner family that includes members of various ages and degrees of vulnerability. In the face of danger, the family moves the Self as well as the system's most vulnerable parts to safety while protective parts step forward. Traumatized clients have taught us that before or during trauma the inner family separates the Self from the sensations of the body to varying degrees (depending on how severe they judge the danger to be)—sometimes pushing it out of the body altogether—and some of the older members take control to protect the system with fight-or-flight responses: lashing out or

escaping while more vulnerable parts freeze. These front-line protectors aim to minimize sensations of terror and pain for the system and the Self.

Despite these efforts, the youngest, most vulnerable members of the inner family are powerfully affected by traumatic events. They feel injury, abandonment, and betrayal acutely. When the stimulus is intense enough, vulnerable parts freeze in time and experience a kind of endless Groundhog Day repetition of the trauma, complete with all of its sensations and feelings. By contrast, if the Self can stay embodied and offer immediate assistance, the system's trust in Self-leadership increases, building inner strength and opposing tendencies to polarize, all of which helps injured parts avoid being exiled and instead stay in the stream of time.

Although Self-leadership throughout a crisis is ideal, the Self cannot always lead during trauma. If the victim is an infant or child, much depends on the reactions of those around her. For example, when a child is returned to safety, comforted, loved, and helped to understand and accept what happened, her Self will also stay available, and will respond to hurt parts inside with love, comfort, and acceptance. In the best-case scenario, the child's experience is validated, and injured parts unburden spontaneously. If, however, the Self is impotent to protect the system and cannot help traumatized parts after the fact, the inner family will lose trust and become overprotective of both the Self and injured parts. In this case, protectors will come to dominate the inner system just as parentified children dominate dysfunctional families, leaving the client with little or no access to her Self.

Nevertheless, it is a fundamental error to conclude that such a person has no Self. The IFS maxim that all people have a Self that cannot be damaged invites us to stay curious and present with all manner of collapse in our clients. Even when the Self is separated from the body, we can be confident that the resources of the Self exist. If this concept is difficult for the reader, it may help to think of ancient responses to a solar eclipse: When the moon obscured the sun, people feared that the sun was gone forever. Likewise, with the Self in eclipse after trauma, we fear that the sun is gone. It feels as if we are psychically homeless and disconnected from life, as if our spirit is missing, or we have actually died and are now just going through the motions of living. In IFS therapy, we aim to end the eclipse.

PROTECTORS GET POLARIZED

Managers suppress exiled feelings while firefighters distract from them. These two classes of protectors often polarize over how to keep the client safe and make life tolerable. When we notice a polarity, we talk to the parts involved to find out how they activate each other. And we ask what they fear would happen if they stopped quarreling so we could address the underlying problem, which boils down to a legacy burden or the emotional suffering of an exile. Polarized parts can be stubborn. Box 11.1 lists some of what motivates polarized parts to dig in and what helps them to deescalate.

BOX 11.1. Why Protectors Polarize and How to De-Escalate Them

WHY PROTECTORS POLARIZE

❏ Polarized protectors share a common problem—the vulnerability of the exile—but are in conflict over how best to handle it.
❏ A manager who becomes extreme in one direction generates another manager or a firefighter who is extreme in another direction.

HOW WE HELP PROTECTORS DE-ESCALATE

1. Polarized protectors are more likely to cooperate and de-escalate when we include both sides and favor neither.
2. We ask these parts to meet each other, appreciate what they have in common, and try trusting the Self to take care of the exile they protect.
3. If they agree, we introduce them to the third party—the client's Self—who can solve their problem.
4. Even after meeting the Self, intensely polarized protectors often need to de-escalate simultaneously because they will not risk deescalating unilaterally (Krause et al., 2016).
5. Sometimes it is better for the Self to establish a trusting relationship with each part before bringing them together.

Following is an example of negotiating with polarized protectors. Charlotte is 38 years old and works long hours at a big tech company. She has come to therapy because she feels depressed.

THERAPIST: Where do you notice the depression?
CHARLOTTE: I have a crowded head.

THERAPIST: How do you feel toward your crowded head?
CHARLOTTE: Tired.
THERAPIST: Is it okay to be curious about it?
CHARLOTTE: I'll tell you what it is. I have no life because I work too much.
THERAPIST: You have no life?

CHARLOTTE: Well, actually the problem isn't work. It's watching Netflix till 2:00 A.M.!
THERAPIST: Sounds like you're of two minds about what the problem is.
CHARLOTTE: It's really that I'm working from 7:00 A.M. till 10:00 P.M.
THERAPIST: I see what you mean about a crowded head.
[The therapist recognizes a polarization.]
CHARLOTTE: I admit I should leave earlier, but sometimes I just can't. If I got more sleep, working late on occasion wouldn't be a problem.
THERAPIST: So one part of you is okay with long work hours, but wants you to get more sleep and not watch TV. Is that right?
[The therapist names the parts in the polarization.]
CHARLOTTE: I can't stand working this way anymore. I'm exhausted. I hate it.
THERAPIST: That's the part who does not like long work hours.
CHARLOTTE: I should just cancel cable. Then I'd have no choice about going to sleep when I get home.
THERAPIST: That's the other part. Do you notice these two parts, Charlotte?
[Rather than letting the parts continue to argue, the therapist addresses Charlotte to see if she has enough space to observe them.]
CHARLOTTE: I guess so.
THERAPIST: How do you feel toward them?
CHARLOTTE: I am curious about this fight in my head!
[Sounds like enough Self to proceed.]
THERAPIST: Ask the one who watches TV at night what would happen if it stopped?
CHARLOTTE: I'd never get a break.
THERAPIST: Okay. Now ask the one who wants you to keep working this hard what would happen if it stopped pushing you?
CHARLOTTE: I'd never get ahead.
THERAPIST: And then what?
CHARLOTTE: I'd be a failure.

THERAPIST: And then what?

[The therapist tracks the sequence of beliefs that motivates the hardworking part, which will eventually reveal the exile.]

CHARLOTTE: I'd be worthless!

THERAPIST: So this one is protecting you from a part who feels worthless?

[The therapist does not try to reassure the client about feeling worthless, which is a burden. To address burdens, the client's Self must have a relationship with the exile, which will come later.]

CHARLOTTE: I guess I do sometimes.

THERAPIST: If we could help the part who feels worthless, would you need to work this hard?

[Now the therapist tracks back from the exile to the extreme behaviors of the client's protectors.]

CHARLOTTE: Probably not.

THERAPIST: And if you didn't work this hard would you watch TV late into the night?

CHARLOTTE: I'm sure I wouldn't.

THERAPIST: So would these two parts let you help the one who feels worthless?

[The therapist requests permission to help the exile.]

CHARLOTTE: How am I supposed to do that?

THERAPIST: If no one objects I'll show you.

CHARLOTTE: I'm hearing *okay*.

THERAPIST: So where do you notice the worthless feeling in or around your body?

CHARLOTTE: It's a tiny speck far away in the middle of my body.

THERAPIST: How do you feel toward it?

CHARLOTTE: I want it to stay there—far away.

THERAPIST: Who said that?

CHARLOTTE: I think that was the hardworking part.

THERAPIST: Was it?

CHARLOTTE: Yes.

THERAPIST: Does the hardworking part see you?

[Rather than trying to convince the hardworking part of the benefits of allowing the client's Self to help the exile, the therapist focuses on introducing the hardworking part to the Self.]

CHARLOTTE: No.

THERAPIST: Would it like to see you?
CHARLOTTE: Okay.
THERAPIST: How does it respond?
CHARLOTTE: It's surprised.
THERAPIST: Would it be willing to trust you?
CHARLOTTE: Maybe.
THERAPIST: We only need it to trust you far enough to try something new.
[The therapist accepts the hardworking part's caution and is persistent.]
CHARLOTTE: Okay.
THERAPIST: So go back to noticing that speck. How do you feel toward it now?
CHARLOTTE: I feel kind, I guess. I want to help.
THERAPIST: Let it know.
CHARLOTTE: It's getting bigger.
THERAPIST: Is that all right?
CHARLOTTE: Yes. It's like a bean now. Or maybe an embryo!
THERAPIST: What does it need from you?
[The therapist directs the part toward relationship with the Self.]
CHARLOTTE: Protection.
THERAPIST: So what needs to happen?
[The therapist facilitates the client's Self in taking the lead.]
CHARLOTTE: I'm putting it in a globe of golden light. It likes that.
THERAPIST: Shall we come back to it next week?
CHARLOTTE: Yes.

Charlotte has a part who works too many hours and a part who responds by zoning out in front of the TV late into the night. Since the excesses of the hardworking part initiate this cycle, the therapist asks about its fears. In response, the client names the exile's burden: the belief that it is worthless and the feeling of worthlessness. Once the exile's burden has been named, the therapist offers to help. Note that the therapist did not talk to the hardworking part about the drawbacks of being excessive, and did not admonish the TV-watching part because the therapist assumed that they would both dismiss all collateral damage as a necessary evil, preferable to Charlotte's being overwhelmed with exiled feelings. So the therapist offered to solve the problem of exiled feelings.

Once the client signs on for helping the exile, the table is set for witnessing and unburdening, though by the next week Charlotte's protectors may have thought better of allowing things to move so quickly—in which case they will throw up roadblocks and the therapy will slow down for awhile. As this example illustrates, polarized protectors are invariably motivated by something internal (a fear of feelings) that may be quite obscure to others. When the client addresses this underlying motive, however, they pay attention and eventually (though not always this quickly) cooperate.

Inner Triangles Produce Vicious Cycles

As we've illustrated, protectors polarize around how to cope best with the raw pain of exiles. Their patterned behaviors settle into vicious cycles that escalate over time, pushing all three categories of parts involved into ever-greater extremity. For example, suppose Suzanna has an exile who believes she is unlovable (a shaming belief). In response, one of her firefighters leads her to bars to binge drink. And in response to that behavior a manager berates her constantly for being weak and indulgent, shaming her for what she's doing to her body and her family, and urging her to exert some willpower to stop. Her family and her therapist also try to shame her into stopping. Unfortunately all this inner and outer shaming makes her burdened exile feel even more desperate, which has the effect of encouraging the firefighter to take her out drinking, and so on (for more on this cycle in drug and alcohol addiction, see Cece Sykes's chapter, "An IFS Lens on Addiction: Compassion for Extreme Parts," in the book *Innovations and Elaborations in Internal Family Systems Therapy* [2016]). Since our culture sets great stock in willpower, most of our addiction problems are locked into some version of this vicious cycle.

PROTECTOR–EXILE RELATIONSHIPS VERSUS PROTECTOR–PROTECTOR POLARITIES

Extreme protector behaviors denote extreme exile despair, pain, terror, and shame. That is, the extremity of the protector is commensurate with the vulnerability of the exile. The way in which the exile's feelings instigate

fierce, bifurcated tactics on the part of protectors illustrates the natural tendency of any system to try to stay balanced. Since every extreme tactic is potentially unbalancing, protectors try to counterbalance each other. For example, a workaholic part (a manager) and an alcoholic part (a firefighter) maintain balance, though only at the cost of escalation. Managers can polarize with each other, too. For example, one manager from early childhood might focus on being a good, compliant child, while an older manager is focused on getting ahead financially, which requires more assertion and less compliance. The increasingly unhappy results of extremely polarized behaviors are basically a side effect of a battle for control. The escalating tactics of polarized protectors are like two kinds of medicine that work quickly but interfere with each other, necessitating ever-higher doses, which endanger the patient.

When protectors are highly critical of each other, or of the exiles they protect, it can be hard to differentiate between a protector polarity and a protector–exile relationship. Nevertheless, these relationships call for different therapeutic tactics, so being mindful of the difference is useful. When we are dealing with a protector polarity, we have a trio of parts (one of who, the exile, is often hidden) and we go through a two-step process. The first step is to ask the two warring protectors to stand down. Once they agree (which can take time) we ask them to let the client's Self access the exile. On the other hand, when we are dealing with just one protector and an exile, we have a dyad and a one-step process in which we ask the protector to relax back so the exile can move forward and meet the Self. If we mistake the exile for a polarized protector and ask it to relax back (as we would a protector) expecting to find an exile underneath, we run the risk of giving the actual exile the message that it is not wanted. This mistake can cause a puzzling escalation of symptoms while slowing the therapy down. For these reasons it is important to differentiate protector polarities from protector–exile relationships. We can do so easily with a simple, revealing question: *Who do you protect?* If the part says *No one,* it is an exile.

DISARMING A POLARIZATION: THE CONFERENCE TABLE TECHNIQUE

We disarm polarizations by promoting direct communication between polarized parts (see [Box 11.2](#)). Although polarized parts are aware of each other and vie to influence the client, they may never have interacted directly, and they rarely comprehend that they protect the same part. As long as they are isolated from each other, their prejudices are confirmed by mutually extreme behaviors. But when they finally meet, they often resolve long-standing conflicts and develop a new relationship quickly.

BOX 11.2. Helping Stubbornly Polarized Parts

❏ We can help the client's Self orchestrate a simultaneous unblending.
❏ We can suggest that each part be given the opportunity to do more individual work.
❏ We can have polarized parts meet repeatedly until they have heard enough to be less extreme in each other's presence.
❏ We are persistent; we keep these parts engaged.
❏ We convey the expectation that they will find a way forward if they listen to each other.

We therefore aim to help parts hear and see each other realistically. Using a technique called the *conference table,* which was developed 20 or so years ago by Michi Rose, my (RS) early collaborator in the development of IFS, we invite all of the parts who are involved with the problem under examination to sit down at a table with the client's Self, which will act as their referee and keep the conversation respectful. Once everyone involved comes to (or near) the table, we guide the client's Self to preface the dialogue between parts with a statement something like this, *I know you both want something good for everyone inside—but you differ about how to make that happen. I can help, but first I want you to listen to each other.* Or, *Your battles are self-defeating because you share the same goals, though you have different methods. I doubt you're aware of this. I promise that we can resolve the underlying problem—all that pain and vulnerability—in a way that will satisfy both of you. So let's start by hearing from each of you.* The Self can also preface the meeting with information about each part's true nature, serving as the hope merchant for this small subsystem and explaining how much better things would be for them if they understood each other. In many cases polarized parts can then talk with minimal input from the Self.

However, if one or both parts are recalcitrant and will not discuss the issues in good faith, the Self should insist on them at least being respectful and listening to each other. Sometimes these efforts do not bear fruit immediately and nothing gets resolved in a single session. We may suggest that each part be given the opportunity to do more individual work, or that the parts meet with each other repeatedly until they have heard enough to be less extreme in each other's presence. Whichever tactic seems most suitable to the pair, the idea is to be persistent, keep the parts engaged, and convey the expectation that listening to each other will ultimately help. During this conversation, the therapist is in the copilot seat, suggesting questions like those that follow, and focusing on making sure that the client's Self remains differentiated.

- Who has been taking the most leadership?
- Who has been helping whom?
- Who is in conflict with whom?
- Who is most upset?
- What does everyone think needs to happen today?

If the group reports that one part remains extreme and needs a new role, the Self can interview that part, asking group members for help in maintaining the negotiated change. If the problem is a disagreement between two parts, the Self can ask those two to face each other and talk while the rest of the group watches. When a part needs help, the Self explores what kind of help and asks for volunteers. If the client faces a problem, the Self invites the group to devise a plan to address the problem. If the client faces an important decision, the Self convenes the group and asks parts to consider the pros and cons of the options favored by various parts. After listening, the Self makes the final decision and asks parts who did not "win" what they might need.

After these conversations, dramatic reversals in conflicted inner relationships are not uncommon. For example, I (RS) have witnessed a manager who despised a young part reverse its behavior completely, choosing to become a role model and mentor for this child. To monitor how parts are reacting and uncover any developing polarities as the group proceeds, the Self can also ask these questions:

- Who is upset by this discussion?
- Who might be inclined to interfere with this decision?
- Who wants to follow through with this decision?
- How would you all prefer to relate to each other going forward?

As this description illustrates, IFS therapy with polarities can run the gamut from individual to dyadic, triadic, or inner group (which is to say family) therapy. As we resolve polarities, our overarching goal is to reorganize inner relationships in general so that parts trust and help one another. When we assist and support an internal family in this way, the group often takes over and functions on its own, sometimes without the Self even being aware. I have seen the Self call a meeting only to find that the parts involved had already handled that problem and moved on to other issues. In my experience, most changes happen within the group, apart from the Self. This kind of inner group process is a great benefit to clients since it brings all of their resources to bear on problems as soon as they arise. In other words, the client can foster a well-functioning inner group that pools resources, debates decisions, and trusts its leadership much as happens in healthy external systems.

CONCLUSION

Protectors get into conflict all the time. The more traumatized an inner system, the more polarities are likely to have developed. Protector polarizations are ubiquitous and flag the existence of exiles. Our job is not to decide who is right in any given polarity, but to find out what would happen if they stopped doing their jobs—a question that reveals the exile. Once we find the exile, the client's Self can offer to solve that problem (that is, to meet the exile's needs). And once the exile is healed we can expect polarizations to melt like ice in the sun.

CHAPTER 12

Unburdening Exiles

WITNESSING THE EXILE'S EXPERIENCE

Once the exile feels sufficiently connected to the client's Self it will often begin to show the client experiences that were in some way traumatic. If this does not occur spontaneously, we invite the part to do so by asking, "What does this part want you to know, feel, or sense about what happened when it experienced these feelings and picked up these beliefs?" The memories that arise, which can range from a single episode of shaming, betrayal, or terror to chronic abuse, exploitation, and neglect, may surprise the client. Other people may have dismissed the events as irrelevant, not really so bad, or a sign of the child being too sensitive, and protectors may have minimized the memory or pushed it out of mind entirely. Whatever content the exile shows to the client's Self, it will have been alarming and painful for the child. By witnessing the experience compassionately, without judgment, the Self disconfirms whatever burdensome beliefs (*I am unlovable*) the child developed as a result of the experience.

While compassion (validation, caring about, and wanting to help) is the main healing ingredient of the witnessing process, some parts also need a sizable helping of empathy. With empathy, the client feels what the part felt emotionally and physically. An exile's need for empathy (or *feeling felt* by someone else) can be challenging for managers. Anxious managers who interrupt when the exile starts to share its feelings with the Self may need more reassurance that the exile will not overwhelm.

If an exile is stuck in a traumatic moment in the past, we offer to rescript the past in what we call a *do-over,* as mentioned previously. Here the client's Self (and the therapist too, if the part wants) comes into the past and

does for the exile whatever it needed someone to do at the time: for example, restrain an adult, speak up to others, hold the part, or whatever else the part might request. Sometimes an exile will ask for something violent to happen to a perpetrator (*Kill him!*), which makes other parts nervous. But we have learned that following the exile's wishes leads to a good outcome. After this kind of emotionally corrective rescripting of traumatic moments, the client's experience of the past seems to change. Although she does not forget what happened, her needs have been validated and the emotional valence of her memory is different. As a result, the exile is able to leave the past and the client stops compulsively seeing and thinking about it or avoiding it. When rescripting is complete and the exile is ready to leave that time and place, we move to the next step, called *retrieval*, in which the Self brings the exile up to the present, or, if it prefers, to a fantasy place.

STUMBLING BLOCKS

Although the process of witnessing, rescripting, and retrieving exiles often goes smoothly, in the beginning protectors may object to the concept of going back into the past to retrieve an exile—and they may have an even stronger response to the idea of altering events in the past. Perhaps this is because our culture is divided on the topic of how to relate to the past. The tactic of *undoing* in various guises (e.g., *If only I had … I should have … Why didn't I … Why didn't you … It's not possible … I can't believe … I can't accept …*) is so common that we would be hard pressed to find people who do not engage in it—generally without being aware that they are avoiding grief. At the same time, we have listened to many clients declare, with an air of despair or weary defeat, *We can't change the past!*

From the perspective of IFS, the notion of an unchangeable past conflates historical fact with memory. Facts are written in stone, and memory involves the interpretations and views of parts. Parts who have gotten stuck in time are trapped in a repeating loop that reinforces burdensome beliefs (*I'm weak, I'm unlovable*). Since protectors can't alter this, they vacillate between burnt-out acceptance and crazy avoidance. The view from IFS reveals a better option. Just as parts are not their burdens, they are not creatures of the past. We need not shun or deny a part's

experience to get relief from its suffering. Instead, we can help it feel better and leave the past.

THE FATE OF DENIERS

Although we offer a better way, inner deniers can be persistent. As long as exiles exist, denial will be a prominent weapon in the arsenal of protectors. And, like dissociation, denial is treacherous. It imprisons the internal system in fantasy, generates ever greater panic among parts who want their stories to be heard, and relentlessly erodes the individual's external social fabric. Though deniers are would-be wizards who wish to conjure pain away, they inevitably fail. And they also invariably polarize with other protectors who are clearer about the costs of denial. Some of these other parts worry that offering to help change the past is a sneaky way of denying what really happened. Here we can point out that the Self witnesses *what actually did happen* before offering to help the exile assert *what should have happened*. In fact, our process in IFS is the opposite of denial. The Self accepts an exile's reality by witnessing its story—a process of connecting and giving love—then the Self offers the exile the chance to rescript its experience and assert what was deserved at the time. In this way, rescripting changes the client's currently lived experience of the past.

AFTER RETRIEVAL, UNBURDENING

Once an exile comes to the present, the Self asks if it still carries burdens. In IFS we use the word *carry* with purpose. Though burdens can embed so thoroughly they seem to the client to be in the body's DNA, they are parasitic. If the exile does still have burdens, we ask where it carries them in or on its body (parts have their own bodies). You will be amazed at how parts can tell you exactly what the burden is and where it is located. For example, the part might say, *I have this fireball in my gut,* or *I have slime on my skin,* or *It's a backpack full of rocks*. Then the Self asks the part if it is ready to let go of its burdens.

If no part objects to letting go of burdens, we can move on to sending the burdens out of the client's system. Keep in mind that everything

surrounding the process of unburdening is negotiable. For example, if a part is not ready to send a burden out of the system, it can put the burden in a lidded box and store it with the option of bringing it back anytime. In our experience, parts often want to store burdens in this way when witnessing occurs over the span of more than one session. Once they have removed their burdens from the body and stored them, they may still need more witnessing before being ready to let them go. Parts can also choose to unburden partially, sending burdens out of the body or out of storage by percentages as the content of the burden is witnessed.

Our main goal with unburdening is to help the part get those burdens off (or out of) its body so it can feel lighter and more connected with the Self. Eventually the part will decide when and how it wants to release its burdens. And if a part takes a burden back, there is invariably a compelling reason, which calls for exploration, as we discuss below. Occasionally an exile will report that it has already unburdened spontaneously (Geib, 2017), and sometimes an exile will know just how it wants to let its burdens go. Generally, though, the idea of unburdening is novel for exiles and they like a bit of help, so we suggest letting burdens go to one of the elements: light, earth, air, water, or fire.

In whatever way it occurs, the unburdening finishes the process that began with witnessing. As if a curse has been lifted, the unburdened exile feels transformed and healed. In our view, this transformation is possible because the part felt validated during witnessing (*de-shamed,* in essence), released from constraints, and loved by a wise, kind caretaker. Like a graduation ceremony, unburdening is a change in itself while also being a symbol of the growth that occurred as the Self befriended protectors and witnessed the exile.

LETTING GO OF A LEGACY BURDEN IN CONTRAST TO A PERSONAL BURDEN

When protective parts realize that legacy burdens were inherited and do not reference the client's personal experience, they often want to let them go immediately. As we discuss elsewhere, reluctance to let go of a legacy burden usually points toward loyalty to others in the family, sometimes to the person or people who have behaved the worst. When this loyalty

emerges, we explore and address it as we would any trailhead. The main difference between a legacy burden and a personal burden is that parts who carry legacy burdens did not experience the trauma that the burden references. As a result, there are no exiles to be witnessed or retrieved, though the parts who have carried the legacy burden may want this kind of help.

Inviting Qualities and Gifts

Burdens take up a lot of space in the body as well as blocking gifts and displacing valuable qualities. Therefore, after an unburdening we guide parts to invite whatever gifts and qualities they want or need to come back into the body. Without any prompting as to what these might be, parts often speak of qualities that make them feel full, solid, and alive as well as qualities that make them less vulnerable to being burdened again in the future, such as love, courage, playfulness, and compassion.

Integrating and Adjusting

After an exile has been healed, we ask the client to invite all of its protectors to come see it now. Protectors are usually relieved and happy. But since they too can be frozen in the past and carry burdens, they can get worried about being discarded now that they are no longer needed in their role. If so, we reassure them once again that they are also valuable and loved, and we invite them to contemplate new roles in the system. In order to let go of their jobs and transform fully, some may need their own sessions. This important integration completes the unburdening process; Box 12.1 summarizes it.

BOX 12.1. The Unburdening Process

1. **Witnessing:** The client's Self witnesses whatever the exile wants the Self to know about its experience. The client may or may not want to share this with the therapist. Either way is fine.
2. **Do-Over:** If the exile wants help in the past, the client's Self enters the scene with the exile and does or says whatever the exile needed someone to do at the time to rescript the experience.
3. **Retrieval:** The Self takes the exile out of the past and brings it to the present, or to somewhere safe.

---

4. **Unburdening:** The exile decides how it wants to let go of burdens (sensations; chronic, extreme feeling states; toxic beliefs) and then proceeds to let go of them.
5. **Invitation:** The exile invites in new qualities that it wants for the future.
6. **Integration:** The client's Self invites protectors to notice that the exile has unburdened and feels healed, then asks if they are ready to find new jobs and helps with this if they need help.

POSTUNBURDENING FOLLOW-UP

The period following an unburdening is crucial. Many parts are nervous about this big change, including the retrieved exile. The system needs time to adjust. Therefore, checking in with the retrieved part and reassuring protectors on a daily basis (almost like a meditation) is extremely important. Through trial and error we've found that the exile usually trusts the Self and feels firmly connected with it after 3 weeks to a month. It's not unusual for nervous protectors to cause clients to forget this homework, so in the next session we ask if the client is remembering to check in and see how the exile is doing, and if the burden is still gone.

UNBURDENING GLITCHES

Burdens can return after an unburdening. Generally, they do so for one of these reasons:

1. The part did not feel fully witnessed.
2. The part felt abandoned by the Self in the days following the unburdening (usually because the client didn't check in).
3. Protectors were threatened by the unburdening and brought the burden back.
4. Other parts may carry the same burden and need an opportunity to be witnessed and unburdened, too.
5. Something scary happened shortly after the unburdening, causing the part to return to what felt familiar by taking the burden back. Or other parts attributed that scary event to the unburdening and brought the burden back.

6. A legacy burden remains, absorbed from one or more ancestors. Continue working with the part until the burden that came from others is fully witnessed from Self and released.

If a burden has returned we explore what happened. Protectors often fear a returning burden means that the client really is damaged. Once we have addressed all concerns (which can take more than one session), we unburden the exile again, and again keep checking to be sure it sticks.

CORRELATES TO UNBURDENING IN NEUROSCIENCE

Our colleague Frank Anderson (2013) has pioneered using IFS in psychopharmacology. In the manual on IFS that we coauthored with Frank, he speculated that the IFS steps of witnessing and unburdening may correlate with a process neuroscientists call *memory reconsolidation,* a form of neuroplasticity described by Ecker, Ticic, Hulley, and Neimeyer (2012) that "changes existing emotional memory at the synaptic level" (Anderson et al., 2017, p. 127). In contrast to memory reconsolidation, a therapy like cognitive behavioral therapy (CBT) uses counteractive change strategies, which focus on developing new neural networks to counter older neural networks. As described in the manual, memory reconsolidation includes four phases. The first involves getting *access* to the traumatic memory. In IFS this would be finding, focusing, and fleshing out the target part. The second phase involves *reactivation* or destabilizing the emotional memory network and unlocking it at the synaptic level. In IFS this would be unblending, in which parts make room for the client's Self. The third phase involves the *mismatch,* which is "a full disconfirmation of the meaning of the target memory" (Anderson et al., 2017, p. 127). In IFS this would occur during the process of witnessing and retrieving exiled parts. Finally, the fourth phase, *erasure,* involves clients making use of a new perspective to amend their understanding of the traumatic experience. In IFS this would happen when exiles let go of their burdens because the Self has a validating, nontraumatic perspective on the meaning of the part's experience: *You're not bad—a bad thing happened to you.*

SONIA AND THE RESPONSIBLE TODDLER

Sonia was a 33-year-old single woman and a lesbian. She was the only child of a woman who had a severe sexual abuse history and who had often been suicidal during Sonia's childhood. Sonia's mother had moved them peripatetically around the western United States, sometimes working as a waitress, sometimes unemployed, leaving them in dire poverty. Sonia's father, a war veteran with a trauma history and a heroin habit, disappeared when she was a 3 years old, but reappeared periodically until she was 8, at which point he "washed his hands of us" and disappeared for good. Sonia's escape from all this was school. She was very bright and formed good relationships with teachers. In addition, she had a beloved maternal aunt (her namesake) who lived with her and her mother periodically and was attentive and fun, though she drank heavily.

When her aunt died of liver cirrhosis, Sonia, who was 15 years old, promptly developed a binge-drinking habit. At the time of the following session, Sonia was 4 years sober, having substituted what she called "disordered use of exercise and sex" for drinking. She had been in IFS therapy for 2 of those 4 sober years, and had not yet experienced an unburdening.

THERAPIST: Do you remember how we ended last week? We were talking to the planning part, the 8-year-old who told you not to dwell on the past. When you asked why, she said, *It's too much. I don't want to.*

SONIA: I didn't think about it.

THERAPIST: Is it okay to think about it now?

SONIA: Yeah.

THERAPIST: Is she with you?

SONIA: (*smiles*) She *is* me. She says things are okay the way they are now. She likes that I exercise a lot and haven't been prowling around for sex.

THERAPIST: Okay. I wouldn't want us to do anything that was too much for you, either, so I'm glad she spoke up. What if we could make sure that going back to the past wasn't too much? That way everyone inside could get relief and no one would have to be so extreme.

[This invitation is key in IFS: We can help the exile not to overwhelm you.]

SONIA: She doesn't believe that's possible.

THERAPIST: I know, and making sure that it's not too much won't be her responsibility.

SONIA: She thinks you're crazy.

THERAPIST: Is she willing to keep talking to me even though she thinks I'm crazy?

SONIA: Sure.

THERAPIST: How old does she think you are?

SONIA: Sixteen.

This interaction is typical of negotiations with dominant young managers. They fear emotional overwhelm if the exile is noticed, they are not aware of the client's Self, and they polarize with other protectors. In this case, Sonia's 8-year-old Self-like manager was polarized with a disinhibited 16-year-old, and both were protecting a 3-year-old exile. Although the imagery in Sonia's inner world might seem wildly cartoonish and hard to believe, it is not uncommon.

THERAPIST: Would the 8-year-old be willing to look you in the eye to find out if you can help with the danger of being emotionally overwhelmed by the 3-year-old?

[Eye contact is an efficient way to help a part make solid contact with the client's Self.]

SONIA: She sees me.

THERAPIST: How does she respond?

[To explore who "me" is, the therapist checks on the part's response.]

SONIA: She's telling me that she's concerned about some other parts.

THERAPIST: Can we help them?

SONIA: Yes, that's okay.

THERAPIST: Can you see them?

SONIA: Yes. They're a bunch of stick figures waving their arms around in the air. They say if we go back to my childhood they won't know what to do.

THERAPIST: Do they need to do anything?

SONIA: They seem to think so.

THERAPIST: How do you feel toward them?

[The therapist wants these parts to spend time with Sonia's Self so they, too, can relax.]

SONIA: I'm sorry. They're panicking.

THERAPIST: Do they see or feel you?

SONIA: A little.

THERAPIST: What's getting in the way of their noticing you more fully?

SONIA: They don't have time. No. There's something they don't want you to see…. Oh! They feel hated … that *I'm* hated. They are scared to show this to anyone else. They're afraid you'll judge me and leave.

THERAPIST: What do they need right now?

SONIA: Someone is telling them to stop sniveling and shut up.

THERAPIST: Would that part be willing to let you handle this?

SONIA: Reluctantly. Okay it just needed to say that.

THERAPIST: Great. How do you feel toward these panicked parts now?

SONIA: Compassionate.

THERAPIST: What do they need from you?

SONIA: I'm telling them I'm going to help the part who was hated.

THERAPIST: Does anyone object?

SONIA: They would be relieved if I could do that.

THERAPIST: Okay. Find the one who felt hated.

SONIA: I'm seeing the 3-year-old.

THERAPIST: Does she see you?

SONIA: Oops! A little devil guy just jumped up. He's waving his pitchfork around. He says no deal without justice.

THERAPIST: Do you understand?

SONIA: I think he's afraid if he releases that hated part to me, there will be no justice. No one will ever care what happened to her and no one will pay.

THERAPIST: What do you say?

SONIA: He's got a point.

THERAPIST: He wants justice?

[Although the therapist could ask the devil guy to unblend, she doubts he would. So she checks in with him instead.]

SONIA: Yes.

THERAPIST: Would he be willing to make a deal to benefit all of you?

SONIA: He's leaning on his pitchfork.

THERAPIST: If he lets you help the hated part, then you two could sit down together and go over everything relevant about justice thoroughly, from every angle. That way he would get your full attention and he could put his full attention on the problem of justice, because neither of you would have to worry about this 3-year-old.

SONIA: Okay. He put up a hammock.

THERAPIST: Great. So ask if you can help the hated part now.

SONIA: I see the 3-year-old again.

THERAPIST: How do you feel toward her?

SONIA: I want to help.

THERAPIST: How does she respond?

SONIA: She's looking away.

THERAPIST: Would she be willing to notice you?

SONIA: She thinks she's too unappealing to be seen—or someone is.

[Here the part moves to witnessing—or showing her experience to Sonia's Self—the first step of the unburdening process.]

THERAPIST: Does she want you to know more about that?

[The therapist encourages her to keep going.]

SONIA: She says no one likes an ugly child.

THERAPIST: How do you feel toward her?

[If a part is self-denigrating, we focus on its relationship to the Self, which will automatically disconfirm negative self-judgments.]

SONIA: I love her. She's not ugly.

THERAPIST: Can she feel your love?

[We want to be sure the exile feels the connection with the Self.]

SONIA: Maybe I'm too far away.

THERAPIST: Is it okay to go closer?

SONIA: Ah! Now she's crawling into my lap. But she can't look at me.

THERAPIST: What needs to happen?

[The therapist defers to Sonia's Self.]

SONIA: She wants me to get this: *No one loves her. She's nobody.*

THERAPIST: Who is she talking about?

SONIA: She's got this baby doll in her lap. She keeps it upside down and says she has to hit it when it complains.

THERAPIST: What needs to happen?

SONIA: She's afraid it will make noise if she doesn't hit it. I'm taking the baby doll.

THERAPIST: What needs to happen, Sonia?

SONIA: She can't leave the baby, but she thinks it's the baby's fault that no one loves her.

[The 3-year-old reveals her dilemma: She protects a baby whom she also blames for the mother's neglect.]

THERAPIST: Do you get that?

SONIA: I do. I'm asking her to let me help them both. But she's afraid I'm not big enough.

THERAPIST: In her eyes how big are you?

SONIA: She's in my lap. I'm putting her down and standing up so she can see that I'm big and I can protect them.

THERAPIST: Tell her that you can get them out of the past when they're ready.

[The therapist adds this because she wants the exile to understand the endgame. Parts who are stuck in the past are often completely unaware of the possibility of leaving.]

SONIA: She likes that. She wants to show me a few things.

THERAPIST: Okay. Let me know when you understand.

[The therapist is silent for a few minutes while Sonia, eyes closed, witnesses the experiences of the baby and the toddler.]

SONIA: Okay.

THERAPIST: Does she need your help?

SONIA: Now she's worried about her mom and aunt Sonia.

THERAPIST: Who should take care of them?

SONIA: She wants me to do it … so I am.

[Here Sonia's Self engages in a do-over, or a rescripting of the past.]

THERAPIST: How's it going?

SONIA: She and the baby are ready to come with me now.

THERAPIST: Okay. Bring them up to the present…. How are they?

[This is a retrieval.]

SONIA: Good.

THERAPIST: Are they ready to let go of their burdens?

SONIA: Yes.

THERAPIST: Together or separately?

SONIA: Together.

THERAPIST: They could give them up to light, earth, air, water, or fire—or do it some other way.

[This would be the unburdening.]

SONIA: She says no one loves a baby who stinks. So she's going to stick a pin in the baby's belly button to let the stink out.

THERAPIST: Is that okay with the baby?

SONIA: Yes. And then she's going to light the stink on fire along with all their other burdens.

THERAPIST: Let me know when that's done.

SONIA: Okay.

THERAPIST: How do they feel now?

SONIA: The baby's belly is flat! She looks very happy. I'm holding her. And the 3-year-old is running around.

THERAPIST: What do they want to invite in now that their burdens are gone?

SONIA: Play! The 3-year-old wants to play. The baby wants to be held. I'll just do that.

THERAPIST: Is it okay with them if we check with other parts now?

[This is the beginning of integrating the exile's transformation with the rest of the system.]

SONIA: Yes. The 8-year-old says, *That was good! Let's see what else you can do.*

THERAPIST: And if you can take care of everyone, what would the 8-year-old rather do?

SONIA: She's not ready to give up her job, but she's willing to see what I can do.

THERAPIST: And if she were ready to give up her job?

[The therapist persists with this important question.]

SONIA: She wants to ride her bike.

THERAPIST: If she wants she could give it a spin right now without giving up her job.

SONIA: She likes that idea.

THERAPIST: Good. Now let's check with all those other parts who have been working so hard to distract you in various ways.

SONIA: I see a bleacher with a lot of blinking eyes. They're going to see what I can do, too.

THERAPIST: What do you say to them?

SONIA: Please watch me.

THERAPIST: Anything else we should pay attention to before we stop today?

SONIA: What if I get mad again?

[Since the hour is up, the therapist finishes the session with direct access, speaking directly to this concerned part, rather than using in-sight.]

THERAPIST: What if you do?

SONIA: Would I be bad?

THERAPIST: Would you be?

SONIA: No. It's okay to get mad.

[Sonia's Self returns.]
THERAPIST: I agree.

Sonia's Self-like 8-year-old manager had helped her succeed in school and work. And when Sonia wasn't at work, a slew of firefighters would distract from her emotional pain, pinch-hitting for each other. After Sonia found the 3-year-old exiled protector who felt responsible for the hated baby (the exile), along with some stick figures who did not want the therapist to see the baby, Sonia's Self was able to go back into the past, intervene, bring the toddler and baby to the present, and help them unburden, which took pressure off the 8-year-old.

CONCLUSION

Legacy burdens differ from personal burdens in a few ways, as we've mentioned previously: They do not reference direct personal experience, they are usually carried by protectors rather than exiles, and the client's system may be willing to release a legacy burden without any witnessing. If a protector resists letting go of a legacy burden, the sticking point is usually loyalty to other family members. When this problem arises, the client's Self may want to explain how things have changed over the years. Once protectors are willing to send the legacy burden out of the system, the Self can invite all of the protectors involved to choose preferred roles so they, too, can transform.

In contrast, personal burdens are carried by exiles, and they usually do want the Self to witness their traumatic experience and help them rescript it. During this process the client's Self validates and loves the exile. Once it feels lovable it will let its burdens go and transform into … itself. Unburdened exiles discover that they are not their burdens and that they don't belong in the past; rather, they are alive in the present and fully sufficient.

CHAPTER 13

Doing Inner Work Safely

Every IFS therapist gets stuck. Getting stuck is (1) integral to the experience of being any kind of therapist and (2) unavoidable when we engage in a paradigm shift. Therapists who are learning IFS will retreat on occasion—or even often—to approaches and techniques that feel comfortable, which is appropriate. Learning is a process. We strongly recommend trying IFS out personally in therapy, arranging for participation in an ongoing peer supervision group, and getting formal training in the model (which is largely experiential) through the IFS Institute. I (RS) got stuck all the time as I developed IFS. At some point I was feeling so lost and desperate that I resorted to asking the client if she had any idea about what to do next, and her parts gave me the perfect next step. Clients' systems have the wisdom to heal, and they taught me this model, so don't be afraid to consult with them regarding next steps.

APPROACHING AN EXILE SAFELY

As managers grant the Self more access to exiled parts, firefighter behaviors may increase. Although firefighters can be dangerous, the danger derives from context. Firefighters are activated, and the danger of serious harm goes up, when external or internal managers deny, shame, or coerce the firefighter. Therefore, when firefighters react, we get curious. If we are compassionate and persistent, they will usually disclose their concerns and the pain of the part they protect. Once shaming managers calm down and have met the Self, they are generally willing to negotiate. Above all, firefighters fear hope but need to feel hopeful. If the therapist's or client's Self offers a firefighter credible hope, not only of healing the exile but also

of liberating it from its role, it generally calms down. Like managers, firefighters mainly need to trust that we offer a viable alternative to what they do. But until the exiled pain that sets them off is relieved, most firefighters will not change roles. Therefore, as we approach an exile the request we make of firefighters is coupled with a promise: *We can release that pain and we're getting closer to the time when that will happen. But we'll get there sooner if you're willing to turn down the intensity and be less triggering for other parts* (i.e., for exiles and managers).

Our goal for interactions between the Self and a firefighter, who tends to be impulsive, or a manager, who tends to be critical or smothering, differs from the interaction we want between the Self and the exile, who needs to feel safer and more connected. While we want protectors to feel safe and connected too, we also want to free them to shift to new, valuable roles in the internal system. Following is an example of a client's Self negotiating a shift for her main manager.

THERAPIST: Will the old lady in white give you permission to help the part she protects?
STEPHANIE: Yes. She's a little girl.
THERAPIST: How do you feel toward the little girl?
[The therapist checks to see if any parts are blended with Stephanie's Self.]
STEPHANIE: She looks lonely. I'd like to cheer her up!
[The therapist isn't sure if this is a part, but senses through her voice and facial expression that Stephanie has enough Self-energy to continue.]
THERAPIST: Ask her if you can come closer. If she agrees, see how close you can go without feeling overwhelmed.
[During the long pause that follows, the therapist waits patiently.]
STEPHANIE: She was afraid of me at first and wouldn't answer. So I finally just said, *I'm here to take care of you,* and sat down nearby. And then she got into my lap.

At this point, Stephanie's Self was clearly in the lead and knew what to do. Note that the therapist guided Stephanie to get permission from the old lady before approaching the little girl. In IFS we address the needs of all the parts in a relational network because parts cannot change in isolation. The old lady had spent years criticizing the little girl to improve her and make her less vulnerable. Her criticisms, of course, had the opposite effect of

making the little girl feel worse about herself and more vulnerable. In turn, as the little girl felt worse, the old lady stepped up the criticisms in an effort to protect her. The client's Self intervenes in this negative cycle, which is extremely common between managers and exiles, by offering the exile care and love.

GOING TOO FAST

To ensure that the client unblends from extreme parts before leaving the office, the therapist should end any period of either direct access or in-sight by asking to talk to the client's Self. Occasionally, a part in a highly polarized system will not relinquish control and refuses to let the Self (or, at the least, a competent manager) return. A part who refuses to unblend at the end of a session may be enraged or may just want to get out of the office as quickly as possible. As well, it may be a formerly exiled part who fears being exiled again. It isn't necessarily dangerous for a client to leave a session blended with an extreme part. If possible, however, the therapist should ask the part why it wants to remain in control and discuss the validity of its reasons. In any case, it's better for the client to leave with a part in charge than to get into a power struggle. Trying to coerce a blended part into relinquishing control is rarely effective.

When a protector takes over and won't unblend, we apologize for upsetting it (if that's appropriate) and promise to consult with it in the future. If an exile won't unblend, we promise that therapy is designed to guarantee its release from banishment as soon as possible, which will be sooner if it's willing to separate from the client, even just a little, so the Self can gain purchase. When we convey our awareness of the part's fears or pain as well as respect for its needs, we demonstrate Self-leadership. When the part listens to reassurance, even if it remains extreme and in control, it is likely to give the therapist another chance. Keep in mind that some parts are only willing to reveal their true feelings after demonstrating that they can take total control. Also, keep in mind that many exiles fear unblending even slightly because they believe it will make room for protectors to lock them up again.

If the therapist's relationship with the client's system is tenuous or if the therapist has been blended with extreme parts who provoked the client's

extreme parts, then the client will be at risk of feeling hopeless and betrayed, which can lead to severe consequences. Clients' parts who have a history of being self-destructive may threaten or hint at such behaviors in response to a crisis. Firefighters use costly behaviors (e.g., bulimia, self-cutting, drug or alcohol abuse, extreme sexual behavior, stealing, suicide) to distract and avoid pain. If the therapist can maintain perspective about such behavior and appreciate the firefighter's intent, the client will be less afraid of these parts as well. If the therapist believes that reactive parts were blended with him during the session, he should try (with his Self in the lead) to contact the client as soon as possible and apologize.

From the IFS perspective, extreme behaviors are attempts at self-preservation rather than self-destruction. At the same time, consequences include negative physical effects, managers' shaming of the client for being out of control, and firefighters distracting further with extreme behaviors—any of which will serve to escalate inner tensions. We do not ignore or minimize dangerous behaviors; we view them instead as trailheads, as opportunities to relieve pressure by locating polarities and exiles. This does not preclude the need to keep the client safe through hospitalization. But hospitalizing goes better when presented to firefighters as a respite that aims to buy more time so that the client's Self can demonstrate a better way of handling emotional pain.

WHERE IFS THERAPISTS COMMONLY GET STUCK

Therapist Insecurity

Insecurity is one of the biggest problems beginners face. It's hard to have confidence when you haven't seen or experienced IFS therapy, which presents a countercultural view of the mind. Clients' protectors relax in response to the therapist's confidence and, conversely, feel wary when therapists lack confidence. Clients will not (and should not) open the door to their inner worlds for anyone who is not sure of what they're doing. As we recommended earlier, the best option when you feel skeptical is to try it out personally. You can find an IFS therapist in the directory on the website *www.IFS-institute.com*, and you can read our skills training manual for therapists (Anderson et al., 2017).

In IFS even experienced therapists get stuck regularly because the internal world is unpredictable and full of surprises. Frequent flashes of startling creativity, along with many other inspiring moments, makes IFS therapy highly engaging for everyone involved. At the same time, the unpredictable nature of the process can be challenging for the inexperienced, especially for therapists who need to be in control or be the expert. When we are stuck but can still hold Self-energy, we feel freer to ask for help from the client's Self, and this usually shakes things loose. Faith in Self-energy is probably the single most important quality IFS teachers and supervisors bring to beginners. It is also one of the hardest lessons to learn if we begin with the belief that clients need us to give them what they lack.

Just as experience cultivates faith, it also nurtures flexibility. The steps we lay out in this book are intended to be guidelines not rules. In IFS we aim to enter the client's inner system without prejudice or agenda, leading when necessary but mostly following. We aim to be very ecologically sensitive. In our experience, our clients' protectors relax and we gain their respect (the only self-reinforcing form of authority) as we demonstrate flexibility and cede control. Once we are welcome in clients' inner systems, we have the privilege of accompanying them on captivating explorations. Our only caveat regarding staying flexible is that clients' fearful protectors can lead us on wild goose chases. If we sense that a session has become unmoored, we check with the client's Self, and, if our intuition is correct, we focus on the protector in question, reassuring it that we will not proceed without permission and inviting it to be more direct about its concerns.

Although therapy with severely injured, polarized clients can be delicate, it is equally true that a strong connection between the Self of the client and the Self of the therapist enables the therapist to recover from mistakes, even when those mistakes produce an extreme reaction. Generally, mistakes become dangerous due to fearful protectors in the therapist. Staying connected to the client through a relational crisis strengthens the therapeutic relationship. In this sense, to borrow a phrase from Franklin D. Roosevelt, the only thing a therapist needs to fear is fear itself. For example, a Self-led therapist who activates an exile prematurely can calm the client's parts by listening and apologizing. But if a fearful or defensive part takes over in the therapist, the client will feel abandoned, and his protectors will escalate.

Our point is that IFS is quite safe if practiced with ecological sensitivity, but escalations involving parts of the therapist and client can create danger. Collectively, we have made many, many mistakes, so we recommend working with any of your parts who fear mistakes. When the therapist remains the "I" of the storm, the fear that fuels escalation inside and out drops dramatically and mistakes become opportunities for apology and repair, which most clients receive with a feeling of gratitude and relief. For many clients, it will be the first time they have experienced an apology.

Therapist Responsibility in IFS

Many beginners in IFS, especially those who have been taught that the therapist is responsible for change, are afraid to trust the client's Self. Furthermore, many therapists work too hard trying to provide whatever clients presumably lack, whether that is insight and good interpretations or a good-enough attachment figure. Hard work denotes parts at the helm. When we strive and have an agenda we inadvertently stimulate power struggles with our clients' protective parts, which are often then labeled as negative transference or resistance. In the language of IFS, a therapist who evokes negative transference is leading with expert or caretaking therapist parts, exposing the client's exiles too quickly, and disregarding feedback from the client's managers, who particularly do not like to be told how to think, feel, or behave.

As a result, expert therapist parts encounter much more resistance than therapists who trust their clients' Selves. A daily practice of being curious, trusting, and exerting less effort (*doing* less) delivers us to the wellspring of health in our clients and is highly rewarding. Once of the first things I (RS) check before starting a session is, *Do I have a strong agenda or urgency?* and as the session progresses, *Am I trying too hard?* My Self may have an intention to help clients heal, but it isn't attached to outcomes.

To counter the common tendency of therapists to strive, we encourage beginners to move consciously and swiftly from authoritative to inquisitive language. When we act the expert in IFS therapy, we undermine our main therapeutic goal, which is for our clients' parts to learn to trust and look to the client's Self. As soon as the client's Self is available, the therapist's role is simply to help all parts differentiate and notice when parts blend. If you

ask your clients what is going on, you will be amazed by how much they know.

Detecting Parts

Some examples of client behaviors that indicate a protector is blended include when the client seems confused; says she cannot be curious or doesn't know how to relate to a part; reports that she can no longer see her parts; begins intellectualizing about her problems or her inner experience; or launches into lengthy, detailed discussions about the past week. Sometimes issues arise that really do require immediate attention, but often protective parts are running interference in subtle ways. Protectors can sound reasonable and be convincing even on topics that are extreme or distracting. This is not to cast aspersions on their behavior. They are simply good at their jobs.

A beginning IFS therapist is at risk of taking the bait and either believing the distracting part or getting recruited to take a side in a polarity and arguing with another part about its behavior. Taking sides is guaranteed to cause a problem. In contrast, an experienced IFS therapist has a highly developed *parts detector*. By attending to cues such as tone of voice, posture, and extremes in content, the experienced IFS therapist senses when protectors are blended and the Self is not in the lead. If we suspect that lack of progress stems from the subtle interference of a protector, we ask the client's Self to check inside. Once a protector has been detected, we can invite the client's Self to interact with it via in-sight, or we can talk to it directly.

As beginner IFS therapists gain experience and are persistent in using IFS, they learn not to argue with protective parts. A protector's level of activity is commensurate with its assessment of risk and fear of upsetting the status quo, abysmal though that may be. Arguing with fearful protectors only makes them more extreme, just like arguing with a person who takes an extreme position. When a protector is trying to distract or otherwise cover for other parts, we ignore its extreme or superfluous statements in favor of asking about its needs: Why does it need to interfere just now? If the part won't say why, we can speculate out loud about the two most common protector fears: emotional overwhelm by exiles and protector job

loss. One of these usually hits the mark. If not, the conversation itself is likely to prime the part to open up about its real concerns.

Probably the most common phenomenon that baffles beginners is the "Self-like" part, a manager who can appear to be the Self (and often looks like the person at his current age) but whose caretaking and kindness nevertheless includes an agenda of keeping exiles out of mind. Self-like parts often believe they are the Self and are oriented toward pleasing people in general as well as you, the therapist, in particular by complying with whatever they believe you want in order to get the client through the session with exiles undetected.

Clues that a Self-like part is running the inner show include (1) lack of progress in therapy despite apparent Self-energy in the client and (2) exiles refusing to interact with or be comforted by the Self's (really the Self-like part's) presence. If the client is visual, we can differentiate a Self-like part from the Self simply by asking the client, *Are you with your parts directly or do you see yourself with them?* Since the Self is the seat of consciousness, when the Self leads in the inner world we do not see ourselves. Rather we are directly present with our parts just as we would be present with family or friends at the dinner table. In contrast, when a Self-like part takes the lead, we see our look-alike part interacting with other parts.

Not Fully Exploring a Part's Constraints

Many beginners confuse a part with its role. Because parts believe the extreme things they say about themselves and each other, therapists can get drawn into viewing certain parts as defective, incorrigible, or deliberately destructive. Even experienced IFS therapists can be tempted to judge parts who create a lot of trouble. But when our therapist parts judge the client's protectors, we are in for some wasteful, demoralizing power struggles. The fact is, protective parts do not like their extreme roles and, if not for a variety of constraints, would happily change.

When we try to help a part with its constraints but it remains extreme we are at risk of getting frustrated and lapsing into managerial behavior, so we emphasize: *Patience pays off*. Hold fast to the knowledge that progress follows the release of constraints. Sometimes we depolarize, retrieve, and unburden an exile only to discover another protector who is focused on a

different exile. Or we discover that a person or event in the client's external life is reactivating his protectors. But sometimes we find that the culprit who stalls progress is a previously unnoticed part of our own. For more on the IFS approach to therapeutic impasses, see Chapter 1, which I (MS) coauthored with Pam Krause and Larry Rosenberg in the book *Innovations and Elaborations in Internal Family Systems Therapy* (Sweezy & Ziskind, 2016).

Many inexperienced IFS therapists become especially impatient when they encounter a seemingly endless supply of roadblocks thrown up by the client's managers and firefighters blocking access to exiles. Keep in mind that exposing exiles is a terrifying proposition for many clients' systems. Until their managers feel certain of safety they will not open that door. Even when we believe that every managerial fear has been addressed, we often discover undisclosed fears. The most common hidden fears relate to (1) activation of scary firefighters (sexual acting out, rage, suicide), (2) fear that an enraged firefighter or polarized manager will precipitate a loss of connection with external family members, and (3) secrets that will be revealed by the exiles. In addition, managers often need a solid relationship with the therapist because they have their own exiled feelings, which will arise as soon as the exile's burdens have been released.

Impatience always prolongs the therapy process. Indeed, the therapist's impatience may be the most unmentionable (and therefore hidden) constraint to influence our clients' protectors. Mark Twain said, "Habit is habit, and not to be thrown down the stairs, but coaxed down one step at a time." Managers are fearful and are in the habit of being cautious; we must coax them down from their high peaks one step at a time.

Not Working with a Client's External Context

IFS opens the door to a wondrous inner world that intrigues many beginners to the point of ignoring the client's external constraints and resources. This is particularly the case for therapists who were never trained to work with external systems, but even family therapists can be tempted to try to go inside with their clients and close the door on the storms that rage outside.

We strongly advise you to keep track of the client's ability to transcend the constraints of his environment, his family, and beyond. When we brainstorm with clients about whom to involve in treatment, we must take

care not to collude with parts—theirs or ours—who want to deny external constraints. If the client has a part who wants to keep a certain person out of the therapy room or does not want to talk about an external relationship, we talk to this part first to gauge its concerns. The larger point here is that ignoring external constraints can be costly. IFS therapy is shorter, safer, and more effective when we consider constraints and resources at all levels. Therapists who are disinclined by training or nature to work with external people should (1) pursue couple and/or family therapy training, (2) help any of their parts who fear the intensity of therapy with dyads or groups, or (3) involve clinicians who are experienced in work with external systems.

Therapist Parts

All of the ways we describe therapists getting stuck relate to the interference of therapist parts. In IFS *know thyself* means *know thy parts*. Trainees in IFS are encouraged to work with their parts constantly. This could mean finding an IFS therapist or supervisor, doing an IFS training, joining a peer supervision group, or engaging in some self-exploration with the IFS skills training manual (Anderson et al., 2017). It can also involve self-exploration with meditation or an expressive art form like painting, sculpting, dancing, or writing. Many student therapists in IFS proceed until they get stuck, and then find a therapist for occasional consultation or a more intensive chapter of therapy.

   If you are in IFS therapy and you reach an impasse or feel particularly activated around an issue in your life, stay in relationship with your parts before, during, and after your sessions. Be your own parts detector even while you encourage your clients to use their parts-detecting skills. Their ability to spot their parts during the week will help you and empower them. In addition, practicing the room technique (in which the client visualizes a target part in a safe room, separated from other parts in the system) is as helpful for our inner systems as it is for clients. To increase our access to the Self when one of our parts gets activated, we can put a part of ours in a room, ask why it is upset, and learn what it would need from the Self in order to stop interfering. Finally, remember that your caseload is full of excellent teachers. Eastern spiritual traditions tell us that the teacher will be there when the student is ready. Since therapists sit with teachers every day, the goal is to get ready.

HOSPITALIZING CLIENTS

When conflict escalates in the client's external environment and is beyond the control of the client or therapist, or when a firefighter is taking the person into serious danger and will not stand down, the therapist and client may want to consider a brief hospital stay (Krause et al., 2016). One goal of hospitalization is to provide a respite from external polarizations so that exiles can be addressed without the specter of dangerous firefighters being triggered by other people. If they are triggered, the hospital unit offers containment.

Another goal is to provide a safe, nurturing inpatient setting, if one is accessible, in which to do internal work. Unfortunately, many psychiatric hospital units are not safe because they react to firefighter symptoms by overmedicating, coercing, and pathologizing, which further scares, disempowers, and polarizes both the client and the client's external family. Additionally, hospitals terrify clients who have a history of being coercively abused because hospitals grant total power to authorities. For these reasons the consequences of hospitalization should be considered beforehand and an effort made to find a program that is compatible with the IFS approach. If you conclude that a hospital stay is necessary, use direct access to tell the scary protector who is forcing the issue that you are not being punitive. Rather, you understand that the part is trying to help in it's own way, but you need to keep the client alive and safe so you can prove that there is a good alternative to dying.

GRANTING THE NATURE OF PARTS

A final potential obstacle in the practice of IFS involves how we relate to parts. Our view of parts governs our way of being with them. Viewing parts as co-creations, ephemeral mental states, or introjected representations of external others causes us to relate to them differently than we would to people, which in turn affects our understanding of how change will occur. If parts are like people, they get stuck, both emotionally and in time, when they feel unlovable. Why do they change? The answer—at least in the practice of IFS—is unequivocal: They change when they have been heard, understood, and feel validated. A lonely, angry teenage part will not feel or

behave better for being managed, controlled, or banished. In all likelihood, it will want to talk about feeling hurt. It may need to hear about the way the world works. And it will certainly need to feel connected with the Self and the rest of the inner system. Meeting a part's need for validation, sense of belonging, and security is not hard when we see it as an inner adolescent, or a young child, or a lonely 25-year-old. It is much harder if we view the part as a mental state or an abstraction like an internal object.

The idea that we are all collections of inner people does not fit well with Western scientific traditions, so if the proposition of the plural mind remains difficult for you to accept, know that you are not alone (see Schwartz & Falconer, 2017). The danger of viewing parts as abstractions lies in underestimating them and under-responding to their needs. If *parts-are-people* is too big a conceptual leap for you, success with IFS is still possible as long as you treat parts like people. The key is to offer the client's parts the same respect for personhood that you offer people.

CONCLUSION

We therapists always encounter internal impasses and run into scary moments in therapy sessions. When you feel unsure or alarmed, you will hear from parts who lobby to discard this model and return to the methods you are most comfortable and competent using. To stay with IFS we strongly recommend the Level 1 IFS training (for information on all IFS trainings, including the online programs called *IFS Circle* and *IFS Continuity,* see the IFS Institute website at *www.IFS-institute.com*). To grasp all of the implications of IFS we recommend attending to your parts and staying connected with a community that includes therapists who are exploring IFS as well as therapists who are skilled in its use. When we face extreme parts (internally or in the client), or when we are in a blind alley, our touchstone is always the Self—the client's and ours. As long as we stay in our Selves the client's wisdom will eventually emerge. IFS therapy is a true collaboration of Selves.

PART III

IFS Therapy with Families, Couples, and Larger Systems

CHAPTER 14

The IFS Model's View of Families

In the next few chapters we shift focus from the internal systems of individuals to families, couples, and our larger society. We begin with some of the constraints that all of these system levels have in common. Our inner systems are often structured by family burdens, which in turn are structured by burdens that our cultures and nations carry. Burdens drive human systems to organize in the extreme, escalating patterns we can see so clearly in the psyche, with some members being exiled for their vulnerability while others take on protective roles that are either proactive (manager) or reactive (firefighter).

For example, the near poverty that so many formerly middle-class families in the United States face today is a product of the extreme burdens of individualism and materialism that have driven American politics for decades. When a single parent has to work two jobs to stay afloat and her kids react negatively to her absence, she may be too strained to access Self-energy. If, in addition, she faces racial or sexual discrimination at work, her angry or fearful protectors may further burden her kids, and so on. In this way a system's burdens create structural imbalances and its structural imbalances create burdens, which constrain and burden its subsystems.

Societal burdens, which are legacy burdens, permeate and organize family structures, constraining and creating imbalance at the family level. Like individuals, families also accrue burdens from direct experience. Family members divide into the same roles of exile, manager, and firefighter and get bound to these roles by the same kinds of constraints and burdens that keep parts in their roles. Since we aim to liberate all players from extreme roles so they can adopt preferred, valuable roles and be in harmony with one another, we use the same conceptual map to understand families that we use with individuals.

In IFS our goal is to access the Self and release parts (in individuals) and people (in families) who have gotten stuck in extreme roles. In Chapter 2 we explored four mutually influential dimensions of functioning in individuals that are relevant for systems at all levels: development, leadership, balance, and harmony. Here we consider those four dimensions in the external family system. For our purposes, *development* in a family refers to its growth and evolution within a historical context. *Leadership* refers to a role of responsibility for the system and its members, which is allocated to the person or people presumed most capable of being responsible. *Balance* in a family or any other system refers to the mutual delineation of boundaries and the equitable distribution of resources, responsibilities, and influence within the system; *harmony* refers to certain relational qualities of the system, including those that are often used to describe families that function well: cohesion, flexibility, effective communication, care, support, cooperation, and low conflict. Balance leads to harmony, and harmony promotes balance.

DEVELOPMENT

A child's development takes place in the context of historical events, which can include both large-scale natural or man-made catastrophes (like earthquakes, war, and genocide) and personal disasters (like a parent being killed by a car while crossing the street or a parent becoming mentally ill). These events burden individuals and families with extreme feelings and distorted beliefs.

Psychodynamic therapies have always emphasized early childhood development and to some extent family therapy developed in reaction to this emphasis. As a result, most approaches to family therapy were ambivalent (at best) about exploring a family's history. In the heyday of family therapy, some therapists thought about the family's life cycle (e.g., see the work of Betty Carter and Monica McGoldrick in 1989), but by and large, systems-oriented schools of family therapy focused on the present and thought in terms of biological and mechanical metaphors. If a machine breaks, they reasoned, we fix it by knowing what is broken, not how it broke. Taking the same approach, they focused on a family's present day dynamics and how systems operate rather than how they develop. From this

perspective, personal history was largely irrelevant. In contrast, from the IFS perspective burdened systems continually conflate the present and past, which makes history highly relevant to therapy. Witnessing history, especially later in the IFS process, is important for the healing of most clients.

The Effects of Sustaining and Constraining Environments on Development

Human systems need a [sustaining environment](#) early on if they are to make use of inborn resources to develop. Infancy and childhood are equally vulnerable for individuals, families, and organizations. Leaders need time to establish credibility, earn trust, and develop a shared vision. Meanwhile, members need to discover their preferred roles. To flourish, members of the family need a system that delineates clear boundaries and offers balanced access to influence, responsibilities, and resources. In this kind of nurturing, safe, unconstrained environment, systems are innately wise about direction and pacing. In contrast, the system that develops within a constraining, unsafe environment is inevitably thrown off balance. Danger recruits protection, and protectors are immature leaders who tend toward extremity over time. As we illustrate throughout this book, a system governed by protectors is inherently unbalanced and cannot be harmonious.

Nevertheless, we do not subscribe to the idea that a single critical period of time spent in a [constraining environment](#) will destroy or even severely curtail a system's potential for health. No matter how early in development constraints like abuse, neglect, illness, or deprivation are imposed on an individual, that person still contains an undamaged, fully capable Self, although it is more obscured by protectors than it is in people who didn't suffer such dire constraints. Moreover, human systems need not pass through a series of sequential stages to achieve Self-leadership, and those who miss a stage need not return to complete it before proceeding through all the remaining stages in order to reach health and maturity.

Additionally, healthy development does not always require a lot of time or outside intervention. With Self-leadership, any human system can be reorganized and oriented toward health at any point in its existence. In our experience, systems heal rapidly as soon as effective leadership begins to replace failing cycles with balancing and harmonizing sequences that

promote beneficial cycles. But to release effective leadership, our clients must attend to their accrued burdens such as extreme beliefs and overwhelming, frozen feeling states. Through these, history maintains its grip, impeding healthy development and confounding organizational balance. Families, like individuals, acquire burdens from traumatic experience and carry legacy burdens.

Trauma and Individual Development

We have both worked extensively with adult survivors of all kinds of childhood abuse and our clients have taught us about the deleterious effects of trauma on human systems, especially during childhood. Trauma imposes two overarching constraints on a system's development. The first involves vulnerable parts of the system becoming frozen in a state of terror or shamefulness, often in the time of the trauma. The second involves leadership. Parents can abdicate their role, discredit their ability to lead, and forfeit their influence by being impulsive (e.g., violent), compulsive (e.g., substance dependence), biased (e.g., favoring one child over another), or overly passive (e.g., depression).

Our observation is that an individual's ability to build strength in response to adversity is commensurate with his access to Self-leadership. When protective parts lose trust in the Self and take over, Self-leadership is forfeited, balance is lost, and harmony moves out of reach. But when the Self remains available to provide protection and comfort to the most vulnerable members of the system throughout trauma, trust and respect for Self-leadership grows, promoting inner balance and harmony. One principal goal of IFS therapy is to develop this kind of leadership so life's inevitable challenges and dangers build strengths rather than undermining confidence.

From Individual Development to Family Development

The negative effects of trauma and the positive effects of Self-leadership can be extrapolated from individuals to families. In families as in individuals, leadership determines, at least in part, the effect of a traumatic event. If the trauma involves physical danger or injury and parents protect the family by maintaining Self-leadership and dealing effectively with the injuries, they gain the respect and trust of family members. Similarly, if a

trauma involves painful loss and the parents are there to comfort and nurture suffering family members, they gain stature.

But if the parents are overcome with grief, fear, or pain, and abdicate leadership by denying or minimizing a child's feelings, they lose trust and respect. When parents abdicate leadership, a child (often, though by no means always, the oldest) steps in to handle family responsibilities, protecting, comforting, and nurturing childlike or raging parents along with needy siblings. While coping with her own abandoned inner children and trying to manage the compulsive acting out of her siblings' firefighters, this "parentified" youngster is constrained to develop muscular, overpromoted managers who have too much power and garner too much blame. A family without capable adult parents who have at least some access to Self-leadership is a family at grave risk.

LEADERSHIP

To maintain balance and achieve harmony, families need effective leadership. The qualities of an effective leader are many and complex. Much of the literature on family therapy focuses on the disciplinary role of parents and on helping parents to be less enmeshed so their children can grow up. But effective leadership has many other aspects, including:

- Allocating resources, responsibilities, and influence fairly.
- Ensuring that all family members receive the loving attention, information, and privacy they need to learn, develop, and feel connected as well as valued.
- Creating an atmosphere in which concerns and feelings are not exiled so needs and differences can be expressed, mistakes admitted, problems recognized, and dreams shared.
- Garnering the respect and trust of all so that polarized family members experience mediation as impartial and wise.
- Nurturing the development of family members, which involves ensuring that basic material needs are met and that the family's environment is safe. As well, family members need to feel cared for, be comforted when hurt or when family decisions do not go their way,

and be encouraged to find and pursue their preferred personal roles and visions.

- Relating to systems outside the family, which involves asserting the family's vision and needs, as well as establishing harmonious, sustaining relationships with other systems. This aspect includes interpreting feedback from other systems without distortion or delay, and keeping an eye toward how that feedback reflects possible problems or qualities of the family's structure or values.
- Personal modeling, which means setting an example by living a balanced, harmonious life while also addressing the needs of the larger system. Personal modeling requires at least some level of transparency on the part of the leader about the struggles achievement entails.
- Maintaining the family's shared vision. This final aspect of effective leadership is particularly complex. Harmonious families generally have, at least to some extent, a shared identity: a set of values and goals that is mutually derived and gives each member the sense of connectedness and direction. An effective family leader will have a personal vision for her life, will help family members find their visions, and will lead family discussions to find commonalities and synthesize individual visions.

A Shared Vision

Too often parents impose their personal vision, which derives from their burdens, on their children. For example, many parents pass legacy burdens down in the form of powerful dreams that relate to making up for ways in which they believe they disappointed their parents or that derive from the extreme values of their culture. Legacy burdens can impose rigid, oppressive expectations and leave little room for difference and growth. At the opposite end of the spectrum, when family leaders have little personal vision or interest in shared experience, family members often feel isolated and lost. Like those who focus primarily on accruing wealth, the person who feels lost is at higher risk of carrying American individualism and materialism into extremes of pure self-interest.

In contrast to the problems of rigid, imposed expectations or no expectations at all, the shared family vision is flexible, altruistic, and adaptable for members according to their interests and talents. Having a

goal and a cause that transcend personal gain fosters a sense of meaning and, usually, community. However, an ethos of pure self-sacrifice can exile assertive, self-interested parts, so balance is key. A family vision needs to balance altruism with personal reward.

Common Leadership Problems

Most families have the needed resources for visionary, balanced, harmonizing leadership. The Self of the family's leader knows how to be a good attachment figure. Constraints on the Self generate the problematic leadership styles described below.

Abdicated Leadership

Sometimes the leaders of a family are too overburdened to handle demands from outside or within the family and they either do not delegate responsibilities or do not have anyone to whom they can delegate. In the United States, the gap between the rich and everyone else has increased massively over the last few decades to the point that many parents must hold two jobs. Parents who are overcome by the stress of providing for their family are at high risk of collapsing in depression and succumbing to various firefighter behaviors.

Other possible constraints on a leader include being disabled by injury, illness, or extreme inner (or outer) polarities, which can lead to incapacitating depression or grief. Both the overburdened and the disabled leader are likely to abdicate some aspects of the leadership role. Abdicated leadership frightens family members, who in turn may react in a variety of ways, including by acting out or somatizing to provoke the leader back into action. In the end, abdicated leadership creates a vacuum into which others who are inadequate or inappropriate to the task feel forced to step.

Polarized Leadership

In some families, the leaders are not so much overburdened as they are polarized. For example, one parent becomes permissive with the children to counter the other parent's strictness and each feels forced into ever-greater extremity but would prefer not to be so extreme. Polarizations in leadership

generally spill over to affect the whole system, motivating various kinds of distraction and causing a variety of coalitions and polarities to develop systemwide.

Discredited Leadership

The leaders of some families lose the trust and respect of their members. For example, the leader may not protect the family at a time of crisis or may act selfishly. The leader may periodically go on a drinking binge, have an affair, become abusive, or lie to others in the family about important issues. Thereafter, even when the leader displays effective skills, family members are likely to balk or rebel openly. To redeem the discredited status, the leader must stop the damaging behavior, acknowledge it with family members, apologize, and make reparations. Too often, however, discredited leaders adopt the opposite strategy: They deny, pretend that nothing has happened, and expect family members to do the same.

Biased Leadership

Leaders who favor themselves, one family member, or one subset of members over others foster disharmony as well as imbalance. To forestall potential rebellion, biased leaders often try to control the family's access to outside feedback and to the flow of communication within the family. Biased leaders may deny their bias, accuse others of bias to obscure their actions, or try to justify their bias as necessary because of an external threat or because of some larger principle or tradition, such as religion or the "rightful rule" of the patriarchy.

Leading Effectively

This brings us to a crucial aspect of leadership. Self-led leaders are sensitive to feedback from other systems in the environment, which they interpret without delay or bias, facilitating an open communication process as the family digests the feedback. Similar to our jury system in the United States, which turns the job of decision making over to informed citizens, Self-led leaders trust the Self in each member of the system who has been provided with information and the ability to communicate freely. Self-led leaders are

also systems thinkers. They interpret feedback with reference to the relational context of their family and its inner workings. For example, when a child fails in school, parents are usually tempted to push the child or help with homework. But to be effective, the parent must first assess the child's systems at all levels before deciding on a response, scanning not only the family system but also the child's relationships with peers and teachers for constraining imbalances, polarizations, and leadership snags. Helping parents think contextually is one of the primary jobs of family therapists.

Abdicated, polarized, discredited, or biased leadership constrains a system from receiving healthy feedback. Leaders who abdicate may feel too overburdened to even perceive feedback (think of a depressed or manic parent). Leaders who have discredited themselves are likely to deny or ignore feedback that points to their failings. Biased leaders are likely to overemphasize feedback that supports their positions and distort or deny all else. When feedback regarding the system's performance and the environment's response is ignored, delayed, distorted, denied, or interpreted simplistically, the system cannot react productively and self-correct.

The same is true of communication within the family. Abdicated leaders cannot facilitate effectively enough to deescalate polarizations; biased leaders stifle messages that challenge their perspective or bring up uncomfortable subjects, including secrets; and discredited leaders suppress discussion that might highlight their failings. When communication is blocked in one of these ways, family members remain ignorant of how their actions affect each other. When members of a system are unaware of the true costs of their behavior, polarizations and extremes flourish. We are always amazed at how quickly chronic, disabling conflicts diminish or disappear once opponents have the opportunity to speak with one another from Self about their real needs and intentions.

These four leadership problems (abdication, polarization, discredit, and bias) can create problems in any system. To complicate matters, they are rarely present discretely because they are contagious. One fosters the next. For instance, when a system's leader abdicates and power devolves to more than one person, those people will tend to polarize over how best to proceed. And if all responsibility falls on just one ill-equipped person, others in the system will inevitably polarize with that person as well.

BALANCE

To remain healthy, human systems need balance. The crucial variables involved with achieving balance are influence, resources, responsibilities, and boundaries, which are all affected by burdens.

Variables That Need Balance

In a family, *influence* refers to who makes major financial, educational, geographic, and other lifestyle decisions, as well as who makes decisions regarding the division of resources and responsibilities. The family's *resources* include material matters (food, shelter, clothing, money), leisure time, nurturance, attention, and guidance. *Resources* also include praise from parents and access to friends. *Responsibilities* within a family include rearing and nurturing children, generating income, developing as well as maintaining relationships and interests outside the nuclear family, and organizing and maintaining the home.

Boundaries are distinctions regarding what or who is included in, or excluded from, a system. In some systems, boundaries are relatively easy to define and agree upon. For example, a car includes all those parts that travel with it. If we remove the horn, it is no longer part of the system of the car. If we put the horn back in, it is once again within the car's boundaries. Boundaries are not always so clear with human systems, which can foster polarizations over their definition (e.g., think of stepfamilies).

Four decades ago, structural family therapists postulated that healthy families had clear boundaries around themselves and their subsystems (Minuchin, 1974). "Clear boundaries" (what we are calling *balanced boundaries*) were defined as those that permitted appropriate access to other subsystems, but also protected a family system from intrusions that impeded its development. Problematic boundaries were either too diffuse because they allowed too much access from other systems, or too rigid because they allowed too little access. Thus in human systems, boundaries are rules regarding who has access to whom and how. A family functions best when each member is a part of the subsystems they need in order to develop, and the boundaries around each subsystem are balanced between access and privacy.

HARMONY

Whereas *balance* refers to the four variables outlined above (resources, responsibilities, influence, and boundaries), *harmony* is used here to describe other qualities of relationships within a system. A number of terms have been used to describe relationships in well-functioning families: *cohesive, flexible, effective communication, caring, supportive, cooperative,* and *low in conflict,* to name a few—all of which can be encapsulated within the dimension of harmony.

In a harmonious family the members enjoy their roles, or at least understand the contribution of their roles and feel appreciated for them. The family is directed by a common vision that is understood and valued by everyone. In addition, individual differences among family members in vision and style are respected, and an attempt is made to find a fit between each individual's vision and the family's overarching vision. Competition among members may exist but is mitigated by the underlying care and concern of the family in general, as well as by a commitment to the welfare of the system and to the larger ecology of systems in which they are embedded.

In addition, because the loser is not threatened with loss of status or role, competition is not driven by fear. All family members are willing to sacrifice some personal resources and goals because they care about the other family members, and they understand and support the larger vision of the family. Because communication is direct, spontaneous, and honest, conflicts can be resolved and imbalances corrected. Harmonious families are highly sustaining. Once people have felt this shared harmony, they strive to regain it or they feel its loss.

POLARIZATION AND ENMESHMENT

In IFS we help individual clients identify blended protectors along with polarized protectors who are in the wings and will show up later, and we help them identify the exiled parts who are being protected. We also do this with families. As family therapy theorists have long observed, polarizations, enmeshments, cutoffs, and parentified children characterize troubled families. The following sections describe common patterns of

conflict and bonding in families that revolve around two people, but can include various alliances with others in the family.

Polarization

The most accessible problem in the first few family sessions is often a polarization between two family members who are in manager roles, or a polarization between a manager and a firefighter. These polarizations can obscure key feelings and topics in a family for years or even generations. As we show in the next chapter, the IFS therapist can use the same methods to help family members out of their rigid roles that we use to help parts.

Enmeshment

According to the principle of balance in systems, distant, conflict-ridden (polarized) relationships are often complemented by enmeshed, overly close relationships. The most common of these occurs when parents are in chronic conflict and one of them gets too close to and dependent upon one of the children. Conversely, both parents may overfocus on the children as a safe distraction. Polarization, which is conflict between protectors, leaves the raw, hurting exiles in each person unattended. Since these parents don't have the Self-leadership yet to become the primary caretakers of their own exiles, their protectors may recruit others for caretaking, or take over with distractions like work and alcohol. The only lasting way to break up cross-generational (parent–child) enmeshments is to help the parents become the primary caretakers for their own exiles so their children no longer have to fulfill that role.

Common parent–child enmeshment begins in a parent's internal system and expands to the whole family system. Damon was a father who had long ago learned to exile his vulnerable young parts, leaving them needy and eager for outside sources of attention, beginning with his wife. But her protectors, who had also exiled her vulnerable parts, had no tolerance for his neediness. Aware that he was being rejected repeatedly, Damon's protectors caused him to withdraw from his wife, which left his exiles even more desperate for connection and comfort. In response, they pivoted toward his daughter, who was eager for his attention.

In this example we see that the father recruited his daughter's managers to nurture his exiles, which means he imposed the burdens of responsibility

and caretaking on her. This further alienated his wife, both from him and their daughter, which, in turn, caused the daughter's young parts to feel abandoned by both parents, albeit in different ways. Later in life, the daughter's young parts repeated the pattern by looking to her children for caretaking. Parent–child role reversal, with an adult's exiles clinging to a child's beleaguered young managers, can be passed down generations like a chromosome.

Abandonment, along with feelings of worthlessness or fear, often motivates three more forms of enmeshment. The first involves one person's young injured parts trying to enter into and become another person. These young parts aim to access someone else's power, vitality, confidence, or whatever other quality they feel they lack by moving, looking, and behaving the way that person moves, looks, and behaves. In essence, they colonize the identity of an admired person. Although this colonization effort may be comforting in the short run, opening boundaries so fully transfers burdens and generates internal confusion about where "I" stop and others begin.

The second form of enmeshment that develops from the sense of abandonment involves exiles carrying the burden of worthlessness from a childhood with abusive or rejecting adults and desperately seeking approval or protection from someone similar. When they perceive such a person as a potential redeemer, they attach with tenacity and are willing to do anything for that person's approval, affection, or protection (Schwartz, 2008).

The third form of enmeshment springs from traumatic fear. Shocking events such as losing a parent or the reverse, losing a child, can produce exiles who are stuck during the time of loss. To ward off additional losses, this person's managers become overprotective and overinvolved with other family members. This kind of enmeshment can also result from completely realistic fears. Children who live in dangerous neighborhoods are often not allowed out of the house except to go to school, and they carry the burden of worrying about their parents' safety. Children who live with a violent father will often band with their mother for mutual protection. Protective enmeshment can be needed for survival, but it still exacts steep costs.

Polarization and Enmeshment within Families

In general, when we look at polarizations in a whole family, we see that protective alliances often coalesce around each of the two people who are in conflict. We also see that secrets heat up family conflicts and alliances. Mom has a lesbian lover; Dad is a professor who seduces his students; Grandpa molests granddaughter; Mom drinks all day and has tried to commit suicide three times; 17-year-old Alberto climbs out his window at night to get high with friends who drive fast and carry guns; 15-year-old Chrissie got pregnant last year and gave the baby up for adoption; Uncle Ray used to be Aunt Rachel; schizophrenic Aunt Petra is homeless somewhere; Great Uncle Ed killed his wife and will live in prison for the rest of his life. Secrets in families cause feelings to simmer, which threatens the release of an exile or a lurking firefighter who has taken over in the past, sometimes with really bad consequences. In response, family managers quash the topic and the family forms protective alliances, either cooperating with managerial efforts to suppress or joining with firefighters to distract.

*   *   *

THE MIDDLETONS: A POLARIZED FAMILY IN A POLARIZED COUNTRY

Let's look at the effects of some legacy burdens on one white American family. Alana and Peter Middleton brought the burdens of racism, patriarchy, individualism, and materialism to their partnership. They maintained peace in their marriage by pushing away disgruntled parts and making a big effort to be positive. They sent their daughter, Bridget, to an expensive private school so she would socialize with the "right kind" of kids, which meant white kids. Peter's job enabled them to join a country club that catered to white Anglo-Saxon Protestant families so that Bridget could spend summers at the pool and they could go out to dinner with their "own kind" of people. Politically, they believed that concerns about the environment were overblown, and their feelings about government spending were largely based on their belief that recipients of welfare aid and Medicaid were exploiting taxpayers like themselves. Peter was a dyed-in-the-wool salesman. He believed in making things look really good, and

extrapolating from sales to life, he believed that people who tried hard enough would be irresistible to potential buyers. He subscribed to the doctrine that failure is a personal fault, which made him extremely vulnerable to self-shaming during hard times.

When Peter was laid off from his sales job and the family was struggling to maintain their lifestyle on Alana's salary as a nurse, their marriage went into crisis. Alana had always resented having to work full time and do the housework as well, but her managers had kept this resentment under wraps because Peter earned twice as much as she did. Rather than speaking up, she had gone on antidepressants. Although Peter had always been willing to go food shopping, he had never participated in housework, and though he was now home alone all day, he still didn't do any housework. In turn, Alana's resentful part caused her to be uninterested in having sex, and Peter had a part who was very disappointed about their sex life. Both of them exiled these parts and were not aware of the connection between their sex life and the gender-based responsibility imbalances in their partnership. In addition, once they could no longer afford the social insulation of a country club and a private high school for their daughter, and when they were no longer able to congratulate themselves on maintaining immaculate appearances, their sense of vulnerability and shame galvanized their firefighters to the point where tensions escalated rapidly.

When appearances succumb to reality, firefighters can pop up in all generations of a family, at which point we can expect to see behaviors such as affairs, alcohol or drug abuse, and eating disorders. Bridget had always been aware that her parents' relationship was strained. Now, watching them snipe, fight, and fall silent, she both feared and hoped they would divorce. At home and school she remained a model child, but in her new public high school she started running with wild kids on weekends and drinking to the point of blacking out. Although Alana and Peter were oblivious to her drinking, a concerned friend of Bridget told the school counselor, who referred the Middletons to an IFS family therapist.

The family arrived in therapy with many complaints. Peter felt like a failure, Alana felt oppressed and undervalued, and Bridget felt torn between performance parts who strove to keep her parents happy and rebellious parts who scorned their attachment to positive thinking as a way of warding off disappointment, anger, and sadness. Suddenly having the opportunity to listen to each other, the family learned that Peter's critic berated him for

being a loser who couldn't hold a job, who was now no better than the *lazy people*—a.k.a. people who were poor or not white—he had been taught to disdain. Alana's critic attacked her for eating too much, being overweight, looking tired, and not being interested in sex. And Bridget's critic was a perfectionist who hated her because she had ended up at a school her parents viewed as inferior, hanging around kids her parents would dislike if she brought them home. These well-meaning managers needed help because they were making each of the Middletons feel inadequate, depressed, and desperate—which is a common way for these American legacy burdens to play out.

CONCLUSION

Because systems nest, we see the same tripartite structure in IFS family therapy that we see in the psyche of individuals. In response to danger, psyche and family alike develop managers, firefighters, and exiles. Family members who end up in these roles polarize and form alliances just the way parts and political parties do. In a burdened, polarized family we find truncated development; imbalance; disharmony; and biased, polarized, discredited, or abdicated leadership. Nevertheless, each member of the family has a Self, and the family will collectively harmonize under the influence of their Selves. The therapist's job is the same with the family as it is with the individual: Be aware of each member's parts, stay Self-led, and guide the family members to access their Selves. We illustrate IFS family therapy in the next chapter.

CHAPTER 15

Releasing Constraints in IFS Family Therapy

Families tend to enter therapy cautiously. Some family members feel guilty and fear being blamed for the problem, others are angry about the problem and the need for therapy, and all feel some trepidation about trusting the therapist. Will they be judged if hidden feelings and topics are exposed? Just as with internal families, our first approach with an external family involves joining the system's managers. In the service of preventing untoward revelations, family managers often define the family's problem in the most understated way, and will use any number of tactics to control the discussion and shift focus away from exiled topics.

Family members' managers may, for example, polarize over less threatening concerns like disciplining the kids rather than noticing that Father is rarely home, or they may focus on physical appearance to avoid discussing chronic power imbalances. But whatever tactics they use, managerial sanctions will be broken when an argument escalates or a teenager finally says no and the forbidden leaks out. The breaking of sanctions begins another loop of the cycle, with firefighters stepping in to distract and managers reacting to them negatively. Throughout power struggles and symptoms, the family members remain unaware of their underlying motivations and the function of their roles.

BEING THE HOPE MERCHANT

Throughout IFS therapy we act as hope merchants, promising that extreme feelings and distorted beliefs will lose potency once examined, after which

they can then easily be unloaded. In addition, we sell the benefits of slowing down to try something new. But even as we sell the idea that change is a worthy risk, we also establish communication guidelines and attend to safety. When a family member is highly identified with a destructive firefighter or a manager who carries a toxic burden like patriarchy, we challenge him. To be effective and beneficial, a challenge must be Self-led, which means we must calm our judgmental parts and lead with an open heart. A Self-led challenge uses parts language, which is nonshaming, and offers clear steps for changing the underlying cause— feeling bad or worthless—that generates the problem behavior.

INTRODUCING PARTS LANGUAGE

As we illustrate in the following case example, the IFS therapist introduces parts language early on in family sessions. We can do this in a natural, almost imperceptible way simply by repeating what each family member says about their reactions to the family's presenting problem in the language of parts. Because most people talk about parts from time to time (e.g., *Part of me wants to go out for lunch, but part of me wants to stay home*), they rarely object to having their statements rephrased. As we introduce the idea of parts, we can also inquire about the roles family members fill in relation to the presenting problem and to each other. From there, mindful that an intervention at one system level will affect other levels, we can branch out to explore constraints in other system levels, such as problems in the family's environment, polarizations within the family, imbalances in resources and responsibilities, and personal or legacy burdens. Here is an example of introducing parts language while exploring family interactions. This family came to therapy because the 19-year-old daughter, Marilyn, was bingeing and purging food. Harry is Marilyn's father.

HARRY: When I see that Marilyn has binged, I have mixed feelings. I feel sorry for her that she has to do this to herself, but I also want to slap her.
THERAPIST: So one part of you feels sorry for her and another part gets mad. Is that right?

Once we have introduced parts language, many family members quickly adopt this way of talking about their feelings and thoughts. There are probably a number of reasons for the ease with which this language is adopted. First, assigning problematic behavior to a family member's part helps the family feel curious rather than judgmental (*I wonder why it does that*?); second, changing the behavior of part of a person sounds intuitively more realistic than changing the entire person; and, third, an extreme part is just a part with an impossible job. Once clients accept the idea that we all have many parts, they also intuitively understand that we must have more parts than just the ones we dislike. Martin Luther King, Jr. captured this thought when he said, "Forgiveness does not mean ignoring what has been done or putting a false label on an evil act. It means, rather, that the evil act no longer remains as a barrier to the relationship" and, "We must recognize that the evil deed of the enemy-neighbor, the thing that hurts, never quite expresses all that he is. An element of goodness may be found in even our worst enemy."

The language of parts does not ask family members to ignore or reframe whatever they have done to hurt one another, which could minimize the hurt or promote premature forgiveness. Rather, it guides the family to see hurtful behavior as the act of a protective (often young) part, and to trust that all members of the family are much more than a single part. Simply by using parts language, the therapist helps all of them to see one another—and themselves—differently. Talking about parts is as powerful for families as it is for individuals.

DETECTING PARTS AND PROMOTING SELF-LEADERSHIP

Functioning as a *parts detector* for the family is one important facet of our job. Serving this function, when we notice a part taking over we stop the action (having asked for permission to do this in advance) so that family members can go inside and listen to their parts. Listening to parts is one of the first steps in differentiating (unblending) from them. Once a part is at least partially unblended, the client's Self can speak for it. Helping clients to speak for parts and from Self is a big feature of IFS family, couple, and group work, as is simply holding family members in Self-energy while they

listen to each other and discuss controversial issues. If we just do that, family relationships often begin to reorganize on their own. Crucially in our role as a parts detector for the family we must be accurate and fair, which means IFS family therapists must continually unblend from and help their own parts.

PREARRANGING EFFECTIVE COMMUNICATION

To promote unblending and to expand Self-leadership within the family, we help family members speak *for* rather than *from* their parts. Since this can be a challenge, we ask in advance for permission to help along the way (*Can I intervene if I see that you could use help speaking for a part*?). Additionally, we promise to referee blaming and shaming between family members, and we avoid going too fast by inviting family members to voice their fears (the fears of their protective parts) at the outset of any intervention. Box 15.1 summarizes how to foster effective communication.

BOX 15.1. How to Foster Skillful Communication

Ask family members to …

1. Notice and listen to their parts.
2. Speak for, rather than from, their parts.
3. Explore the fears of their parts in advance of the intervention.
4. Lead from their Selves in discussion.

REASSURING FAMILY MANAGERS

After discussing how to talk in IFS therapy, we check in with family managers, who often need help to trust the process. With our Selves in the lead, being sincerely curious, empathic, accepting, nurturing, confident, and direct, we make respectful contact with family managers who worry about whether we will like and care for them. To this end, we can encourage family members to discuss their feelings about being in therapy, and we empathize with their natural reluctance to go into embarrassing issues with

a stranger. We assure them that we will not be judging them. We stress that we know how to proceed. And we express confidence that we will be able to resolve the problem together. Box 15.2 summarizes how to reassure the family's managers.

BOX 15.2. How to Reassure Family Managers

❏ Encourage family members to discuss their feelings about being in therapy.
❏ Empathize with their natural reluctance to go into embarrassing issues with a stranger.
❏ Assure them that they won't be judged.
❏ Stress that you know how to proceed.
❏ Express confidence that you and they will be able to resolve the problem together.

Finally, we address managerial concerns about the IFS approach and the game plan for therapy at whatever level of detail managers need. In our campaign to reassure family managers, we accept the family's desire to focus on the presenting problem, which is often the only one they are willing to discuss at first. As we listen to the description of this problem, we begin to have the opportunity to assess whatever else may constrain the family, which is likely to include traumatic historical events or imbalances in leadership that have led to various kinds of conflict. Box 15.3 lists areas that can harbor constraints.

BOX 15.3. Looking for Constraints in Development, Leadership, Balance, and Harmony

1. **Development:** Are there large-scale historical events, ranging from natural or human-made catastrophes (e.g., earthquakes, genocide) to personal disasters (e.g., a parent being killed by a car while crossing the street, a teenager becoming mentally ill), which have burdened the family with extreme feelings and distorted beliefs?
2. **Leadership:** Have parents abdicated their leadership role by discrediting themselves with impulsivity (e.g., violence), compulsivity (e.g., substance dependence), biased behavior (e.g., favoring one child over another), or collapse (e.g., depression)?
3. **Balance:** Do extreme beliefs (burdens) cause the family to exile some members (e.g., Aunt Jane used to be Uncle Jim) and distribute resources unfairly (e.g., the boy's needs come first)?
4. **Harmony:** Do imbalances create conflicts of interest that forestall the system's natural tendency to harmonize?

SELECTING THE LEVEL OF FOCUS

At the outset of therapy with an external family, we have many system levels to choose among (internal, nuclear family, extended family, work, school, community, or culture). As we do in individual therapy, we invite the family members to choose which level needs attention first. If they request help to reach a collaborative decision about where to begin, we can present options, as illustrated in the following example.

THERAPIST: So far we've heard about parts in each of you who are involved with the problem that brought you here: Marilyn's eating patterns. We have already talked a little about how your parts operate inside you. But your relationships in the family and your lives outside the family are also important. What are your biggest constraints? It's best if you choose where we start.
GRACE: Can you give an example?
THERAPIST: Yes. Harry, for example, has a frustrated guy who gets activated by Marilyn's bulimic part. But he also mentioned a lot of tension at work, so we could talk about how his work life affects his frustrated guy. On the other hand, we could talk about how the balance of responsibilities at home affects everyone's parts. Or how Marilyn's interactions with friends and peers affect her inner critic. Or we could talk about how much the family in general is concerned with having a perfect appearance.
GRACE: Well, there are times where Harry comes home from work with a big chip on his shoulder. Mind you, I'm not blaming him because he's under a lot of pressure. When he acts that way I just stay out of his way.
THERAPIST: Is everyone okay starting there?

In this way, the family chooses the first level of focus. They may choose polarized relationships within the family, family leadership problems, or external impingements. Whatever they choose, we can always talk about more than one level at a time and we can shift levels as needed.

SHIFTING BETWEEN LEVELS

IFS family therapy is highly collaborative and fluid. Systems synchronize and function in parallel with their subsystems, which means that person A will relate to person B the way he relates internally to any of his parts who resemble person B. For example, when Grace was sad, Harry had a part who behaved toward her just the way it behaved toward his own sad parts: It got agitated and gave her advice in an impatient, critical voice. Since systems run in parallel and affect each other, if Harry could nurture his exiles, he would be more patient and kind with his wife's exiles, even if his lack of patience and kindness toward her sad parts was never addressed in therapy directly. By the same token, if he could maintain Self-leadership with his wife's sadness, he would take better care of his own sad parts.

In IFS we can shift between internal and external and go back again without disruption because we view the world as one big system with nesting subsystems. Because changes in family relationships at the external level affect family members internally, and vice versa, we can focus on one level and watch what happens at other levels. We are not implying that a shift in one system level will always cause a synchronous shift at another system level. Rather, system levels are mutually but unpredictably influential, so we focus on the level that seems most effective and ecologically sensitive in the moment and keep an eye out for how this change affects other levels. Whether we resolve a problem at the external level or focus primarily on the internal system of each family member, relationships can shift dramatically at both levels.

SEQUENCING THE EFFECT OF ONE FAMILY MEMBER ON ANOTHER

As we hear about the problem that brings a family to therapy, we discover which family member plays what role in relation to the problem, and we explore how their dominant parts affect each other. For example, Marilyn's father, Harry, had a part who lashed out at Marilyn periodically about her eating disorder. This behavior provoked a frantic, agitated part in Marilyn. Here is how this sequence went: Harry got angry, Marilyn felt hurt and ashamed, Marilyn's managers piled criticisms on her internally, Marilyn's hurt part felt worse, and Marilyn's bingeing firefighter went to work to distract her from feeling shameful and bad. This sequence, of course,

further frustrated Harry. The therapist starts to unpack this sequence with Harry and Marilyn.

THERAPIST: How do you feel when you notice Marilyn seeming frantic after you get mad?

HARRY: I'm concerned but frustrated because I know where it's going next. She'll start eating.

MARILYN: I can just tell when he's going to get mad at me because he goes silent.

THERAPIST: When your dad goes silent, what happens inside you, Marilyn?

MARILYN: I dread his tongue-lashings. But I know there's nothing I can do to stop them.

THERAPIST: And afterward?

MARILYN: It's true I often end up bingeing. But he doesn't see what goes on inside me after he yells. I tell myself I am the worst person who ever lived: the weakest, the most selfish, the most disgusting.

After eliciting this sequence between Marilyn and her father, the therapist asked Grace how she reacted when her husband got frustrated and Marilyn seemed anxious. Grace was able to identify three parts who typically got activated by their interaction: One was also frustrated with Marilyn's eating disorder and shared Harry's anger, another identified with Marilyn as a victim of Harry's temper, and the third always tried to quash any kind of open conflict in the family by changing the subject.

CYCLES THAT PRODUCE LEGACY BURDENS

Family managers are a powerful force, capable of dominating and exiling various parts of family members for years. In addition, interpersonal interactions that become influential in the family can easily initiate an inner cycle in which managers exile vulnerable, wounded parts internally. These interactions are often between parent and child, but can also occur between siblings, or between the child and a teacher, or any other connected individuals. When that exiled pain breaks through to consciousness, firefighters activate to distract. This cycle, which reiterates with increasing intensity, produces much of the symptomatic behavior that brings families

to therapy. One very common phenomenon in families is the intergenerational transmission of extreme feelings and beliefs, which we call *legacy burdens*. We offer two scenarios below that illustrate legacy burdens.

The first scenario involves Marilyn's mother's managers exiling her own sad, needy, angry parts internally and, in a parallel process, rejecting the sad, needy, angry parts of Marilyn. As Marilyn's exiled young parts looked even more desperately for rescue and redemption, her eating disorder firefighter became more active, which encouraged her mother's critical managers to turn up the volume. This scenario is typical. When exiled parts reach consciousness, firefighters activate to distract with anything ranging from watching too much TV to eating sweets, dissociating, or getting unaccountably angry. Parental managers then shame the child for the firefighter behavior, and the child's managers follow suit internally, shaming her firefighters. All of this shaming causes the child's exiles to feel more intensely shameful and her firefighters to step up their efforts to distract, evoking more shaming from managers inside and out, and so on.

In this way, parental self-rejection and disapproval launches a cascade of self-rejection within the child, requiring ever more firefighter distractions. For example, when Marilyn's college roommate finally told her parents about Marilyn's bulimia and she came home from college, her panicked managers immediately amplified their attempts to control her bingeing firefighter. At the same time, her mother complained that Marilyn's eating disorder was hurting both parents, while her father alternated between defending Marilyn and trying to scare her about the physical consequences of bulimia. Under all this pressure inside and out, Marilyn went from three episodes of bingeing per week at school to three per day at home.

Looking at the history of Marilyn's family, it appeared to have been functioning quite well. They had meals together, celebrated holidays, and took care of all Marilyn's material needs. Nevertheless, Marilyn spoke of being sad and lonely throughout her childhood. In her experience she wasn't the right child for her parents. When she expressed a negative feeling like sadness, loneliness, or inadequacy, her father signaled his intolerance by changing the subject to something upbeat, and her mother talked about her own difficult childhood. They seemed embarrassed by Marilyn's anxieties and thrilled with the success of brother, Martin, in high school basketball.

Marilyn's managers picked all this up and replicated her parents' disapproval internally. To distract and comfort Marilyn, other protectors then began to binge and purge. In high school Marilyn grappled with the behaviors of all these parts in secret, aware that speaking would only cause her parents to react in ways that would aggravate her inner conflicts. But when she was sent home from college with bulimia, the cat was out of the bag. Her parents criticized her and fought with each other, and her bingeing firefighters went into overdrive. With this maelstrom of negative reactivity in the family, the therapist's first job was to convince everyone's protectors to calm down.

A second common way in which burdens are transmitted down generations involves a parent's exiles turning to a child in the family for care. Here the child's managers (parentified young parts) protect the parent by exiling the child's own vulnerable young parts, the very ones who need and still seek parenting. Once these parts have been exiled for having needs, they feel ashamed, angry, lonely, and sad, which motivates firefighters to distract, which embarrasses managers into doubling down on efforts to control and inhibit, which further isolates the child's unhappy exiles, and so on.

To illustrate this sequence, we can continue with the example of Marilyn, who had long believed it was her job to preserve her parents' marriage. When she was 5 years old they had enlisted her as a go-between during a period of estrangement. She described going back and forth between different rooms in the house to relay messages from one parent to the other. While she felt recruited by both parents to take a side, she saw them as equally fragile and needy. Desperate to keep them together and make them happy, her managers softened the wording of their messages and did whatever else they could to defuse or prevent further conflict. All this simply served to reinforce the belief of Marilyn's young managers that her needs were way too much for her parents. Seeing that Marilyn's managers needed to be released from taking care of her parents, the therapist prioritized guiding Grace and Harry to identify common goals for Marilyn and unite in the job of parenting.

THERAPIST: (*to Harry*) It sounds like your frustrated part reacts to the one who can't bear to see Marilyn suffer. How's that one feeling?
HARRY: Helpless.

THERAPIST: If that part is interested in trying something new, I can show you how to help it.

Once family members acknowledge that they are powerless to change others and agree in theory to try something new, we have the opportunity to say, *If you're interested, I can help.* At this point one or more of the family managers is likely to voice concerns. We simply address each concern sincerely and directly.

HARRY: What do you mean by *help*?
THERAPIST: Help it to trust you. Would you be interested?
HARRY: I'll do anything to help Marilyn. But I don't believe I'm the main problem.
THERAPIST: I understand. But people in families affect each other, so I think it's safe to say that this problem does involve parts in each of you. We've already talked about some parts of Marilyn and Grace, and we will help those parts. Right now I'm just asking you.
HARRY: But are you saying my parts have caused Marilyn's illness?
THERAPIST: No. But when your frustrated part goes off, it is harder for Marilyn to help her bulimic part feel safe trying something new.
HARRY: Okay. I want to help with that. But what am I agreeing to do?

In this way, the therapist is achieving what we call the *U-turn* in which we help each family member shift their focus from changing one another to working on their own systems.

DEACTIVATING MANAGERS AND IDENTIFYING THE FAMILY'S SELVES

At this point in an IFS family therapy, the managers of each family member would have the same questions: What will they be asked to do in front of each other? And will it be safe? The therapist geared his statements to calm these fears.

THERAPIST: There are lots of ways to get to know your parts. Each of you can find a way that's comfortable. For example, I can show you, Harry,

how to get in touch with your frustrated part right now. Or I can do a role play and talk to that part directly. There's no single right way. We just want you and that part to know and trust each other.

HARRY: Sometimes I feel like I know that part too well!

THERAPIST: I can imagine it seems that way. But there's a difference between him taking you over and you being here to talk with and for him.

HARRY: Okay. But you mean I talk to him now with everyone watching?

THERAPIST: If your parts are okay with Marilyn and Grace watching, they can stay. If not, they can be in the waiting room.

HARRY: Right this minute, I feel okay about them staying. But what if I change my mind?

THERAPIST: That is a good question. If we start off with them in the room and you change your mind, I can ask them to wait outside any time. We can always introduce you to each other's parts later on. Everyone has things they'd rather talk about in private. You have to decide for yourself, and everyone else will do the same.

Note that the therapist is confident, nonblaming, optimistic, reassuring, and relaxed (i.e., not controlling) in this negotiation. His aim is to deactivate the managers in each family member who is present simultaneously. His job is to bring Self-leadership to this family system, which is having a leadership drought. Since Harry is willing to get to know his frustrated part, the therapist will continue with that part, with the wife and daughter bearing witness. If he had not been ready to meet his frustrated part, the therapist could have talked instead to Grace or Marilyn about their constraints and their willingness to change. As each family member hears the others acknowledge having some role in the problem and expressing at least some willingness to help their protectors change, their managers feel safer, which allows more Self-leadership to come to the fore in each of them.

AGREEING ON CHANGE AS A GOAL

Once each member of the family who was present in early sessions (Marilyn's brother, Martin, was traveling and did not attend until later)

identified one or more parts who reacted to Marilyn's bulimia, the therapist tracked interactions between their parts. Since managers are never successful over the long run, questions like "So when that frustrated, critical part takes over, what happens?" tend to elicit stories about how ineffective managerial efforts are, or how they actually make matters worse. With this admission, the therapist can ask if everyone is interested in a different outcome.

THERAPIST: (*to Harry*) What does your frustrated part say to you when you realize Marilyn has binged?
HARRY: I've got to stop her.
THERAPIST: Are you surprised to hear that Marilyn's self-critical part, the one who activates her bingeing, sounds just like your frustrated guy?
HARRY: I'm sad to hear that. I know my frustration makes her feel worse. But I can't seem to stop. I hate feeling powerless and I just can't stand seeing her do this to herself.
THERAPIST: Would you like to be able to let her know you care about her without being critical?
HARRY: Of course! If only I had more patience …
THERAPIST: So you'd like your frustrated guy to calm down, but you don't know how to help him. Is that right?
HARRY: Yes.
THERAPIST: Would you like help with that?

CREATING A SHARED VISION FOR THE FUTURE

This line of questioning guides family members to describe how they would prefer to relate and helps them envision a preferred future, which in turn reassures their polarized protectors and helps dissipate polarizations. Skillful leadership in human systems generates a shared vision that helps access hope and build cooperation.

THERAPIST: (*to Harry*) If your frustrated part wasn't interfering, what might your relationship with Marilyn look like?
HARRY: I would be able to talk with her about her life. Not that she has to tell me everything or talk to me all the time, but I want to get to know

her again. I want the opportunity to do my job and give her some fatherly advice from time to time!

In this session, as we see, Harry is willing to say that his parts are involved with the problem. Sometimes, however, it's not like this because a family member insists that only other people's parts need to change. Rather than arguing, we simply ask this family member's insistent part if its efforts to change others have been successful. When the part admits that the strategy is unproductive—or worse, backfires—on a regular basis, we ask if the part would like to try something new. As long as it believes that we will keep the "real problem" (the other person's parts) in mind, it will usually agree to a temporary moratorium on trying to change others. With this agreement in place, we can guide family members to focus on their own distressed parts. Box 15.4 lists key steps in creating a shared vision of the family's future.

BOX 15.4. Creating a Shared Vision of Change

1. Ask all family members to envision their ideal future.
2. Ask what might constrain each person from creating that future (i.e., ask them to notice their protective or exiled parts).
3. If one family member wants another member to change, ask how effective that strategy has been.
4. Given that trying to change each other doesn't work, ask family members if they would like to try helping their own parts instead.

MONITORING THE EFFECTS OF CHANGE

As Marilyn's relationship with her father warmed over time, her mother's parts reacted. Although the mother–daughter relationship was enmeshed at times and distant at other times, each feared losing the other and both had parts who felt threatened by changes in family dynamics. This is not unusual and as shifts occur in family sessions, we ask everyone to notice how their parts are responding.

THERAPIST: How would it be for you, Grace, if Marilyn and Harry continued to get closer?

GRACE: I'd feel relieved. I'd like to get out of the middle and it would be healthier for them.

THERAPIST: You have parts who would like to be out of the middle and want what's best for them. That makes a lot of sense. You've also been close to Marilyn at various times. Have all your parts had a chance to be heard?

GRACE: Are you saying I would object to their being closer?

THERAPIST: No. Just that some parts might have feelings about change.

GRACE: (*after a pause*) Well, there is a part who feels sad about Marilyn growing up.

THERAPIST: That's perfectly natural. I have that part around my kids, and I suspect Harry has a part like that too. Marilyn's parts may also have feelings about growing up.

In addition to checking with other family members about internal responses to a pending change, we also ask those who are involved in the change to listen to all of their parts.

THERAPIST: Marilyn, do your parts have any concerns about your getting along better with your dad?

MARILYN: One is afraid it won't last. That part tells me he'll be mean again if I let him get close.

THERAPIST: Any worries about your mother's response?

MARILYN: Uhmmm. Yes. I have a part who worries about her all the time. I can't stand it when she's upset, and I wonder if she'll really be okay with this.

In addition to using parts language and asking questions designed to reveal imbalances and burdens, we have some useful techniques for zeroing in on one family member's internal system during a family session, and also for helping polarized family members unblend from extreme parts and become more Self-led.

NEGOTIATING A TRUCE BETWEEN POLARIZED FAMILY MEMBERS

Any time we help parts unblend, we are helping family members access Self-leadership, which is the primary goal of IFS therapy. Let's say the family wants to work on a conflicted relationship. Here is one way of helping the extremely polarized parts in a family to unblend. The therapist arranges chairs that face each other so the polarized pair can talk. As their parts pop up, the therapist stops the conversation and asks them to go inside to listen to their activated parts. Next, the therapist asks them to come back and speak for—rather than from—their parts. As activated parts recognize the advantages of this mode of communication, they get more interested in the Self and Self-leadership. In addition, because style—specifically, the rigidity of parts—is often more of a sticking point than content, issues tend to resolve quickly as participants access Self-leadership. When each person's parts feel heard and understood, solutions often become available.

HARRY: (*to Marilyn*) The only time you speak to me is when you want something. You spend your life in your room doing God knows what and I'm supposed to just go along with it!

MARILYN: And you just want to control me. I don't talk to you because I don't actually like you—

THERAPIST: (*cutting Marilyn off*) Okay, I'm going to stop the music for a second so you two can go inside and be with your parts. Let me know when they feel ready to let you speak for them and your heart is more open.

MARILYN: (*after a long silence*) Okay, I'm back.

HARRY: Me too.

THERAPIST: Before we go back to your conversation, go inside and ask the parts who were speaking what they really want or need. Why are they taking over? Who do they protect?

MARILYN: Okay.

THERAPIST: Ready to speak for your part?

MARILYN: (to her father) My angry part gets going whenever you complain about me being in my room. I feel bad about that too, but I feel so ashamed of how I look that I don't go out. And when you get on me about it I just feel worse. I have another, younger part who believes you see me as a failure. Whenever you comment on my problems, that part feels horrible and the angry part fires up.

HARRY: I'm sorry … that was my frustrated guy. I let him go again. He's just so worried about you and desperate to get you past this. When you hole up in your room, the house feels empty and I know you're up there suffering. I don't feel okay. I feel like I'm failing as a father.

Here Marilyn and her father negotiated a truce between their respective protectors, depolarizing a two-person, manager-to-manager conflict. His manager was controlling; hers was withdrawing. With their Selves in the lead, they could speak for these and other parts, including the ones who were being protected, and they could let each other peek behind their protective walls. As they felt safer and let their vulnerable parts out, they were able to enjoy each other more. Once family members are willing to speak for their exiles, their protectors relax, the atmosphere in the session changes, and new possibilities open up.

WORKING WITH ONE FAMILY MEMBER'S PARTS WHILE OTHER MEMBERS WATCH

Depending on where the family wants to start, the therapist could ask Marilyn to check in with her withdrawing manager, or Harry to listen to his frustrated part, or Grace to hear from her part who is afraid of conflict. Often family members need at least one session attending to their parts. Sometimes we temporarily suspend family sessions to have a few individual sessions with one family member. Sometimes we keep the family together and invite all family members to focus on their parts in turn. And sometimes just one person does an internal exploration of parts while others watch. In Marilyn's family, as we have shown, the therapist alternated between family members.

Although the family participates in deciding who needs this kind of attention as much as possible, the therapist has the job of attending to balance and keeps in mind the kinds of feelings that can arise when one family member gets attention. For example, other family members can interpret individual attention as evidence of a problem or of the therapist's partiality. Is she the most disturbed? Is he the favorite? To avoid such interpretations, we assert that individuals who help their parts are

courageously helping the whole family and over time we offer everyone the same opportunity.

Depending on what feels most comfortable to individual family members, we have a number of options for focusing on one family member's internal system. When a family member is willing, going inside in front of the others opens new relational dimensions. As they hear a part's backstory, observers often develop empathy for a part they have disliked in another family member and their view of that family member can shift significantly. For example, as Marilyn, Martin, and Grace realized that Harry's frustrated part was just twelve years old and was still stuck in the past when Harry's father was dying of cancer, they immediately recognized the importance of releasing him from feeling responsible for saving others. The acceptance and kindness they offered this sad, frustrated boy part eventually helped him to leave the past, unburden, and transform his role in Harry's family as well as in his inner system.

The Role of Observer

We want observing family members to separate from their reactive parts and respond from Self to family members who have made themselves vulnerable. While a high degree of Self-leadership bodes well for family members being able to witness each other compassionately, we cannot predict which parts will be activated in observers. For example, if Grace was blended with her part who felt angry with Harry, she would have a hard time listening to his frustrated guy with an open mind and heart, and she might have attacked Harry. This reaction would naturally have made Harry reluctant to disclose anything again. To minimize this risk, we ask the family members in advance to check inside as to who might get activated, then we help those parts unblend in advance. We also check back with them afterward. If we discover reactive parts at the outset and they are not able to separate, we predict trouble and problem-solve to avoid damage.

Family members tend to feel safer revealing their parts to one another if everyone agrees to follow one rule: In or out of sessions everyone can speak about their own parts but they cannot comment on the parts of other family members. This rule helps family members refrain from exploiting sensitive information that has been shared. We ban statements like, "I know you've got a sweet little boy in there, so get this angry part out of my face and let

me talk to him." But encourage statements like, "I have a part who feels scared when you get angry, and I need a minute to help that part." This rule is particularly important if the family struggles to maintain Self-leadership at home. If person A's part tries to get person B's part to change, B's part will become more extreme. With enough Self-leadership this rule becomes less important because A's Self will help A's reactive parts while B's Self helps B's vulnerable parts, and A's Self will also be available to B's vulnerable parts.

Anticipating the Aftermath

We anticipate the vulnerability of the family member who has been observed. She has exposed intimate, highly personal information in front of people who have been hurtful in the past and might be again. Even when a session seems to have been successful, managers in that person will be on high alert and will lash out at any observer who shows the slightest sign of being critical. We anticipate this with the family and make an explicit deal in advance. In return for this family member's courage and willingness to share, the family will give her space and be nonjudgmental and kind about whatever comes up in or after the session. Box 15.5 lists the observing family members' advance agreement.

BOX 15.5. When One Family Member Agrees to Be Witnessed by Other Family Members, Prepare the Family in Advance

---

❑ Everything the person says is confidential.
❑ Other family members will ask permission in advance before addressing anything that was revealed.
❑ In honor of the person's courage and willingness to be vulnerable, other family members agree to:
  ■ Listen inside for parts who might be critical or reactive.
  ■ Speak for those parts at a later time in therapy, prioritizing the vulnerable person's need for space and nonjudgmental kindness during and after the session.
  ■ Request help from the therapist if this feels difficult.

FREE TO CHOOSE

Since going inside is an intimate, delicate exercise, we give all family members complete freedom to choose whether or not they want to be observed by others in the family. When we are concerned that a family member who needs privacy won't ask for it, or if we suspect that another family member will not be able to unblend from reactive parts, we simply make the decision to begin inner explorations in private. To do this, we either ask other family members to sit in the waiting room or we schedule an individual appointment for another time.

If a family member opts to find out more about her internal system privately, we can generate empathy and understanding in the family by inviting her to tell other members about what happened later on if she is willing. Sometimes, however, even this level of disclosure is too threatening, so she must be free to choose total confidentiality. If she does decide to disclose, she and the therapist can discuss in advance what she feels safe revealing in family sessions so that she has no regrets later on.

CONCLUSION

IFS therapists help families restructure by releasing constraints. Because we trust that a critical mass of Self in any system will create healing, our goal is to find and release constraints on Self-energy. All systems seek balance and make attempts to self-right. We see this in the immature self-righting efforts of protectors, whose tactics stabilize a system at the cost of hiding injury and escalating polarizations. In contrast, when parts form relationships with the Self, their conflicts deescalate and systemic balance rebounds.

CHAPTER 16

Unburdening in IFS Family Therapy

When we work at the level of one family member's internal system, we have to address not only the concerns of the family managers, but also the concerns of managers within the family member who is doing the individual work. These parts are likely to have concerns about exposing either vulnerable exiles or embarrassing firefighters. Although we routinely ask about the fears of managers in individual therapy, in a family therapy session when others are looking on as one family member does some individual work, that person's managers are likely to feel particularly vulnerable and sensitive about exposing parts who might be unpopular within the family.

UNBURDENING A LEGACY

Sometimes unpopular parts are simply extreme protectors; sometimes they carry legacy burdens. For example, Grace, Marilyn's mother who was introduced in Chapter 15, felt perpetually injured by her own mother, who had been critical of her for as long as she could remember. Grace's mother blamed Grace for Marilyn's eating disorder. When Grace went inside, she discovered that her mother was not just the occasional holiday visitor and voice on weekly phone calls; she also had real estate in Grace's internal system. With the family watching, the therapist helped Grace's wary parts trust her Self so that she could learn more about a part who looked and sounded just like her mother.

THERAPIST: Grace, ask if this one inside who looks and sounds like your mother is a part.

GRACE: The answer I get is "sort of."

THERAPIST: Okay. What percent of its energy belongs to you and what percent belongs to your mother?

GRACE: Eighty percent belongs to her.

THERAPIST: Do any of your parts object to unloading the 80% that doesn't belong to you?

GRACE: The mother part is angry that I would even consider it. She says my mother did her duty and this is my duty.

THERAPIST: I see. How do you respond?

GRACE: None of my parts seem to want to leave it all on my mother.

THERAPIST: What do you say to them?

GRACE: Maybe carrying her own negative energy would motivate her to get help—I've never been able to help her.

THERAPIST: So what needs to happen?

GRACE: I'm telling this part that my mother has a higher Self, too. Carrying this negative energy around for her and copying her doesn't seem to do anything good for my mother.

THERAPIST: How does the part respond?

GRACE: She's nodding.

THERAPIST: So what needs to happen?

GRACE: She wants to let the energy go, but she worries that she's being disloyal. I'm reassuring her that we don't have to send it back to my mother. We can just let it go…. So now she's ready.

THERAPIST: Okay. How does she want to give it up?

GRACE: We're throwing it in the ocean together.

THERAPIST: Let me know when that's done.

[Grace sits peacefully with her eyes closed for a few moments.]

GRACE: Okay.

THERAPIST: How does the part look now?

GRACE: Oh she's transformed! She's me at about 6 years old.

THERAPIST: How do you feel toward her?

GRACE: She's in my arms.

THERAPIST: Does she still carry a burden?

GRACE: Yeah. Twenty percent belongs to her.

THERAPIST: What does she want you to know?

GRACE: Just that it's been a lonely job. She's asking if she can let the job go, too.

THERAPIST: What do you say?
GRACE: Oh, yes! We don't need any of that anymore.
THERAPIST: What would she like to do instead?
GRACE: She just wants to stay with me and play.

At the end of the session, Grace asked inside if any part would object to her speaking to her mother in person. Since no one objected, she took her mother to lunch that week and asked about her childhood. With Grace's encouragement, her mother spoke about her marriage with Grace's father, who was charming and playful when he was in a good mood, but sarcastic and critical when he was not, which was often. She also surprised Grace by asking if her parenting style had been too critical. Grace said it had been very critical and hurtful, and her mother talked about her own mother's harshness. Although this kind of thoughtful response from a feared relative is far from guaranteed, Grace had gone into their lunch date feeling curious and confident that she was ready to handle whatever came up. After the lunch with her mother, Grace's parts had more confidence in her Self-leadership.

Development of a Burden

If we suspect that a burdening event from the past is playing a significant role in the family's current problem, we can ask about the onset of the problem and its history. Additionally, whenever extreme parts emerge in family sessions, we can ask them how they came by their feelings and beliefs.

THERAPIST: (*to Grace*) You say that you have a part who is afraid Marilyn will die of bulimia. Has anything happened in your life to cause this fear?
HARRY: I don't know if this is related, but we had one miscarriage and one stillbirth before Marilyn was born. It was exhausting for us both. But we put all that behind us once we had Marilyn.

Upon hearing this from Harry (Grace remained silent), the therapist asked their permission to continue talking about the subject. When both agreed, he invited them to check for parts who were impacted by their failed pregnancies. As they reviewed their experiences, Harry found a

protective part who handled loss by forgetting. This part had caused him to desert Grace in many times of crisis. Grace, in turn, found a part who felt that being abandoned confirmed its badness and unlovability, and other parts who were enraged about being abandoned by Harry.

Regarding the lost pregnancies specifically, Grace had an inner critic who told her that she was toxic and any child of hers was doomed. The breathless warnings of this part had caused Grace to panic over Marilyn's childhood asthma, even though it was mild. To her chagrin, she also found a part who responded to these fears by disconnecting from Marilyn in favor of Martin, her robustly healthy younger child. After discovering all this, Grace and Harry requested a few sessions of therapy alone as a couple to witness, grieve, and unburden their exiles. When they returned to family sessions, they were able to be more curious about how their inhibited grief and estrangement as a couple has affected Marilyn and Martin.

This family's experience is a good example of how burdens produce imbalance and affect a family's development negatively. Two people who entered marriage with significant childhood burdens then responded to their shared crises by withdrawing from each other. They had gone on to abdicate leadership more generally by exiling sadness in their children, failing to communicate with each other directly, being irrationally anxious about one child's health, and unevenly distributing the resources of positive attention and love.

BALANCE AND IMBALANCE

Once a family feels safe enough in therapy to handle exiled events and feelings, the therapist can query them regarding balance. See the sample of questions in [Box 16.1](#) that explores how a family manages balance and the impact of imbalances. Asking questions is, in and of itself, a beneficial intervention because, when clients succeed in getting their intellectual narrating parts to step back, questions from the therapist elicit the Self's meta-perspective, from which the clients can view burdens and imbalances with more compassion while spotting previously obscured solutions. At the same time, questions often lead to exiled issues and can frighten family managers. If a family member expresses fear (overtly or covertly) about discussing an imbalance, we slow down and attend to that fear first. Once

family members examine fear openly with their Selves in the lead, the fear tends to dissipate.

BOX 16.1. Assessing Balance

QUESTIONS THAT ASSESS BALANCE IN THE FAMILY

❑ How does the family make decisions? Specifically, who has input? Who has the final say?
❑ Who has the most leisure time, money, attention, friends, and so forth? Who has the least? How did that ratio develop?
❑ Who has the most responsibility in the family? Who has the least? How did that ratio develop?
❑ Who is closest to whom?
❑ Who is most distant from whom?
❑ Who is most protective of whom?
❑ Can two family members be in conflict without a third interrupting?

QUESTIONS THAT ASSESS THE IMPACT OF IMBALANCE ON THE FAMILY

❑ How does imbalance affect each of your parts?
❑ What would happen if you had more balance in this area?
❑ Are there parts who feel afraid to discuss this imbalance? What are they most worried about?
❑ Is there an arrangement that would feel better?
❑ Are there parts who object to your doing things the better way?
❑ What else keeps you from doing things the better way?

Burdens Create Imbalance

Imbalances in the distribution of family resources and responsibilities flow from extreme beliefs (burdens), which are often cultural legacies going back generations. When we start by examining the family's history and traditions, the conversation naturally flows downstream to the effects of imbalance on the family. The legacy burden of patriarchy, for example, is passed down in families and cultures in the form of fathers and sons getting more influence and resources, and fewer household responsibilities, than mothers and daughters. The notion that a particular category of person in the family (the male, the smartest one, the sickest one, the tallest one, the

most athletic one, etc.) is inherently more deserving of resources is a belief not a fact. Beliefs like this burden families with costly imbalances. If we notice an imbalance, we can ask about the burden that created it directly.

THERAPIST: (*to Harry*) Where did you come by this belief that men are entitled to more free time at home?
HARRY: That's how it was in my family. I guess I just picked it up.

Alternatively, we can begin by asking the parents to describe the culture of their respective families and community. Or, we can ask the whole family to notice and list legacy burdens that still manifest in the family.

HARRY: My father never gave me a break. No matter how well I did in school, he could never bring himself to compliment me. He always let me know I was not good enough.
THERAPIST: So he carried the burden of perfectionism. Marilyn, do you think your dad inherited this burden?
MARILYN: I'll say! Maybe it's not exactly the same because Dad does compliment me sometimes. But I still feel I can never be quite good enough, like I disappoint him even though he's saying something nice.
THERAPIST: Did you inherit this perfectionism?
MARILYN: Well, I only criticize my parents or myself. But I do judge people in my head. Still, I'm harder on myself than on anyone else.
THERAPIST: Critical parts are like that. Out loud, your perfectionist is hard on your parents, but it is also hard on you and others in your head. (*turning to Grace and Martin*) How does the perfectionism of Harry's family affect you two?
GRACE: "We don't settle!" I heard his mother say that more than once! I knew I didn't want to be the one who lowered their standards.
MARTIN: Geez, I feel sort of guilty. I like being the best. Coach is kind of like Dad. He can be tough, but I know he admires me for sticking it out.

Although at first Martin could see only benefits from the legacy of perfectionism, he admitted, when Marilyn challenged him, that he preferred positive to negative feedback from his coach—and his father. When Grace responded by gently suggesting that he did not have to perform for their love, he looked at the floor.

HARRY: You look sad, Bub.

MARTIN: Yeah. I don't know why.

THERAPIST: Would you like to find out?

MARTIN: Okay.

THERAPIST: Should everyone stay or go?

MARTIN: They can stay.

THERAPIST: Okay. Go inside, Martin, and notice the sadness. How do you
    feel toward it?

MARTIN: Puzzled.

THERAPIST: What does it want you to know?

MARTIN: If I'm not trying to be the best, who am I?

THERAPIST: Does that make sense to you?

MARTIN: Yes.

THERAPIST: Would you like to find out who you are?

MARTIN: I love playing basketball.

THERAPIST: There's room for all your parts, your basketball player included.
    And there's also room for the Martin who's not a part.

MARTIN: (*looking around at his family*) Okay.

As Martin unblended from his perfectionistic basketball player, he discovered a young part who believed he would only be loved if he was the best. After this, the family used a whiteboard to list how perfectionism had affected each of them. As they talked, they speculated about when and how perfectionism had developed in Harry's family of origin, noting the hardships and rejections his grandparents had endured as Jewish immigrants at the turn of the century. Finally, they planned a ceremony to release this shared burden and honor their ancestors in the yard at home on a starlit summer night.

Secret Burdens

If you feel a piece of the puzzle is missing as you work with a family, we recommend waiting until family managers relax before asking about the kinds of events that generate secrets. As we have been illustrating, secrets burden systems, and family secrets can lurk like ghosts around sessions. To the example of unmourned deaths in Marilyn's family we can add a long list of common secrets that burden families, including war and natural catastrophes, verbal and physical abuse, marital separation, problematic

drug or alcohol use, neglect, abandonment, disabling illness, mental illness, and suicide, along with all manner of events that seem innocuous to the therapist but have meaning to family members. Once a burdening event is revealed and we have permission from the family to talk about it, we may find that the whole family feels frozen at a challenging time in the past, just as parts get frozen in times of trauma.

Emigration and Immigration

Most families inherit culturally syntonic values or perspectives that can become burdensome when they no longer fit with the family's current circumstances. This is a common dilemma for immigrant families whose children grow up in a new culture. In addition, emigrating families lose community and relationships, and immigrating families often encounter deep prejudice. To identify the constraints that result from leaving home and relocating in a new culture, we inquire about changing values and how the family copes.

Material Burdens

Material burdens like stressful jobs, dangerous neighborhoods, poverty, discrimination, and the special needs of disabled or elderly family members challenge leadership and drain family resources. They can lead to extreme ideas or feelings, and are constraining in their own right. As we inquire about the impact of material burdens on the family, we discuss how family members can best support each other and access resources in the community.

LAURA'S STORY

We end this chapter with another case example that illustrates many of the points we make above. Laura came to therapy in college and soon asked her mother, Darcy, and sister, Molly, to join her. When Laura was 11 years old and her father died in a car accident a new family dynamic emerged. Her mother Darcy continued to work but withdrew into an enduring depression. Although Darcy felt guilty about abdicating her leadership role, she did little at home and Laura took up the slack, becoming the parentified child.

Stepping in and hefting disproportionate responsibilities, Laura made sure her 8-year-old sister Molly was fed and ready for school. She also cleaned house, handed her mother a shopping list, and cooked dinner, all of which interrupted her developmental trajectory and generated some very resentful firefighters who were harshly critical of Darcy. In turn, Molly, who feared her mother's further depressive collapse, defended Darcy from Laura's anger. In a state of mutual despair, with vulnerable parts frozen at the time of Bill's death, each of them was burdened with unexpressed grief, loneliness, and hopelessness. Parental death often throws a family system into enduring imbalance, generating the kind of chronic polarizations, alliances, enmeshments, and overall disharmony that form the bread and butter of family therapy.

While Laura was in college she got addicted to fentanyl, which she bought on the street. Her mother and sister were not aware of her drug use, even though she lived at home, because she was gone from the house much of the time. After watching several friends overdose and die, however, Laura entered a treatment program in which the primary approach was to acknowledge addiction, admit she was powerless over it, and consider the pros and cons of continuing. Although she left the program committed to sobriety, she remained afraid of the emotional pain that drove her addiction. A college friend who was in IFS therapy urged Laura to try it.

During the first two sessions Laura described living with her family, which she said she was doing to save money. She reported quarreling often with her mother, who spent as much time as she could alone in her room. Molly meanwhile worried incessantly about Darcy, complained of stomach pains and missed a lot of school, which affected her grades. Darcy's passive response to this crisis further enraged Laura, causing Molly to defend Darcy. Listening to Laura's story, the therapist concluded that he could help Laura most effectively by helping the whole family, so he suggested family sessions. Laura agreed, but only as long as her addiction was not disclosed. Therefore, they decided Laura would continue with individual therapy and the family therapy would focus on family relationships.

An Individual Session with Laura

In individual therapy Laura found that her addict part was mad at her and would not talk to her, so the therapist used direct access to talk to the addict

while Laura listened.

THERAPIST: Can we talk to your fentanyl addict?

LAURA: I don't think he will talk. He's locked in a cage, and he's really mad. He wants to get out and use again.

THERAPIST: Can I talk to him directly?

LAURA: Okay.

THERAPIST: So you be the part who uses fentanyl and just let him talk. Are you there?

LAURA: No—that's what he said.

THERAPIST: What are you afraid will happen if you don't get her high again?

LAURA: I'm not afraid of anything. I love getting high—it's a great feeling. I can't wait to start again.

THERAPIST: Okay. Thanks for letting us know. I'm going to talk to Laura again. Are you there, Laura?

LAURA: Yes.

THERAPIST: What needs to happen?

LAURA: He has to stay in the cage.

THERAPIST: Okay. We can leave him there while we go on with the family sessions. But we will come back to him. You'll be able to let him out of the cage as soon as he trusts that he can do something he prefers and doesn't have to help you in that way.

LAURA: He's scoffing at you.

THERAPIST: He doesn't believe that you won't need to get high?

LAURA: Yeah.

THERAPIST: Okay. We'll come back when things feel different.

LAURA: Okay.

A Session with Laura's Family

Although the therapist was quickly aware of the structural problems in Laura's family, he wanted to start by finding out more about their parts. So he asked Laura and her mother to talk to each other about their relationship. Within minutes Laura was berating Darcy. The therapist called for a time-out and asked all three family members to focus inside and notice their feelings. Darcy said she felt helpless and guilty in the face of Laura's anger and wanted to run out the door.

THERAPIST: So one part of you wants to run away, another part feels powerless, and yet another one is telling you that you're a bad mother, is that right?

DARCY: Yes.

THERAPIST: Which one usually takes over when you talk to Laura?

DARCY: The powerless one I guess. I just sit here and take it, although at home I sometimes walk away.

THERAPIST: (*to Laura*) What happens inside you when your mother shuts down like that?

LAURA: I get furious. She's so fucking negligent! I just want to shake her. She's in a trance.

MOLLY: Why are you so mean to Mom?!

THERAPIST: Okay, let's pause again. Laura, it makes sense that you'd want to snap your mother out of her depression, and we'll talk about that more as we go. For now, however, I want you to focus inside on your angry part and ask what it's protecting. Molly, you do the same.

After several attempts, Laura was able to listen to her angry protector long enough to learn who/what it was protecting. She indicated to the therapist that she had found something.

THERAPIST: That's great. Before we go any further, check that your heart is open so you can speak *for* these parts rather than *from* them.

LAURA: (*in a softer voice*) Okay. Mom, when you get passive like that, a part of me feels desperate, panicky—like we're all gonna die. The angry one says a lot of things to me like, *She's supposed to be the parent here!* but really it just wants you to help me because I'm drowning.

DARCY: I understand why you feel panicked and angry—you've had to keep us afloat for years. I wish I could be different. I've always known it was hurting you. But I couldn't pull myself out of the hole. And this guilt just digs me deeper. I want you to know how sorry I am.

LAURA: (*making a face*) Sorry doesn't cut it.

THERAPIST: (*to Darcy*) Are you willing to work with the parts who keep you in that hole? If so, I can help. You'll feel better, and Laura and Molly won't have to take care of you anymore.

DARCY: Of course I'm willing. I just don't know how to do it. I've tried so many things since Bill died.

THERAPIST: I understand. I can help.

This session illustrates many features of IFS family therapy. First, rather than giving directives to family members about how to behave differently, the therapist invites them to focus inside and hear from parts who drive their dysfunctional patterns. Then he has them speak for these parts from their Selves rather than letting the parts speak directly, which is the way they ordinarily talk to each other. Next, he asks each family member to discover who their protectors are protecting internally (exiles). And, finally, he asks them to speak for these exiles. Once exiles have been spoken for, the atmosphere of family sessions softens because family memebers' Selves begin to emerge and protectors drop their weapons, at which point the therapist's main role is to hold them in Self-energy while they speak for their parts.

Throughout this process and across sessions, the therapist plays the role of hope merchant, as mentioned. Selling hope to entrenched protectors who feel hopeless slows everyone down and fosters patience. The therapist is able to do this because he trusts that IFS can help each family member. At different points, when it is clear that family members can hold some amount of Self-energy in the role of witness, the therapist also asks one family member to go inside and engage in a vertical exploration with that person's parts while the others watch. This is as powerful an experience for family members in the role of witness as it is for the person who is speaking.

Darcy's Breakthrough

In subsequent sessions, Darcy volunteered to do a few individual in-sight sessions with Laura and Molly watching. As Darcy went beneath her hopeless part, she found a terrified little girl who was watching her father hit her mother, and both girls wept. Darcy's 5-year-old child knew that she and her mother were powerless to stop her father. At that moment, as Darcy learned, her protectors had kicked in to save her from disappointment by removing any hope that life could be different. She also realized why Laura's anger had intimidated her so thoroughly. After she had retrieved and unburdened the 5-year-old, Darcy opened her eyes, looked at her daughters, and moved to embrace Laura without saying a word. As if they had finally crossed a chasm, they clung to each other. At first Molly waited her turn patiently, but as their embrace went on she simply joined in. When

the three of them finally separated, Darcy spoke to her daughters about how shut down she had been until she met Bill. The 5-year-old had gotten attached to his physical strength as an external protector and to his benevolent kindness. Bill had been the first man who didn't scare her. When he died the 5-year-old was bereft and her protectors, who had allowed the attachment with a lot of reservation, leapt in with a vengeance, vowing never again to let her feel hopeful or make an effort to improve her life.

In response to these revelations, Laura declared that her angry part was now feeling sad, and Molly confessed she had a part who had wanted to stop the session to protect her mother but was now glad she hadn't. While the therapist helped both girls in later sessions, Darcy's breakthrough achieved a few important structural changes in the family. Her protectors backed off substantially (though not totally), allowing her to reach out more actively; she showed a new interest in Laura and was able to remind Molly not to take care of her anymore.

When the Self begins to emerge as an inner or outer leader, extreme protectors in family members often relax quickly. Just getting the dramatic backstory to her mother's passivity helped Laura unburden much of her anger and opened the door to a new, longed-for closeness with her mother. As Darcy became more active, Laura and Molly let go of much of their feeling of responsibility for her and the family. Finally, once Molly no longer needed to protect Darcy from Laura, she could enjoy being close with both of them. Of course, one session did not heal Darcy's exiles completely, nor did it release her protectors entirely. The therapist had predicted ups and downs and these occurred. But when Darcy's protectors came on strong again, no one panicked because they understood what was happening.

Laura's Fentanyl Addict Prepares for a New Job

After Darcy's breakthrough session, Laura returned to her addict part in an individual session. He was still in jail, but seemed more relaxed.

LAURA: He sees that I feel better and he would like to do something else if he could.

THERAPIST: If we helped the girl whose father died, would he be able to do something else?

LAURA: He says, *We'll see.*

THERAPIST: If he could switch from doing fentanyl to doing something else, what would he prefer?
LAURA: He's kind of interested in helping me find a career.

After Laura's exile unburdened, she released the fentanyl addict from jail and he did switch over to helping guide Laura's career, albeit still asking Laura now and then if she would like to get high because he missed it. We have worked with lots of clients like Laura who have been shackled to various addictions—including (but not limited to) various extreme uses of drugs, alcohol, food, and exercise. Our observation is that these compulsive behaviors give clients relief from pain, loneliness, shame, and terror. In our view, the most addictive element of all these addictions is relief. Once exiles have stable, long-term relief due to unburdening and forming an enduring relationship with the client's Self, firefighters realize their jobs are obsolete and compulsive urges abate enormously. At this point some clients who want to stop addictive behavior are able to do so on their own, whereas others need the help of support groups and medical intervention.

* * *

CONCLUSION

The key constraints in Laura's family, burdened parts, were internal to each family member. However, many families have external constraints as well, such as living in dangerous neighborhoods, being overworked, or coping with racism, misogyny, homophobia, or transphobia. These constraints require attention in therapy as well, sometimes before inner change can last.

As we illustrate throughout this book, human systems—parts, individuals, families, communities, and cultures—nest, mirror, and interact. And since all systems sustain injury at times, all are at risk of developing burdens that can be passed down for generations. At the same time, all systems seek balance and make attempts to self-right. As polarized parts form relationships with the Self, they deescalate and systemic balance rebounds. The Self is the self-righting mechanism in all of us.

CHAPTER 17

Treating Couples with IFS Therapy

Couple therapy is dyadic only in the sense that we have two clients in the room. When we think in terms of psychic multiplicity and every individual having an internal system of parts, we see that several parts are likely to be involved in any pattern of conflict. Couple therapy, therefore, navigates the same underlying psychic structure as individual and family therapy, and the same IFS concepts and techniques apply. IFS couple therapy can either be a stand-alone modality or a subset of family therapy that occurs in sessions reserved for parents. Our goal in this chapter is to provide a simple overview of technique and also to illustrate how we might meet with parents as a couple during the course of family therapy.

TRACKING THE COUPLE'S INTERACTIONS

In IFS couple therapy we begin by tracking horizontal interactions between partners to illustrate their cycle of conflict. Here is an example:

THERAPIST TO PARTNER A: When you feel angry, what does your angry part do?
PARTNER A: Yells.
THERAPIST TO PARTNER B: Are you familiar with her yelling part?
PARTNER B: Yes.
THERAPIST TO PARTNER B: What do you notice inside when she yells at you?
PARTNER B: I get mad, too.
THERAPIST TO PARTNER B: And what does your angry part do?
PARTNER B: He yells back.

THERAPIST TO PARTNER A: When his angry part yells back, what happens inside you?
PARTNER A: I go numb and stop speaking.
THERAPIST TO PARTNER B: When she stops speaking, what do you do?
PARTNER B: I think I sulk.

After laying out their cycle in this way, the therapist has the opportunity to do a few important things: (1) point out that neither partner is getting their needs met; (2) invite the couple to hear the therapist's perspective and introduce the concept of protective parts; and (3) invite the partners to be curious about the vulnerability and unmet need for recognition and love that underlie all the efforts of their protective parts (Herbine-Blank et al., 2016).

When couples relate from the Self rather than from protective parts they remember why they connected in the first place, and their openhearted discussions foster repair and resolution. Our job, therefore, is to help them embody their Selves rather than providing advice or interpretations that aim to solve the couple's problems. Since protectors will only relax and let the Self manifest when their exiles are healed, we also help the partners with inner work of the typical IFS variety in which they access and unburden their exiles. In the beginning especially, "We aim to move their focus inward and off their partner" (Herbine-Blank et al., 2016, p. 40).

SPEAKING FOR, RATHER THAN FROM, PARTS

Following is a long excerpt of dialogue from mid-therapy with a couple that had two school-age children. It illustrates (1) how family members can witness each other as they explore inside and (2) the power of family members speaking for rather than from their parts. Phil, who led off in this session, was initially speaking from a protector who was trying to scare his husband, Timo, into going back to work after having stayed home to care for the kids for several years. Phil is in the role of speaker and Timo is in the role of listener. We guide partners in both of these roles to help their parts unblend so they can speak *for* their parts and listen *from* their Self (Herbine-Blank et al., 2016; Schwartz, 2008).

PHIL: About 2 weeks ago Timo told me that he changed his mind about returning to work. I know that if he keeps staying home he'll stay depressed and angry and I'll suffer for it. So of course all week we were screaming at each other and one night I actually had to leave the dinner table. I just walked out of the house and could not come home until everyone was in bed. This is very painful for me and I don't know if I can keep going like this.

TIMO: Then just leave if you want to.

THERAPIST: Okay, I'm going to ride herd while you guys talk. Which means whenever I notice one of you speaking from a part, I'll call time-out, you'll both go inside, and the one who is speaking will return to speak *for* that part. Agreed? So I'd like for you both to do that now.

[Rather than getting into content, the therapist reminds Phil and Timo that the goal is to unblend from parts and speak for them.]

TIMO: Okay.

PHIL: Yep. I'll try.

THERAPIST: Okay. Phil, notice the part of you who was just talking. Will it let you speak for it? And, Timo, notice the defensive part who responded. If your parts need help unblending let me know.

[They each close their eyes and soften visibly as they attend inside.]

PHIL: I found a part in my chest who is frantic and wants to coerce you into working. Beneath it I found a vulnerable one who gets so scared when you're angry.

TIMO: That is easier to hear. I know that my anger is hard for you and I can work on it. I wish you could believe that my anger isn't so related to being home with the kids. It's more about how I don't think you hear me at times. Also when you threaten to leave like that it goes to the heart of my dad abandoning me. When I first listened inside, I noticed the part who counterattacks. But as I stayed longer I found the younger one who gets so terrified when you make threats.

[They have both been speaking from their Selves for their parts, but now Phil's anger jumps back in.]

PHIL: I hear that my threats scare you, but I don't think you realize how bad you get at home. When you are at home, it feels like you're constantly scanning my behavior and you're so irritable. It's like you're looking for things to get mad about. Since I know what's coming, I just stay away. I wouldn't blame you for leaving me if I was on you like that all

the time. And if you keep acting this way, then, yeah, it is a deal breaker.

THERAPIST: Okay Phil, I'm going to stop you because I'm hearing the angry one again. Just take a second to go inside and find it in or around your body.

[The therapist decides to do a little work with Phil's angry part since it keeps interfering.]

PHIL: I *am* angry. It's in my chest.

THERAPIST: And how do you feel toward the angry part?

[This is our primary parts detecting question in IFS.]

PHIL: Grateful! I don't get to anger easily or often. So I'm kind of relieved it's showing up.

THERAPIST: Okay. Let the angry part know you appreciate it showing up for a change.

[Here the therapist makes a point of validating Phil's angry protector. In IFS we welcome protectors rather than trying to control or banish them. Phil is now gazing to his right and is quiet for a few moments.]

PHIL: My self-righteous part is here, too.

[Note that his angry protector responds to validation by relaxing so that Phil becomes aware of another important part.]

THERAPIST: Where do you find the self-righteous part in your body?

PHIL: (*points to his chest*) For me, everything starts here. My heart is fluttering …

THERAPIST: Let your angry and self-righteous parts know that you want to hear from them. Then ask if they'll trust you to speak for them. That way you can keep your heart open even as you talk with Timo about these difficult things.

[The therapist focuses on the relationship between Phil and his parts, reminding Phil to help them unblend.]

PHIL: That's helpful—keep my heart open. Yes.

THERAPIST: Okay, let's try again, this time with you speaking *for* your parts.

PHIL UNBLENDS

PHIL: (*looking at Timo*) I can speak for my parts. As long as we're in dialogue, I don't have to shame you. I don't have to accuse you of being reckless or inconsiderate. I know I'm hurt and afraid and sad.

THERAPIST: Great, Phil, speak for the parts who are hurt, afraid, and sad.

PHIL: I miss us. When we snipe I have one part who feels so sad, and I have another part who wants to blame you. But I don't think that's entirely fair. I'm actually mixed about your returning to work because I'll have to take care of the kids that much more. So work is not so much the issue. And it's not only that your anger scares me. I also miss you when I retreat to my office all the time because we fight.

THERAPIST: Thank you, Phil. How did that feel, Timo?

[The therapist now tracks back to check with Timo's parts.]

TIMO: Moving. He got vulnerable. It brings my blood pressure down and makes me love him again.

Family members come to therapy speaking to each other from rigid, righteous parts who take coercive positions and are always ready to escalate with the other person's protectors. Although Phil opened the session by threatening to leave his marriage, once that protector relaxed and he expressed vulnerability and caring, Timo shifted out of being dismissive, illustrating that this process is less about learning communication skills than about getting parts to trust the Self to lead in conversation. After they have reestablished a sense of connection and safety, Timo goes on to broach an underlying issue.

MOVING HORIZONTALLY BETWEEN PARTNERS

TIMO: To tell the truth, if you didn't disappear to your office, my mood would be much improved. Also, if you would listen to me like you are now …

PHIL: I know what you're saying. But I don't agree. When I withdraw you come after me so intensely. I'd like to find a way for you to get close to me without making all that noise.

TIMO: Me too! Because I really don't like having to be so noisy, but if I don't make noise you drift away.

PHIL: You think being noisy is the only way to be with me when you feel disconnected?

THERAPIST: Do you drift away, Phil?

[The therapist cuts in and invites Phil to be curious about his behavior. Phil sighs and looks at the therapist.]

PHIL: Well, yeah, we can talk about this. For my taste, Timo is a bit clingy. We have different styles. Is there a solution to that? I think we just need

to be capable of negotiating our space. How close is close enough for you, but not too close for me? You know? Like, I devote a lot of time and energy to my profession and we have two kids, so downtime is crucial for me. I need to read books and play the guitar without interacting with anyone. Yet Timo experiences those three things, which seem totally normal to me—reading, playing the guitar, and working—as my moving away and being absent from him.

THERAPIST: Does this sound accurate to you, Timo?

[The therapist tracks back to Timo to get his view. Unless we are doing vertical work with one client, we move horizontally, tracking back and forth between partners to check on their Self-energy and illustrate the patterned interactions of their protectors.]

TIMO: This is Phil's story.

THERAPIST: There's that dismissive part again. If it were to step back for a moment, what would you feel right now?

[Noticing Timo's protector again, the therapist guides him to be curious about its motivation.]

TIMO: It hurts when, um … when I hear him box it all up that way.

THERAPIST: Because it doesn't seem accurate?

TIMO: It seems accurate but incomplete. Of course reading is important and playing the guitar is great—I like to hear him play the guitar. And his work is crucial for our family. (*turning to Phil*) I think I'm pretty supportive of your work. But when you're doing your thing so much of the time, I do feel resentful. I want more of you. I want to be included. And how do I get through to you? You lay it out as if it's all so simple.

THERAPIST: So when you sense Phil withdrawing or being distant, you feel hurt and then an angry part goes after him?

[Again, rather than letting the partners interact around content, the therapist steps in to steer them toward noticing the behavior of their parts.]

TIMO: Yes. I'm comfortable with anger. It comes naturally when I feel disempowered.

THERAPIST: So, Phil, when Timo's angry part takes over, what exactly happens inside you?

PHIL: As I said, I get scared. I'm also aware of feeling unjustly accused. My self-righteous part comes out. You have no right to be angry with me! I've done nothing wrong! I know Timo's angry part is trying to be

useful, but from my perspective it gets him exactly the opposite of what he wants.

[This is generally true: Extreme protectors do almost always get the exact opposite of what they want.]

THERAPIST: (*speaking to Timo*) Do you agree that you're getting the exact opposite of what you want when you get angry?

TIMO: Most of the time. And I know my anger scares the kids, which is part of why we're here.

THERAPIST: And I also hear that you're attached to your angry part. You like its strength. You like when it goes to bat for you.

[The therapist pauses to validate the importance of Timo's angry protector.]

TIMO: Yeah, I would be a very frightened person without it.

THERAPIST: Can we focus on it for a minute?

[The therapist asks Timo for permission to pay attention to his angry part.]

TIMO: Yes.

THERAPIST: (*to Phil*) Is that okay with you?

[The therapist asks Phil for permission as well.]

PHIL: Great.

TIMO'S EXILE

THERAPIST: (*to Phil*) As the listener can you stay openhearted?

[The therapist helps Phil step into the role of listener, reminding him to help his parts unblend.]

PHIL: Thanks for reminding me. I'll try.

THERAPIST: If you're having trouble, let me know. Okay, Timo? Ask your anger who it protects.

TIMO: I see a baby crying. He's not safe.

[Timo closes his eyes and is quiet for what seems like a long time. Although he attends inside silently without reporting the details of the scenes he is witnessing, his face expresses his feelings.]

THERAPIST: How are you doing?

[The therapist checks in gently.]

TIMO: I'm going in to get that baby out of there.

THERAPIST: Great. Where does he belong?

TIMO: With me.

THERAPIST: Bring him up to the present to be with you. Is he ready to unburden?

TIMO: Not yet. There's more … but that's all for today. (*opening his eyes*)

THERAPIST: How are you?

TIMO: I see now. I sometimes expect Phil to be the person who rescues me—that is, helps the baby. When he disappoints me … it's devastating. I know I have to find the Phil in me.

Timo's realization was especially important for him, since he and Phil, like most couples, had organized their relationship from the beginning around nurturing and protecting each other's exiles—a setup for trouble (Schwartz, 2008). But when exiled parts feel loved by the Self and have been reintegrated internally, protectors can stand down, partners can have ongoing access to their Selves, and recurring conflicts tend to melt away. In this instance, Timo was tapping into the law of inner physics (see Chapter 20) that everyone has an internal resource (a Self), filled with love, validation, and comfort, which is always available for parts. Having discovered this law, IFS takes attachment theory inside. Rather than expecting the therapist or the intimate partner to be the good attachment figure for exiles, the person's Self is the primary caretaker. This approach frees the other partner to be a secondary caretaker, a position of far more freedom and less dependence. In this session the therapist went on to invite Timo to engage in a mind's-eye rehearsal of being (and staying) unblended from his angry protector, despite one of Phil's typical provocations.

THERAPIST: So let's do a little thought experiment, Timo. Imagine that Phil is off doing one of those things he does and you feel triggered. Then ask your angry part to let *you* handle it. What does that look like?

TIMO: If Phil's out and not with me it's easy to get mad. But if I don't get mad, and I just sort of see it from a bigger place, then I see that I'm sad. I'm sad that we're apart. Yeah and I miss being with him.

THERAPIST: Can you open your eyes and speak for the sad part with Phil?

TIMO: (*opening his eyes and looking at Phil*) I miss you.

THERAPIST: Phil?

[The therapist tracks back to Phil, whose eyes are welling up.]

PHIL: This is really powerful for me. Very emotional. Like, I … I know what you're talking about. I know you feel abandoned. I wasn't around for that part of your life, but I heard it and I believe it. It's real to me. I see you. I mean, at least with respect to me, you have so much more

power when you are taking care of that unwanted baby. That just brings me to you in a very, very direct way. So, if you tell me that you miss me, like all I want is to come to you.

THERAPIST: How does it feel to hear that?

TIMO: (*wiping away a tear*) Sweet! You know, it's hard to get to this place all the time—or even often. I feel seen. You are honest and present.

As we see, Timo is vulnerable and has the opportunity to feel Phil's compassion. And, in turn, Timo talking about the vulnerable backstory that motivates his angry protector is powerfully moving for Phil. Along with the language of parts, this moment of openness liberates Phil to make a confession.

PHIL'S EXILE

PHIL: Okay, let me be really honest. I don't know if this makes me a good person, but when you say *I miss you* and I have to be somewhere, I don't come toward you. And sometimes I think, *C'mon! You should be able to take care of yourself here. You don't need me all the time!* I don't necessarily want to be that guy, but I do sometimes feel that way.

THERAPIST: A part of you thinks, *Oh grow up!*

PHIL: Yes. I'm not proud of it. It doesn't feel good to say. But it's true.

THERAPIST: (*turning to Timo*) Does that message set off your angry guy?

TIMO: Yeah, it's like *Oh well, we had a cup of coffee this morning. What more could you possibly want from me?* Yet I'm over here thinking *Gee, we haven't even checked in yet this week.*

PHIL: I heard myself say it out loud, and I'm aware that I may not really want to be that way. I'm aware that I'm awfully comfortable being disconnected. So I own that part.

[Note that Phil's protector, who insisted that he and Timo would simply have to adapt to their different styles of intimacy, has relaxed, giving Phil a new perspective.]

THERAPIST: We've got a few minutes. Do you want to explore the part who disconnects you?

PHIL: Sure.

THERAPIST: Is that okay with you, Timo? Remember, heart open.

[The therapist reminds Timo of the role of the listener.]

TIMO: I can do that.

THERAPIST: So now, Phil, locate and listen to the part who gets so annoyed when Timo says he needs you. How do you feel toward it?

PHIL: This part is very close to me—like, it *is* me—and I am grateful that it sets boundaries when everyone wants a piece of me.

THERAPIST: Would this boundary-setting part be willing to separate a little? (*Phil nods*.) Who does it protect?

PHIL: (*closing his eyes*) Yeah, yeah, you know, it protects that boy who couldn't stand up for himself—you know, basically, to be who I am, to be gay. That's the boy who isn't allowed to be. I learned to be safe by being totally self-reliant and really vigilant about carving out enough space to avoid being discovered.

THERAPIST: I get that, Phil. Ask if the boundary guy is willing to let you help the boy who needed all that space.

PHIL: Sure. Okay. Yeah. (*putting his hands on his temples*) My head is burning.

THERAPIST: What's happening?

PHIL: I'm so ashamed.

THERAPIST: That's the boy? (*Phil nods*.) How do you feel toward him?

PHIL: Yeah his head is burning. I feel so sorry. I want to take care of him.

THERAPIST: How does he react?

PHIL: He's grateful to be seen.

THERAPIST: Good, then really see him along with all that shame he's carrying.

PHIL: While being invisible.

THERAPIST: Let him know you understand all those times in which he felt shamed and invisible. We don't have time to heal him fully today, so tell him we can come back next week. Would he like that?

[Aware of the time, the therapist makes a decision at this point not to move on to witnessing and unburdening Phil's exile. Instead, he guides Phil to validate the part and set an intention to return to him in the next session.]

PHIL: Yes.

THERAPIST: All right. Now let's go back to the boundary guy. How was it for that part to watch you with the shamed boy?

[Although they don't have time to unburden the exile, the therapist does want to solidify Phil's relationship with the boundary guy, an important protector.]

PHIL: This is core. If I can exist, if I can be seen, then I won't dissolve around Timo's needs. So, yeah, the boundary guy can relax as long as I don't forget the boy. The truth is I have the capacity to take care of a lot of people.

THERAPIST: So now let's do that thought experiment with you, Phil. Imagine that Timo comes to you as you're headed out the door. Now see how things might go if the boundary guy didn't take over.

[Using the same thought experiment he had used with Timo, the therapist suggests a mind's-eye rehearsal of being (and staying) unblended from the boundary guy, despite a provocation that would typically summon this part.].

PHIL: (*closing his eyes in silence for a few beats*) Yeah, it actually feels good. Nice to be needed. The opposite of being pulled in a million directions until it seems there is no *me*.

THERAPIST: Great. And let's say you really can't be with Timo right now in the way he wants. How might you handle this without help from the boundary guy?

PHIL: (*closing his eyes in silence for a few more beats*) The main difference is tone. I'm still logical, like *Honey, I have to do this and this*—but now I'm responding from my heart, not my head.

THERAPIST: And is the boundary guy willing to let you be that way with Timo this week?

[The therapist checks to see if Phil's protector will let his Self lead in real time.]

PHIL: Yes, he wants me to step in.

THERAPIST: (*turning*) How is this to watch?

[The therapist tracks back to Timo.]

TIMO: (*reaching for Phil's hand*) I would love that. I would feel grateful for that kind of interaction…. It's like you're saying *I'm with you. I can't be here because I have to be there. But I am with you.* (*Phil smiles.*)

THERAPIST: And what was it like to watch Phil help his shamed boy?

TIMO: That was so moving. When he disappears I get mad and forget his story. Remembering motivates me to be open-minded—this isn't just about me. I feel compassion for him.

THERAPIST: Okay. We had a nice balance today with both of you having the opportunity to go inside. Anything else you want to say before we stop? (*Timo looks at Phil and laughs.*)

TIMO: Let's go have sex!

    Protectors who guard vulnerable parts drive most couples into conflict. We know they will only stand down from their jobs when the exiles they protect are healed. Nevertheless, profound milestones can be reached, as this example illustrates, as soon as protectors relax enough to allow a Self-to-Self conversation.

CONCLUSION

The plural mind brings us many relationships inside and out for every single external relationship. We marry some parts of our partner but not others; we know some parts of ourselves and not others. IFS couple therapy allows us to enter this relational web respectfully, without judgment, knowing that the real needs underneath all the complaints and efforts at control are simple, basic, and shared. We need to be heard, understood, and loved. Much becomes negotiable externally when the Self of each partner meets these needs internally.

CHAPTER 18

Applying the IFS Model to Social and Cultural Systems

In the early days of developing IFS, I (RS) noticed strong parallels between my clients' inner systems and the outer systems in which they were embedded, including systems that were larger than the family. Like trauma survivors, countries that have been attacked carry certain beliefs about danger and are at risk of depending on extremely protective parts who remain frozen in the past and overreact to potential threats. For example, following 9/11, then Vice President Dick Cheney said, "If there's a 1% chance that Pakistani scientists are helping al-Qaeda build or develop a nuclear weapon, we have to treat it as a certainty in terms of our response" (Suskind, 2006, p. 62). Like many trauma survivors, such national leaders take a rigid, authoritarian approach. They disdain the system's weak, vulnerable elements, provoke others both within and outside of the system, and use the conflicts they generate to further justify their hegemony.

In this chapter we take a brief look at the burdens and imbalances of the United States through the lens of IFS as if the country were an individual. Even if your politics differ from ours, we hope you will find our exploration of parallel patterns at all human system levels intriguing and useful. Certainly the "person" of the United States now has many symptoms, including an alarming suicide rate, an eruption of opioid-induced deaths that is producing warlike casualty statistics, prodigious health challenges from the overconsumption of carbohydrates and fats, and the highest incarceration rate in the world. Relatedly, the United States now has the biggest economic disparity between rich and poor in its history. Due to a history that includes the genocide of indigenous peoples and the enslavement of Africans and their offspring, along with our history of

deprecating and disenfranchising Jews, Muslims, women, gays, and every minority population, there are many exiles in the United States. Any human system with a massive number of exiles becomes exceptionally delicate, vulnerable, and volatile, with dramatically polarized leaders and selfish protective elements in ascendance. This is the condition of the United States today. Let's take a look at the legacy burdens that got us here.

AMERICAN LEGACY BURDENS

The United States carries a variety of legacy burdens, some brought by early Europeans and some gathered as the country developed. We believe that the following legacy burdens are linked and have been particularly instrumental in shaping the nature of exiling in this country.

- *Racism:* Used to justify the genocide of Native Americans and the enslavement of Africans, who were abducted from their homes.
- *Patriarchy:* Sprang from European and religious roots.
- *Individualism:* Produced by the survival struggles of pioneers, individualism fosters contempt for vulnerability and a belief that failure is a personal fault.
- *Materialism:* Produced in part by the economic and physical hardships suffered by immigrants to the American continent, it is no doubt made worse by the routine, threatening cycles of financial boom and bust that typify capitalist economies.

These formidable legacy burdens exist along with others that relate to a long history of domestic and foreign wars as well as internecine efforts to exclude particular religious groups (formerly Catholics and Jews, now Muslims). In addition to these burdens, people in the United States carry beliefs and emotions that derive from the history of their particular ethnic groups. Many come from immigrant groups that were repeatedly invaded, starved, subjected to natural disasters, or oppressed for generations by scapegoating, discrimination, pogroms, and holocausts. Their progeny inherit the shamefulness, fear, despair, grief, loyalty, rage, and distrust of authority generated by these traumas, often without a specific narrative to connect their feelings and beliefs to the burden's origins.

Racism

The founding story of the United States as a political entity is one of immigration, mass murder, theft, and slavery, which involved more mass murder. The Europeans who fled to the American continent carried a massive legacy burden of racism and greed, clearly written in decrees issued by Pope Nicholas V in 1452 (40 years before Columbus set sail), in which he declared non-Christians subhuman enemies of Catholicism. The Pope encouraged Christian nations to vanquish pagans everywhere by taking their possessions and property, and putting them into perpetual slavery (Newcomb, 2008). His decrees inspired the "doctrine of discovery" used by European colonizers to enslave and commit genocide on indigenous peoples in the Americas.

European invaders justified their intention to steal with a radical sense of race-based entitlement. Dominated by aggressive, acquisitive, individualistic, striving, righteous parts, they demonstrated no empathy or compassion for anyone who might block their goals. They committed genocide on Native Americans, and, later, embraced the institution of slavery—abducting and importing people from other lands whom they labeled *sub-human*—for 300 years. This burdened mentality informed the particularly aggressive form of capitalism and materialism that continues to characterize the United States today.

While various ethnic groups in this country carry many burdens, those of Native Americans and African Americans are unique. Their ancestral experiences cannot be compared to those of hopeful European escapees who strove through danger and adversity for religious freedom and economic security. Some Native American tribes that survived genocide face corporate interests today that want their land, water, or mineral rights. As for African Americans, their ancestors were dragged from their homes, brutalized, and enslaved. They were brought to the shores of America as prey and they remained the legal prey of the entire European American population and its government until they were emancipated from slavery at the end of the Civil War. Afterward, Jim Crow laws were enacted and European American vigilantes attacked African American communities, enforcing their power with intimidation and terror, routinely burning crosses and houses, and committing lynchings. With "white supremacists" having reached the White House and with ever more militarized police

departments, African Americans continue to be terrorized in the United States as a matter of routine.

This level of cruelty raises the question of what might drive human beings to see other groups as nonhuman and treat them brutally. Once again, we can look to the legacy of trauma. As Resmaa Menakem (2017) described in his powerful book *My Grandmother's Hands,* "The 1500s and 1600s in England were anything but gentle times. People were routinely burned at the stake for heresy…. Torture was an official instrument of the English government until 1640. The famous Tower of London was, in part, a huge torture chamber. One of many torture devices in the Tower, the rack, was used to stretch human bodies and pull them apart…. During the Middle Ages in England, torture wasn't just wildly popular, it was a spectator sport" (p. 59).

Historian Barbara Tuchman captures daily life during those times this way: "The tortures and punishments of civil justice customarily cut off hands and ears, racked, burned, flayed, and pulled apart people's bodies. In everyday life, passers-by saw some criminal blogged with a knotted rope or chained upright in an iron collar. They passed corpses hanging on the gibbet and decapitated heads and quartered bodies impaled on stakes on the city walls" (quoted in Menakem, 2017, p. 60). Many of those who fled to the American colonies had experienced, witnessed, or feared being subjected to these brutalities. "For all their talk of the new Jerusalem, the Pilgrims and Puritans were not explorers. They were refugees fleeing imprisonment, torture and mutilation…. Did over ten centuries of medieval brutality, which was inflicted on white bodies by other white bodies, begin to look like culture? Did this intergenerational trauma and its effects end with European immigrants' arrival in the New World?" (pp. 60–61). With this background in mind we can see that the ability to close one's heart and objectify other humans has a long history that extended into the New World and European colonies around the world. On top of criminal behavior and heresy, racial and ethnic differences were also used to justify the cruelty and oppression that undergird white supremacy.

Legacy burdens, especially ones that have become such an integral part of the culture, die hard. In the United States, it is extremely difficult for our parts to avoid accruing at least some of the legacy burden of racism regardless of our skin color. "This means that no matter what we look like, if we were born and raised in America, white-body supremacy and our

adaptations to it are in our blood" (Menakem, 2017, p. 10). As European Americans we are both aware of the ways in which our racist parts try to justify, defend, and make us blind to our advantages. But once we are aware of these parts, what do we do about them? Many people feel ashamed and try to exile their racist parts, which leads to more implicit racism as they go on asserting their perspective unconsciously and affecting our actions. We therefore advocate doing IFS with these parts—listening to them, understanding how they try to protect us, and ultimately convincing them that we can safely let go of legacy burdens. (For more on racism from the IFS perspective, see my (RS) chapter "Dealing with Racism: Should We Exorcise or Embrace Our Inner Bigots?" in *Innovations and Elaborations on Internal Family Systems Therapy* [2016].)

Ethnicity

People emigrate for any number of reasons. While some of these reasons are positive like marriage, our concern is with the larger, more traumatic end of the spectrum. An ethnic group's country of origin may be marked by its own history of invasions, expulsions, plagues, famines, natural disasters, and other burdening events. When immigrants today gravitate to the United States or Europe they are likely to share one or all of the reasons that propelled our forebears: proximity (from Africa to Europe across the Mediterranean, from Central America and Mexico to the United States), fear, and the need for work. Some are forced out of their homelands by invaders, civil war, or the American-led drug war; others choose to leave for reasons that range from climate change and environmental catastrophe to desperate poverty and lack of work. Even when emigration is voluntary, the process of cutting family and work ties in the home country makes the act of leaving wrenching, while entering a strange, often hostile culture with a different language makes immigrants' efforts to arrive and stay safe another long, drawn-out saga. Some immigrants navigate their fear, isolation, political oppression, and inhibited grief by pinning their hopes on the next generation; others are too downtrodden to hope (Erpenbeck, 2017).

Of course, despite the obstacles they face and the burdens they carry, ethnic immigrant groups also bring gifts, values, and customs. Whereas their gifts and customs can help them survive and thrive, some that were adaptive in their original context are dissonant and fit poorly with the

values and customs of mainstream culture in the United States. Just as a thoughtful, compassionate child feels aberrant in a hard driving and competitive family, the cultural values of some immigrant groups are at odds with American individualism, competition, and striving for upward mobility.

Sexuality and Gender

In addition to deep-rooted racism, the United States has entrenched legacy burdens of patriarchy and misogyny, which are linked to homophobia and transphobia. As much as possible, dominant managerial groups seek to control what we might call the "narrative of normality," in which all deviation becomes fodder for shaming and social control. In the context of legacy burdens, socialization tends to be oppressively heavy and influential. All of the burdens listed here relating to race, gender, gender identity, and sexuality are brought to bear on children early on, as they form a social identity and pare away (exile) parts who seem unacceptable or different within their families and larger cultures.

   Shaming by parents and peers cues the child to exile certain parts, and the psyche's safety system is generally very cooperative, with internal managers piling on and criticizing rejected parts in an effort to either change or conceal them (*You're too sensitive, too loud, too sad, too angry, too needy, too weak, too dark-skinned, too feminine, etc.*). When interviewed, shaming managers say their goal is to prevent the child from being shamed again. They take on the energy and beliefs of the environment in which we were raised in order make us fit in—and in extreme cases, to be sure that we survive. With no sense of irony, managers shame in order to avoid being shamed, making the mind a monstrous echo chamber in which external shaming is reiterated as if it were factual information.

The Exiling of the White Working Class

In the past four decades economic inequality has skyrocketed in the United States. Since 1980 "the U.S. economy has transferred eight points of national income from the bottom 50 percent to the top 1 percent" (Ingraham, 2017). In comparison, in Western Europe "the bottom 50 percent earn nearly 22 percent of the income … while the top 1 percent take

in just over 12 percent" (Ingraham, 2017)—which is how it used to be in the United States 40 years ago. To look at this redistribution of wealth in this country from a slightly different angle, during these years the income of workers in the bottom 20% grew by only 4%, whereas the income of those in the top 10% grew by over 100%. Because of this change, a huge number of people in the United States now are neo-exiles.

In 2013, Anne Case and Angus Deaton of Princeton University noticed that there had been a surprising rise in mortality among European Americans ages 45–54 since 1999, which the rising death rate of non-college-educated European Americans could account for almost entirely (Pew Research Center, 2015). In contrast, the non-college-educated white European working populations who were subject to the same stresses of globalization and automation in Germany, France, and the United Kingdom during the same time period had a falling death rate, as did African Americans and Latinos in the United States.

Looking closely, Case and Deaton (Pew Research Center, 2015) discovered that non-college-educated whites in the United States displayed a pattern of chronic pain, mounting medical bills, mounting debt, job loss, economic stress, depression, despair, and increased consumption of drugs and alcohol. The end result was a rising rate of death from a few causes, in this order of importance: poisoning, largely from drugs and alcohol; lung cancer; suicide; chronic liver disease; and diabetes, which trailed far behind in fifth place. In short, white workers who had achieved a middle-class lifestyle in the United States were suddenly on a downward trajectory (Pew Research Center, 2015). This is not what white Americans expect, it is not what their parents experienced, nor is it what a lot of other Americans were experiencing during the same time period. In the view of Case and Deaton this rising death rate contains a story about what happens to people when the plug is pulled on their hopes and expectations—which, as we know, is when firefighters deploy.

Individualism and Meritocracy

One of the most pernicious aspects of individualism in the United States is the belief that failure is a personal fault. In a biting satire in 1958, British sociologist Michael Young coined the term *meritocracy* to lampoon the myth that merit-based advancement in the British educational system was

offering everyone the opportunity to compete on a flat playing field. Young, who pointed out that the playing field remained inexorably tipped, considered meritocracy a sheepskin draped over the old wolf of the European class system. And this is what we see in the United States today, as those with power tilt the field to their advantage through education, access to resources, control of media outlets and politicians, and attempts to control the parameters of civic discourse—and then proselytize that those who don't succeed have only themselves, or some other group that seems to be competing for resources, to blame.

To the dismay of Young, the media promptly embraced his term for what it was not—a signifier of fairness. And for those who succeed in the scramble of capitalism, the term meritocracy continues to have great appeal. "Winners" in America feel justified and express pride about their dominance, believing that "losers," whom they view as reaping the consequences of laziness and greed, are a burden on them. Consider the infamous quote from moderate Republican Mitt Romney about the 47% of the population that was expected to vote Democratic when he was running for president, which he offered to a group of billionaires while campaigning:. Democratic voters, he said,

> are dependent upon government … believe that they are victims … believe the government has a responsibility to care for them … believe that they are entitled to health care, to food, to housing, to you-name-it. That's an entitlement. And the government should give it to them. And they will vote for this president no matter what…. These are people who pay no income tax…. My job is not to worry about those people. I'll never convince them they should take personal responsibility and care for their lives. (Corn, 2013)

The American legacy burdens of racism, patriarchy, individualism, and materialism imbue protectors with this kind of contempt. As a result the United States not only exiles a greater percentage of its population than any other Western nation, it has less compassion and more contempt for its exiled populations, which, in turn, are at high risk of self-contempt. This is completely parallel to the inner systems of abuse survivors, whose managers hate vulnerability and whose vulnerable parts believe they deserve abuse.

In addition to the myth of meritocracy, the specter of homeless people on our city streets and the increased shredding of social safety nets remind us constantly that we have to keep striving to amass more because we never

know when we, too, might be exiled. This threat challenges our compassion and encourages us to associate survival with accumulating wealth. Fearing that our exiles will drown us too, our managers tell us that those who suffer brought it on themselves. Our managers scramble to keep us headed up, whispering that we are different and not like *them*. These effects are illustrated responses to a recent survey of millennial first-year college students in the United States, 74.4% of who endorsed getting rich as their major goal in life (Landes, 2018).

We find another harmful aspect of individualism in the myth of willpower. According to this myth not only should we be able to achieve the "American Dream" through willpower, we should be able to control our "destructive" impulses. If we can't, we are weak or evil and deserve shaming and punishment. In our internal systems, out-of-control drug addicts and alcoholics live in tandem with harsh inner critics who berate them for not having the willpower to stop. These inner managers take extreme measures to try to control drinking or drugging firefighters and are blind to their role in the cycle. Let's look at how this cycle plays out in this country with drug addiction.

The War on Drugs

In 1998 the U.N. General Assembly boldly pledged that the world would be free of illegal drugs in 10 years. We have seen this before. Prohibition, which spanned the years from 1920 to 1933 in the United States, proved worse than ineffective at its stated purpose of protecting women and children from the alcohol-consuming firefighters of husbands and fathers. Now, more than 20 years after the United Nations' declaration, we continue to reap the disastrous results of the latest worldwide prohibition campaign, which has cost taxpayers around the globe at least $100 billion. As with the earlier Prohibition era that banned alcohol, the main beneficiaries of this Prohibition have been corrupted government and criminal organizations that terrorize and exile civilian populations (Shultz & Aspe, 2018).

Although the United States accounts for only 5% of the global population, we have 25% of its prison population. The main victims of the war on drugs, at least in the United States, have been incarcerated nonwhite drug users and low-end drug dealers along with their families and children. In 2014 alone, 1.4 million people were arrested for nonviolent drug offenses

in the United States, the majority of whom were people of color. In addition to bursting the seams of our prison system, draconian drug laws have fueled violent crime and helped to spread HIV and hepatitis C, which are transmitted via shared needles (Droward, 2016).

Bipartisan efforts are currently in process in the United States to reform federal sentencing guidelines (for more on this, see the website of The Sentencing Project). What happens when a country makes peace with firefighters? Portugal, which had a massive drug problem, decriminalized all drugs in 2001. Instead of legal consequences, drug users were offered public health services. In response, overdose deaths in Portugal fell by 85%, reaching the lowest rate of drug mortality in Western Europe, "about one-fiftieth the latest number for the U.S." (Kristof, 2017). In those same 16 years about 64,000 Americans died of drug overdoses (as many Americans as were killed in the Vietnam, Afghanistan, and Iraq wars combined). At the same time, Portugal's economy grew, and "the Health Ministry estimates that only about 25,000 Portuguese use heroin, down from 100,000 when the policy began" (Kristof, 2017). As a result, Portugal's drug policy, which was widely rebuked at the outset, is now extoled as an "incomparably cheaper" and more effective model for handling illegal drug use than prison. The Health Ministry of Portugal spends less than $10 per citizen per year, whereas the United States spends $10,000 per household, which means our drug policy has not only been lethal for thousands of Americans, it has cost the taxpayer more than $1 trillion (Kristof, 2017)—money that is obviously needed elsewhere.

The dramatic results of Portugal's alternative approach to firefighter parts parallel the results we see in IFS with the extreme firefighters of trauma survivors. When managers stop attacking firefighters and the Self becomes available to heal the underlying pain of exiles, the war ends and clients no longer feel like pathetic losers who have no self-control. In our experience, punishment, shaming, and other efforts to suppress and control firefighters cause them to redouble their commitment to protecting the system. The research of Australian psychologist David J. Kavanagh and his colleagues supports this observation (Kavanagh, May, & Andrade, 2009). They asked people who were in treatment for alcohol abuse and addiction to complete a questionnaire assessing their drinking-related urges and cravings, as well as any attempts to suppress thoughts related to alcohol over the previous 24 hours. Participants who fought hardest against

intrusive alcohol-related thoughts were also the ones with the highest number of intrusive thoughts (Kavanagh et al., 2009).

Firefighters—and we all have them—are committed emergency workers. When they believe in their jobs, any efforts to control them simply motivate them to engage in more heroic self-sacrifice. Wars against firefighters at any human system level are consistently disastrous. Either the firefighters escalate and symptoms worsen, or managers succeed in repressing the firefighter behavior (temporarily) by imposing a rigid police state. This is as true internally, in all of us, as it is in countries. The only real solution to destructive impulsivity and compulsivity is to heal the pain that motivates the behavior.

Materialism

Fear, loneliness, and a sense of worthlessness drive acquisitive striving. We are currently in a vicious cycle wherein individualism isolates us and makes us fear for our futures. This, in turn, makes us increasingly focused on getting, maintaining, or regaining higher status and more possessions. White Americans who had optimistic aspirations for the fortunes of their children and used to feel middle class (regardless of the kind of work they did) have become our country's latest exiles. These are the surprise Trump voters. As forces like the destruction of their unions, the tax restructuring that started with Reagan, globalization, and automation have thwarted their material aspirations—the natural effect of rising American prosperity after World War II—this group has grown afraid and resentful. In turn, their angry firefighters have responded by looking for scapegoats and dramatic change. When economic disparity skyrocketed in this country in the past, the majority of people who suffered blamed the wealthy. Now Donald Trump has diverted anger from the rich by scapegoating nonwhite immigrants and the government.

Trump's promise to shake up the status quo and reconnect his constituents with the American Dream is alluring to their angry firefighters. His macho rhetoric and shameless rule-breaking are what those firefighters would like to do if they had the chance. Returning to the concept of our country as a trauma survivor, a demagogue like Donald Trump is a symptom—just like our high rates of suicide and drug addiction—of a human system that is highly imbalanced by having many exiles. He is an

external manifestation of a type of grandiose, vulnerability-hating protector we find in many clients whose exiles feel powerless and forgotten (as we suspect his exiles do). The lesson here is that once a human system creates a lot of exiles, extreme protectors will soon follow and, like Trump, will tend to create more imbalance and polarization.

Here again parallels emerge at the individual and national levels. Because Self is so connected to nature and focused on balance and harmony, Self-led leaders have an acute ecological awareness and know that unlimited growth on a planet with limited resources is not sustainable. Acquisitive parts have obscured this wisdom to the point that American leaders are wedded to the idea of unlimited economic growth as the only possible option. As Capra and Luisi (2014) wrote, the problem "that growth can also be harmful or pathological, like the growth of cancer, is rarely addressed; nor is the dilemma that unlimited material growth on a finite planet can only lead to disaster" (p. 367).

The United States, with its legacy burden of extreme materialism, has embraced the credo of unlimited growth from its inception—with increasingly disastrous results. The legacy burdens of brutality and trauma that settlers carried with them from Europe helped foster our legacy burden of individualism along with its disdain for safety nets and "losers." The process of "winning" in America today goes a long way toward destroying families inside and out. We have both been therapists for money-obsessed CEOs who, after healing their exiles, turned their energies toward family, friends, and helping humanity. If we all healed our exiles, the American consumer economy would collapse and all of the insatiably acquisitive firefighters who try so hard to fill our emotional emptiness would be able to retire. In the process we would have the opportunity to bring our courage and creativity to the urgent project of sustainable living.

Decades ago Mahatma Gandhi wrote in a 1925 article titled "What of the West?" that it was "not enough to demand liberation from 'exploitation and degradation,' as socialists tended to do…. [Ghandi] argued that those who wished to 'shun the evils of capital' would have to do nothing less than wholly 'revise the view point of capital,' achieving an outlook in which 'the multiplicity of material wants will not be the aim of life" (Mishra, 2018, p. 84).

Gandhi realized that democracies could avoid devolving into tyranny or destroying the planet only by cultivating the inner world of human beings.

He was not just interested in equipping people to endure the hardships of nonviolent political protests; he wanted them to need fewer things. When our goals shift from acquiring money, status, and power to loving and helping our parts and other people, we not only feel more connected but also more satisfied. By unburdening our exiles we plug the holes in our inner buckets so they aren't endlessly draining and calling out to be filled with more achievements, accolades, adoration, power, and possessions. When Self connects to Self the result is a larger sense of connection and belonging, and a divine sense of love that is incomparably more rewarding than material things. By helping to spread the word that everyone has a Self (which most can access relatively quickly) and that parts are not what they seem, but can be loved into transformation we hope to contribute to the new manner of thinking Gandhi advocated.

I (RS) have collaborated and compared notes with Dan Siegel (2018) and Loch Kelly (2015), two colleagues who have developed their own ways of accessing the Self quickly. Siegel wrote that by practicing his method, which he calls *the hub of the wheel,* "you may find that this loosening of a separate self may begin to unfold…. It's not that the self disappears; the descriptions from many people I have heard who practiced the Wheel are more that the sense of self becomes connected, extended, expanded, a part of something beyond the interiority of the skin-encased inner mind" (2018, p. 149). Kelly's approach to accessing the Self derives from Tibetan Buddhism. He wrote, "The key here is that heart-knowing [a.k.a. Self] allows us to experience our identity not only as a limited, separate, physical person, but also as someone inextricably connected with a community, the fabric of love, and something greater than our individual self" (2015, p. 194). More recently I have also collaborated and compared notes with Lama John Makransky (2007) and Lama Willa Miller (2009), who are integrating IFS with Tibetan Buddhism. We are all excited to find that our experiences are similar, and we are committed to bringing our shared awareness to our field and, beyond that, to the public.

A SELF-LED COUNTRY

What would the United States look like if we could unload our legacy burdens and have more Self-leadership? Our eyes and hearts would open to

exiles and the destruction we are inflicting on the planet. This awakening would expedite our efforts to reverse climate change, economic inequity, and discrimination. We would offer treatment rather than punishment for destructive firefighters, as they have done in Portugal with drug users. We would stop attacking firefighter activities, which are the result of exiling so many people nationally and globally, and would listen instead to their voices. We would value relationships over material possessions and power. Our decreased avarice and Self-led foreign relations would reduce the number of our enemies globally. We would be less attracted to demagogues who appear strong but are cruel and full of empty promises.

These shifts would free enormous resources, not least the money invested in our huge military budget, which aims to control exiles and their firefighters in other countries, and in our prison system and our increasingly militarized civilian police force, which are geared to control exiles and firefighters internally. We could repurpose these resources to provide for basic needs here and in foreign aid. In civic discourse, as in therapy, protectors often protest that it would be naïve to reduce the level of protection. But if we no longer carried burdens from past wars and terrorist attacks we could focus on deescalating polarizations rather than overreacting to threats. If the human race is to survive, major wars are no longer a realistic option. To accomplish all this we need to reorganize our economic system. We could begin by passing laws to curtail the injurious influence of corporate greed that now dominates U.S. politics and obscures American Self-leadership. A Self-led government would see threats clearly and react appropriately, with Self-led leaders eschewing coercion as inhumane and ineffective at producing valuable change. Rather, Self-led leaders know that change happens naturally when burdens are shed and more Self is available internally as well as in relationships.

A Self-led nation would also shift from thinking in terms of a single mind to a plural mind (Schwartz & Falconer, 2017). The idea of the singular mind leads us to demonize each other as if our most extreme parts define us. Through the lens of multiplicity there are no jihadists, addicts, white supremacists, narcissists, people with borderline personality disorders, and so on. Instead, there are protective parts who, in their efforts to manage pain, shame, and fear, became locked in extreme roles. Through the lens of IFS we see the exiles behind our own scary, destructive protectors, and we also see the exiles behind our worst enemy's protectors. We trust that every

person has a Self, even those whose behavior is evil. The four legacy burdens of racism, patriarchy, individualism, and materialism have driven the United States to its current dysfunctional state with massive numbers of exiles controlled by extreme and highly polarized protectors. The antidote is to bring more Self to our country.

CONCLUSION

What we are proposing at the civic level is no more than what we see every day with trauma survivors who, despite feeling and seeming hopeless, can re-embody the Self and enter a beneficial cycle. When they stop attacking their firefighters and heal their exiles, trauma survivors become less reactive and their relationships improve. As they are able to detach from the viral influence of extreme protectors in others, they have compassion for people who used to be triggering. They can set appropriate boundaries and also take care of their parts when they feel hurt. This does not come from striving, forcing, or exerting willpower; it happens for all of us when we spend time with our parts.

We propose that burdens, imbalances, polarizations, and leadership problems cycle through human systems at all levels and create parallel processes that reflect and reinforce each other. When Self-leadership is absent at any given level of a system, the triadic structure of exiles, managers, and firefighters develops. When managers lead, firefighters rebel. When firefighters lead, managers panic. When managers and firefighters vie for leadership, polarizations abound and trauma regenerates itself in the four arenas we have been discussing: development, balance, harmony, and leadership. Self is the antidote to our cultural legacy burdens. Self's compassion, clarity, and connectedness challenge racism, patriarchy, individualism, and materialism. And since human system levels are interconnected, Self-leadership at any level helps to heal all levels. We believe that each client who unburdens helps reduce the burden load of the planet, allowing all of us to have a little more access to the Self.

PART IV

RESEARCH AND CONCLUSION

CHAPTER 19

Research on IFS

A small but growing body of research is demonstrating the effectiveness of IFS. This chapter provides a summary of the relevant studies.

IFS AND RHEUMATOID ARTHRITIS

In 2010 Nancy Shadick, Nancy Sowell, and their colleagues completed a study that was published in 2013, which applied IFS to the treatment of rheumatoid arthritis. A group of 37 patients with chronic rheumatoid arthritis received 9 months of group and individual IFS therapy at the Brigham & Women's Hospital in Boston. They were compared to a control group of 40 patients with rheumatoid arthritis who received only an educational intervention, and both groups were followed for 9 months after completion.

The IFS treatment group showed significant improvement in overall pain and physical function, as well as self-assessed joint pain, self-compassion, and depressive symptoms, all of which were sustained at follow-up. Based on this study, IFS was posted on the National Registry for Evidence-Based Programs and Practices (NREPP), a national repository that is maintained by the U.S. government's Substance Abuse and Mental Health Services Administration (SAMHSA). IFS is rated effective for improving general functioning and well-being, and it is rated as promising for improving phobia, panic, generalized anxiety disorders and symptoms, physical health conditions and symptoms, personal resilience/self-concept, and depression and depressive symptoms.

This study indicates that parts can affect the body, and that IFS therapy can help relieve medical as well psychological symptoms. Given these

encouraging results, the Foundation for Self Leadership has developed priorities for funding future studies. The first priority is to examine IFS as a treatment for posttraumatic stress disorder (PTSD), depression, and anxiety; the second is to examine IFS as a treatment for addiction, including opioid addiction and eating disorders; and the third is to examine IFS as an intervention in other areas of interest to the community, including couple therapy, coaching, and conflict resolution.

TREATING PTSD WITH IFS

This small pilot study (authored by Hodgdon, Anderson, Southwell, Hrubec, & Schwartz, 2018) had promising results. Of the 13 participants who were diagnosed with PTSD and completed 16 sessions of IFS, only one still qualified for the diagnosis at the end of the study and at the 1-month follow-up. That is, 92% of the participants no longer met criteria for PTSD after 16 sessions, which translates into an effect size of 4.46. In addition, there were significant decreases in depression, affect dysregulation, dissociation, disrupted self-perception, interpersonal relationships, and systems of meaning.

TREATING DEPRESSION IN FEMALE COLLEGE STUDENTS WITH IFS

Haddock, Weiler, Trump, and Henry (2016) conducted a study that tested IFS as an alternative treatment for depressed female college students. As the authors note, "a significant portion" of college students do not benefit from the existing empirically supported treatments, which they list as "antidepressant medication, cognitive-behavioral therapy (CBT), and interpersonal psychotherapy (IPT)" (p. 1).

   Participants in this study were randomly assigned to the IFS condition (n = 17) and a treatment as usual (TAU; n= 15) group in which they received either CBT or IPT. The study had some drawbacks. Although many participants in both groups completed only between 11 and 15 sessions, each group was supposed to receive 16 sessions. In addition, four of the five therapists in the IFS condition had less than 1 year of IFS practice, and none

of the participants in the IFS group were using medication, whereas more than half of the participants in the TAU group were using antidepressants. Results demonstrated a decline in depressive symptoms for both IFS and TAU, and there were no significant differences in the magnitude or rate of change between the two groups. The authors concluded that the results "provide preliminary evidence for the efficacy of IFS in the treatment of depressive symptoms" (p. 1). In combination with the results regarding depression in the other two studies, this study indicates that IFS shows promise as a treatment for depression.

TREATING PTSD WITH MDMA

Since 2008, Michael Mithoefer and his colleagues have been studying the combination of methylenedioxymethamphetamine (MDMA) (called *ecstasy* on the street) and psychotherapy as a treatment for PTSD. More than 1,100 individuals have received MDMA in phase 1 and phase 2 clinical trials so far without any unexpected drug-related serious adverse events (Mithoefer, Grob, & Brewerton, 2016). Because of the success of the first two studies, phase 3 trials are now underway in a multisite, multimillion-dollar study. The protocol for these studies includes some sessions that prepare participants for the experience of taking MDMA, followed by two 8-hour MDMA sessions, some follow-up sessions to integrate whatever transpired during the sessions, and a follow-up session 2 months later.

Why is this study relevant to IFS? Before the first trial study Dr. Mithoefer and his wife Annie Mithoefer, who are both trained as IFS therapists, collaborated with their colleagues to create a manual for participating therapists. The manual instructed therapists to follow the participant's lead and maintain a largely nondirective stance during the 8-hour MDMA sessions so that each participant's healing intelligence would determine what happened. They discovered that, when left to their own devices after taking MDMA, study participants quickly accessed a state characterized by curiosity, courage, clarity, connectedness, and compassion, which IFS calls *Self-energy*. Although it remains to be discovered why this occurs, the effect of MDMA on the amygdala (activity decreases) and the prefrontal cortex (activity increases) may be a factor.

Since the vast majority of study participants began to speak about and interact with their parts while spontaneously accessing Self-energy, participating therapists were encouraged to be open to the concept of psychic multiplicity and to educate themselves about IFS. Additionally, training sessions for therapists began to incorporate videos of participants talking about their parts. If participants identified parts, the therapists could continue the session in an IFS manner.

In one MDMA study of veterans, firefighters, and police officers who had been diagnosed with PTSD, Mithoefer (2013) added an additional internal pilot study for which he developed a "parts-work" measure to discover the rate at which study participants spoke of parts while in session. This measure revealed that awareness of parts came up in 78% of the active-dose MDMA-assisted sessions. Additionally, therapists in 92% of active-dose sessions, compared to 29% of low-dose sessions, observed marked increases in qualities that signify Self-energy, along with "greater understanding and acceptance of these parts" (p. 14).

MDMA research thus has a couple of implications for IFS. First, it illustrates that people spontaneously and naturally engage in a healing process when they access enough Self-energy, however that occurs. Not only do people notice their parts, they also have spontaneous compassion for parts they have feared or hated. Second, since MDMA allows protectors to relax rapidly we feel optimistic about the future of combining MDMA with IFS therapy, both during and after the MDMA sessions.

In an interview for this book, Dr. Mithoefer said that MDMA facilitates unblending and therefore often allows the client to condense or largely skip the first six steps of IFS, which focus on encouraging protective parts to unblend (personal communication, March 29, 2018). Skipping these steps allows clients to move quickly into witnessing and unburdening exiles. Nevertheless, he emphasized the importance of checking with and soliciting permission from protectors before going to exiles. When we asked if he has learned anything from MDMA-assisted therapy that other IFS therapists could benefit from knowing, he replied, "The spontaneous observations and experiences of our participants, including both parts and the Self, map onto IFS very well." He added, "In my experience, people are hungry for this perspective. Dick didn't make it up—IFS taps into some very real phenomena."

FINDINGS FROM THE RESOURCE PROJECT

Tania Singer, the director of the Department of Social Neuroscience at the Max Planck Institute for Human Cognitive and Brain Sciences in Leipzig, Germany, is the world's most prominent researcher on the topic of compassion and contemplative practices. To assess the effects of mental training on subjective well-being, health, brain plasticity, cognitive and affective functioning, the autonomic nervous system, and behavior, Singer and her colleagues (Böckler, Herrmann, Trautwein, Holmes, & Singer, 2017) recently completed a study called the *ReSource Project*, which included more than 300 participants in a 9-month mental training program that consisted of three modules, each of which lasted 3 months. In the first module (called *Presence*) participants were trained in traditional mindfulness meditation. In the second (called *Affect*) they practiced loving-kindness meditation and dialogued with a partner to cultivate gratitude and empathic listening. The third module (called *Perspective*) was based on IFS. Reporting on the Perspective Unit, Böckler and colleagues (2017) wrote:

> In an initial reflection phase that took part during the 3-day retreat in the beginning of the Perspective Module and that is typically employed in the introduction of the IFS model, participants were asked to identify the inner parts that would be dominant in exemplary situations, such as playing with a child or giving an important talk. Each participant registered the names of six parts, which were then employed in the dyadic practice at week 1. During the following 3-month practice period, participants met for 13 guided weekly training sessions and could modify their set of six inner parts by replacing old with new ones at any time.
>
> Dyadic Practice Participants performed a daily, 10-minute contemplative dyadic exercise throughout the Perspective Module…. During the dyad, one person took the role of the speaker while the other was the listener; roles were changed after 5 minutes. First, the speaker's set of six inner parts was presented to the listener. Then, the speaker chose a recent situation that she experienced and shortly described it from the perspective of one of her inner parts that was randomly selected by a computer algorithm. The listener listened attentively and then guessed which one of the speaker's inner parts was being voiced. On the side of the speaker, this exercise required imagining a given situation from the perspective of an inner part that was not necessarily active during this situation. Hence, the participant needed to de-identify from the inner perspective that actually was activated during the given situation and take a bird's-eye perspective on herself and her inner states. On the side of the listener, the exercise trained mentalizing on others: In order to guess correctly which inner part the speaker was adopting, the listener needed to carefully consider the expressed thoughts and perceptions of the speaker and infer the underlying mental states and beliefs. Taken together, the perspective dyad trained perspective taking on self as well as perspective taking on others. (p. 5)

As we see, participants were guided not only to identify and get to know their own parts first, which helps access the Self, they were also taught to speak for their parts. When we speak for a part, we see that the Self has a fundamentally different perspective from parts, and additionally we see that all parts have different perspectives from each other. On the other side of this experience, being the listener and guessing which part of someone else is speaking caused study participants to be mindful of other peoples' parts. Finally, participants had the opportunity to experience the intimacy of sharing knowledge about their parts with another person.

To assess the differential impact of these three modules, researchers used a broad range of subjective and physiological markers in more than 90 measures, including blood tests for stress hormones and magnetic resonance imaging (MRI) brain scans, as well as measures that use the IFS concept of parts to evaluate the quality of internal relationships. While the scale and rigor of the ReSource Project were impressive, its aims were remarkable. Singer's team undertook the study to address large-scale social questions such as the following: Can changes in the brain contribute to a more peaceful and democratic world? Might meditation practice combat economic and environmental crises? If we can increase our capacity for altruism, might social systems and institutions also change for the better? In short, they queried whether contemplative practices could be used to cultivate the mind and the heart. As you might imagine, the ReSource Project is generating many academic papers. Here we mention just those that pertain to the effects of the IFS-based Perspective module.

THE EMOTIONAL CONTENT OF SELF-CONCEPT

Lumma, Böckler, Vrticka, and Singer (2017) investigated the emotional content of self-concept, which is important as a common contributing factor in psychopathology. Consider, for example, the influence of the relentless inner critic on anxiety and depression; or, conversely, the influence on narcissism of an unremitting inner promoter who denies reality. Researchers found that daily contemplative practice with inner parts performed in the Perspective dyad changed the emotional content of participants' self-concepts for the better and also increased their social closeness, possibly

because they got acquainted with their shamed, anxious, or depressed parts and because their ability to take perspective on the beliefs and intentions of others improved with practice. Notably, the study found that …

> training-induced change in the emotional content of the self-concept was only found after participants underwent the Perspective Module…. This finding indicates that not every type of contemplative practice is suited for inducing changes in emotional aspects of one's self-concept. First, practices … forming the core of typical mindfulness-based intervention programs … are not sufficient to alter the emotional content of the self-concept…. Similarly, the socio-affective mental training (i.e., Affect Module) that cultivated care, compassion and gratitude, how to generate a prosocial motivation as well as how to cope with difficult emotions, was also not effective in inducing change in the emotional dimension of the self-concept…. Instead, our results indicate that solely the Perspective Module … was effective in inducing changes in the emotional content of the self-concept. (pp. 13, 14)

These results imply that the simple act of identifying, getting to know, and sharing information about certain parts, especially those who were originally feared or disliked, helped participants shift to more positive self-concepts and feel closer with others. Additionally it implies that people do not have to experience all of IFS (including witnessing and unburdening) to benefit from becoming aware of psychic multiplicity and tuning into their own parts in a kindly way. Uniquely among the three forms of contemplative practice studied by the ReSource Project, the IFS-related practice of taking perspective during the Perspective module produced improvements by changing the beliefs of participants about key parts.

STRESS REDUCTION

Engert, Kok, Papassotiriou, Chrousos, and Singer (2017) compared the ability of all three modules to reduce stress in participants as measured by self-report and also in heart rate, cortisol levels, and other endocrine markers. Participants were measured before and after a deceptive, stress-inducing experience in which they had to perform some tasks in front of an audience that pretended to be critical.

Researchers found that the mindfulness-based Presence module produced a self-reported decrease in stress, but did not affect physiological measures. In contrast, the Affect and Perspective modules were equally effective at reducing self-reported stress and blood cortisol levels, a primary physiological measure of stress. "Self-reported reactivity was lowered by

39 and 31% and cortisol reactivity by 48 and 51% after Affect training and Perspective training … respectively" (p. 8). The authors concluded, "Our data reveal substantial reduction in self-reported and cortisol stress responses by up to 51%, specifically after intersubjective mental training focused on compassion and cognitive perspective-taking skills [the Affect and Perspective Modules]" (p. 8). From an IFS perspective, this exciting finding indicates that the practice of separating from, getting to know, and sharing information about parts creates more access to the Self, which could allow people to recover more quickly from stressful events in their lives.

MENTALIZING AND IDENTIFYING PARTS

Böckler and colleagues (2017) examined how the Perspective module affected the ability of participants to represent and draw inferences about the beliefs, intentions, and thoughts of others, an ability that has variously been called *mentalizing, cognitive perspective taking,* or *theory of mind* (ToM). Throughout the Perspective module, participants were free to identify as many parts as they wanted. The number of parts identified ranged from 6 to 23 per person, with an average of 11 parts identified. The study found that "the degree to which participants improved their understanding of themselves—reflected in the [greater] number of different inner parts they could identify—predicted their improvements in high-level ToM performance" (p. 1).

Interestingly, the study also found that participants who identified more parts that they (initially) disliked or feared also did better with ToM. As the authors put it, "participants who accepted and allowed uncomfortable experiences in themselves may have increased their differentiation between negative mental states, which allowed for a better understanding of others' mental states" (p. 10). It may also be that they became more accepting of other people's parts as they learned about the positive intentions of their own apparently negative parts.

The findings of this study suggest that trainings like the IFS-based Perspective module could promote concern and compassion in nonclinical populations that are in the throes of conflict and polarization. As the authors noted, the concept of inner parts helps foster a more complex view of self and other, reducing "the habitual tendency to perceive others as overly

consistent across varying situations" (p. 11), and promoting a more flexible and accurate understanding of psychic complexity. The study also illustrates a maxim in IFS: If you hate or fear certain of your own parts, you will hate or fear people who are behaving like those parts. Conversely, when you accept and even love all of your parts, you can do the same with other people. The authors concluded:

> The present study clearly suggests that inner parts work and training to flexibly take perspective on self-related inner mental states is not only promising in therapeutic settings, but also in non-clinical settings aiming to foster psychological health and social intelligence, as well as for fundamental research in the fields of personality and social psychology and social neurosciences. (p. 11)

THE DIFFERENCES BETWEEN EMPATHY AND COMPASSION

Although the seminal research in this paper from Singer's lab (Singer & Klimecki, 2014) does not reference IFS directly, we review it because its subject—the neurological and psychological distinctions between empathy (*feeling with*) and compassion (*feeling for*)—is vital for IFS and, indeed, for the whole field of mental health. When Singer had the opportunity to investigate empathy and compassion with a functional magnetic resonance imaging (fMRI) machine, she expected they would share the same networks in the brain. To her surprise, Singer found instead that empathy activates pain circuitry, whereas compassion activates reward circuitry (personal communication, November 2017). This discovery, as we discuss below, makes sense of the opposing behavioral effects of compassion and empathy.

Emotion contagion, a precursor of empathy that is found in babies, involves confusion about the boundaries between self and other. But we can also *feel with* another without this kind of identity confusion. We will call this *mature empathy* to distinguish it from emotion contagion and empathic distress. *Mature empathy* involves emotional resonance and an ongoing awareness of the difference between self and other, inside and out. In contrast, *emotion contagion* and *empathic distress*, which seem the same as what we call *emotional overwhelm* in IFS, block presence and connection while creating the aroused, nonrelational state we want to avoid in therapy. From the IFS perspective, the key to effective trauma therapy is to avoid

emotional overwhelm by maintaining the self–other distinction internally as well as in relation to others. We do this by helping parts separate from the Self.

BOX 19.1. Empathy and Compassion in IFS Language

❑ **Self to Self:** Compassionate, heartfelt (empathic) attunement and connectedness
❑ **Self to part:** Compassion (*feeling for* the other with care and concern)
❑ **Unburdened part to unburdened part:** Empathy (emotional resonance and *feeling with* the other)
❑ **Burdened part to burdened part:** Emotion contagion, empathic distress, emotional overwhelm (*being* the other)

IFS RESEARCH TOOLS AND ACTIVITIES

Currently, the main goals of the Foundation for Self Leadership, an independent, nonprofit foundation that has been in operation since 2013, are (1) to support empirical research and (2) to sponsor programs that help extend the reach and deepen the impact of IFS, both within and beyond the field of psychotherapy. The foundation is currently funding and making available a number of resources for researchers and interested members of the mental health community, including the following.

The IFS Adherence Scale

To facilitate research on the efficacy of IFS as a psychotherapeutic modality, the foundation supported the completion of (1) the IFS Adherence Scale, which was designed by a volunteer team of lead IFS trainers, and (2) an interrater reliability study that validated the IFS Adherence Scale as a preliminary adherence tool.

Searchable Bibliography

In 2018 the foundation's website posted an online, searchable database of IFS-related publications, all annotated by independent reviewers. With volunteer assistance, the database records continue to expand.

Graduate Course Syllabi

Through its work with IFS practitioners who serve in the academic community, the foundation has gathered and made available online sample syllabi for graduate courses or modules introducing IFS to therapists in training. The foundation has also launched a Graduate Research Fellowship program that aims to support graduate student researchers who may choose to engage in IFS-related studies with their professors.

Research Studies Funded to Date

In addition to the PTSD study mentioned above, the foundation has funded a physiology study, which is currently analyzing data. This study, which was designed to examine the connection between participants' physiological and psychosocial states and has not yet been completed, is measuring sympathetic and parasympathetic, cardiovascular, respiratory, and electrodermal responses at the Computational Behavior Lab at Northeastern University to see how components of the IFS approach can be observed in the physiological processes of clients who have been diagnosed with PTSD as well as their IFS therapists.

IFS as a Social and Emotional Learning Paradigm in Schools

Given the recent episodes of mass murder in U.S. schools, the foundation embarked on an effort to bring IFS to teachers in 2017. Designed to address the emotional health and well-being of children over the long term, this program helped 16 teachers in Minneapolis, who work at two urban schools with a high at-risk student population learn about and experience the IFS model. The teachers then worked together on ways to introduce the concepts and language of IFS to students, either directly or through role modeling. Finally, this program was evaluated with an eye to its direct effects on the attitudes and perspectives of teachers, and its indirect effects on the attitudes, behaviors, and academic performance of students. Informed by the results of this program, the foundation intends to refine and replicate it in other schools around the country with the aim of generating a broad interest in IFS as a paradigm and practice that will promote emotional

well-being. Information about the foundation and its research-related activities can be found at *www.FoundationIFS.org*.

CONCLUSION

Almost four decades ago, as this book describes, research caused me (RS) to challenge my presumptions about therapy and launched me into the terrifying, thrilling journey of a paradigm shift. Along the way, numerous gifted therapists—and more recently, people with mastery in other fields—have joined me in applying and developing IFS. I am excited about cross-pollination between IFS and MDMA, Ketamine, neurofeedback, self-compassion mindfulness and other approaches to healing that encourage participants to manifest Self-energy. I am grateful for the curiosity and expertise of the researchers whose publications we report in this chapter, and for the work of the Foundation for Self Leadership. I will do all in my power to ensure that an edifice of research rises on the foundations of their work.

CHAPTER 20

The Laws of Inner Physics

When I (RS) experimented with helping clients get to know and interact with their parts in the 1980s, I noticed something surprising. When manager parts agreed to step back and clients focused on a target part, their awareness of the part would suddenly change. Although they did not lose their grasp of the outside world, their attention clearly shifted elsewhere, as if they had gone through an opaque curtain to another place. I noticed they could move through this curtain at will, but their experiences on either side were asymmetrical. On the external, mundane side clients seemed to stay on the surface of their awareness, largely heedless of the lively society conducting its business inside with intense purpose. But once they ventured through the curtain, they accessed a remarkable state of dual awareness, feeling as if they were here and there, inside and outside, at once.

When I began to talk about this phenomenon with colleagues, they concluded that I was doing something to induct my clients into a hypnotic trance. I wasn't convinced. When I invited clients to pay attention to their inner experience, I was not using induction techniques or making suggestions. And my brief experience with hypnosis in graduate school was not consistent with the undirected spontaneity I was seeing. I was more reminded of *Alice in Wonderland*. Like Alice, my clients seemed to drop into an alternate universe that was full of resident entities who were relating to each other just the way external families relate.

Until the late 1980s I had no reference points for the inner journeys of my clients. As it turned out, they were entering a place that is well known to indigenous healers. Although shamans have their own language for parts and do not, to my knowledge, have a concept of what I call the Self, their teachings cover territory that was becoming very familiar to me. When I began to read about shamanism and various healing practices of indigenous

people around the globe in the late 1980s with Michi Rose, my primary collaborator at the time, my views about what I had heard from clients shifted. I stopped thinking of parts as metaphors for psychic processes and became an autodidact in the anthropology and what I call the physics of the psyche. I use this word because physics is the study of basic properties, materials, and forces in our universe—the laws of nature. Similarly, the parallels that I, along with many colleagues, have tabulated over the years across many clients strike me as the laws of functioning in the inner universe. Although some are similar to the natural laws that govern the external universe, many are different. We have described and illustrated the laws of inner physics throughout this book. To wrap up, we summarize these laws below.

THE NATURE OF PARTS

Parts populate our inner world. They are not metaphors or fantasies, nor are they simply emotions, thoughts, or impulses. Rather, they are inner beings with full personalities. They have their own emotions, thoughts, impulses, and ways of communicating. As well they have ages, bodies, sensations, and temperaments. They may initially appear to be nonhuman in the mind's eye—something like an animal, object, cloud, fire, or geometric shape. But when we talk to them, they have ways of responding that we can understand clearly.

PARTS ARE NOT THEIR BURDENS

Most human problems are rooted in the mistaken assumption that parts are the burdens they carry, which causes people to organize around fighting and exiling them, which in turn leads to all manner of inner and outer mayhem. Many psychotherapies and spiritual practices assume that managers are manifestations of a pesky ego or a conditioned mind, that exiles can be explained as internalized shame, and that firefighters are pathological impulses. As a result, they try to throw the baby out with the bathwater. Early in the history of IFS, clients taught me that extreme beliefs and feelings are invasive, like foreign bodies or viruses, which land in specific

spots in, on, or around the body. When a part took a burden out of (or off) its body it transformed immediately.

How Parts Come to Be and Take on Roles

The IFS position also differs from other approaches that recognize what we call *parts*. Some of these therapies view parts as the outcome of trauma—a "splintered mind"or the product of "internalization"in which the voice, image, and energy of someone else are enacted internally. Our position is that we are born with some parts manifesting while others lie dormant. Although trauma can evoke the sense fragmentation as protective parts polarize, and we do learn (or internalize) all manner of beliefs and ways of behaving during our interactions with external others, parts are neither created by the sense of fragmentation nor by learning. Instead parts are innate, and their burdens (extreme beliefs or feeling states) derive from trauma. Infant researcher T. Berry Brazelton (2011) observed infants rotating among four or five discrete states, which we would call *parts*. As we grow, dormant parts come online at developmentally appropriate intervals—a process that continues throughout life but is particularly clear in young children. Contrast, for example, the compliant 2-year-old you put to bed with the rebellious naysayer who arrives during the night and greets you with rude mutiny in the morning.

When we banish young parts we banish the curiosity, spontaneity, courage, and connectedness that is our birthright. We cut ourselves off from the gifts with which we were born. A life lived under the oppressive, anxiety-provoking rule of managers can feel rigid, empty, and bland. In IFS all parts have precious qualities; this is axiomatic. Even so, in our journeys with exiles we routinely find young parts who are particularly creative and enlivening once liberated.

So although we cannot put parts under a microscope, we know from experience that they come into the world with us, they are a natural element of the mind, and all of them contain valuable qualities. Although trauma does burden and force parts into roles for which they are ill-suited, traumatic events do not create or destroy parts. In fact, it seems that parts cannot be destroyed. When a part is exiled, chooses to go dormant, or retires out of awareness, we may believe it is gone for good, but if

summoned it will reappear. In addition, even injured young parts who present as dead are actually alive and will return to a state of liveliness as soon as the client's Self extends love.

HOW PARTS COMMUNICATE

Most of the emotions, sensations, images, dreams, thoughts, or impulses we experience emanate from parts. This is how parts communicate with us and with one another. When we focus on a mental emanation as a "trailhead," it leads us to a part. Alternatively, we may find that a physical sensation is the communication of a part, or a biological event that a part is magnifying as a form of communication. In any case, parts interact internally in a variety of ways, and individual parts have preferred ways of expressing themselves. Some parts are primarily somatic. They communicate or interfere with each other and with us by affecting our bodies. Some are primarily verbal. What we call *thinking* is likely to be our overhearing an inner conversation or debate between parts. Still other parts use feelings, images, or memories as their first mode of communication.

HOW VULNERABLE PARTS GET EXILED

Whereas parts cannot be eliminated or destroyed, they can be exiled. In the inner world exiles appear to be shut away in jails, caves, basements, abysses, behind walls, or in some particularly cramped or contained place in the body. Once vulnerable parts have been hurt and feel terrified or shamed, managers will lock them away, causing them to feel abandoned, alone, and cut off from access to the Self, our inner sun. Even so, from their exiled positions they exert enormous (albeit indirect and out of awareness) influence over mood, body, dreams, and choices. Our vulnerable, shunned parts try to break out of their imprisonment in any number of ways, including through flashbacks, dreams, nightmares, and physical symptoms, or through out-of-the-blue emotions that seem extreme and disconnected from the present moment. The view of protectors regarding the danger posed by exiles determines the rigidity of our managers and the severity of our firefighters.

EXILED PROTECTORS

In addition to exiling vulnerable parts, managers often exile other protectors, especially assertive and angry ones who threatened powerful family members. They also exile qualities that are not acceptable in a particular family's culture, which makes liveliness and sexuality common casualties. And managers often lock up extreme firefighters who push addictive, suicidal, or perpetrator urges. To distinguish these parts from vulnerable, hurt exiles we call them *exiled protectors*. In the case of both exiles and exiled protectors, exiling just serves to make a part more extreme.

NEW ROLES FOR PARTS

Once vulnerable parts have the opportunity to unburden, they revert to their naturally valuable state, which includes qualities like vitality, playfulness, innocence, and creativity. Their release, in turn, liberates protectors to choose new roles, often the opposite of what they have been doing. For example, a critic might become an inner cheerleader, and a part who pushed the client to withdraw socially might encourage him to be more social instead. We also occasionally encounter exiles who do not have burdens but were locked away for their own protection during traumatic times because of their innocence, energy, curiosity, or assertiveness. Retrieving them is always a joyous occasion.

HEALTH AND DIS-EASE

To exile parts is to cut ourselves off from valuable resources and create the conditions for psychic and bodily dis-ease. Quelling the five-alarm emotional fires of exiles or containing them in perpetuity depletes the energies of the inner family. In addition, exiled parts can take revenge on the body, gradually (or sometimes rapidly) poisoning the inner system. The prodigious literature linking hurtful events in childhood to medical syndromes (e.g., the ACE studies, see Chapter 5) will not surprise trauma-savvy therapists. Just as the German derivation of the word *health* is *whole,*

we use the word *health* in IFS to denote *wholeness*. From our perspective, exiling certain parts causes a sense self-fragmentation and dis-ease. The inner system is basically healthy and whole when all parts feel accepted, have released their burdens, feel connected part to part and part to Self, and have chosen roles that fit their talents.

Clinicians specializing in dissociative identity disorder (DID) developed their views about integrating parts based on their view that parts, which they called *alters*, were a pathological consequence of trauma. From their perspective a healthy mind was unitary. Therefore, a successful therapy would cause parts (which they conflated with the client's sense of fragmentation) to disappear. IFS holds the opposite view. Once the Self recalls parts from the far reaches of extreme polarization and exile, their interactions become more balanced and their relationships harmonize. When our parts are no longer extreme we feel more unified—because we are—but we still have parts. Dan Siegel (2018) talked about linking and integrating previously disconnected elements of the psyche in a way that is relevant for IFS. During a workshop that I (RS) co-led with Dan, he annotated a video of my work, identifying many ways in which the client's brain and nervous system were being integrated during an IFS session.

SOMETIMES MANAGERS USE BEHAVIORS THAT ARE MORE TYPICAL OF FIREFIGHTERS

Managers are preemptive in relation to exiles. When the more typical managerial tactics (e.g., criticism, perfectionism, hard work) do not suffice to forestall the feelings of exiles from becoming conscious, managers can switch to more typical firefighter tactics such as dissociation, substance use, and rage. In this way managers can preemptively use the kinds of activities we typically associate with reactive firefighters. Think of the person who binges on alcohol whenever he feels hurt, but discovers that he never feels hurt if he stays drunk all the time.

A HIERARCHY OF FIREFIGHTER OPTIONS

Firefighters have a hierarchy of activities. When the lowest one doesn't work, they go to the next, more potent option. And if that doesn't work, they go to the next. For most of us the top of the hierarchy is suicide, which, with its promise of complete escape and relief, can be a great comfort for some parts.

NO NEED TO TEACH GROUNDING OR AFFECT REGULATION SKILLS

If we did not know that exiles could dial down their feelings in the body we would need to use grounding, affect regulation, and behavioral skills, as most other trauma therapy models do. But these practices have drawbacks. First, they tend to be labor intensive and, second, they can promote resistance if a part feels it is being asked to leave; this includes protectors (who distract, dissociate, depress, etc.) and exiles (who overwhelm the client with their terror or pain). If, for example, we instruct a client who begins to dissociate to look in our eyes and feel her feet on the floor, we are encouraging her to override her dissociating part, whose goal is protective. In response, that part is likely to increase its level of activity or turn to the next option in the hierarchy of distractions.

From our perspective, it is imperative to treat protectors with respect and invite them to participate. We do not want to override them or shoo them away. When clients suddenly dissociate, we ask for permission to talk to the dissociative part directly, then we ask the part why it took over. After listening, we explain that we could handle its concerns by asking the exile it protects to reduce its feelings in the body. And, finally, we ask the dissociative part to relax back. If it trusts the therapist, the client will suddenly be grounded and the exile can come back into focus. If the dissociative part is still wary, we stay with it until it does have enough trust to try something new.

If we follow the same grounding procedure with a client who is weeping in terror, the exile who has taken over is likely to hear a message that is all too familiar: go away. So we negotiate with exiles who overwhelm by asking them to stick around and get help and explaining that the best way to do so is to turn down the intensity with which they share their feelings in the body.

SELF HAS A HUGE WINDOW OF TOLERANCE

Another law of the inner world is that the Self can handle the intense emotions of exiles. Protectors don't trust this, however, so they often interfere as the client tries to access or stay with an exile. We have found a variety of ways to show protectors that the Self will not be overwhelmed by exiled emotions. One is to reassure them that the Self can ask the exile not to overwhelm, and its word can be trusted once it agrees. Protectors are often willing to relax their grip in response to this agreement because they know exiles are capable of unblending and when the therapist demonstrates knowledge of this law as well, their trust grows. Even so, sometimes an exile will insist on overwhelming because it fears that it would be locked away again if it were to release its grip. In our experience once it is persuaded that separating will actually bring help, it will cooperate.

Because the Self has such a huge "window of tolerance," as Dan Siegel wrote (1999), we know when a client expresses fear of an exile's feelings that the fear is coming from a part who we need to reassure. We can do this by helping the part get to know the client's Self, often updating the part in the process with the news that the client isn't a child anymore. And as soon as the client's Self is clearly present with the exile, the therapist can relax about the threat of exile overwhelm. If asked, the Self-led client who looks overwhelmed, especially during witnessing, will report being OK, and will have no problem staying with the part, regardless of the intensity of its feelings. When the Self is present, protectors and exiles alike quickly learn that the client can handle it all. The inner system needs a new outlook on emotion, which it gets with the Self.

PARTS AND THE BODY

Parts can affect the body. The movie *Inside Out* (2015) depicts emotions as inner characters who push buttons on a control panel in the mind at strategic moments, causing people to do things like choke or get a headache. This portrait is apt. Biology does provide inner buttons that parts can push to influence our behavior. For example, if we have a genetic predisposition for certain ailments, parts can push that button when they feel the need. Conversely, parts are also affected by the biology of the body. Being sleep-

deprived, eating certain foods, or lacking exercise can make our parts feel lousy, which puts them at risk of being extreme and emotionally overwhelming. Even so, parts have the power to stop creating or amplifying some disease processes and in our experience they are willing to do so when they feel convinced that cooperation will give them a voice.

NESTED SYSTEMS

My work with trauma survivors, including a lot of clients who were given the diagnosis of DID, has given me many opportunities to engage in direct access with a single part over a number of sessions. Since these parts talked about their parts just as we talk about our parts, I started guiding parts to talk with their subparts. Then I discovered that parts and subparts have a Self. Each system level seems to be isomorphic to and nested within a larger system. As a result, changes at each level affect the levels below and above. These discoveries guided me to start thinking in terms of fractals, or forms in which a similar pattern is repeated at different levels. Nature is full of fractals: When we look from a distance we see similar patterns in river networks, mountain ranges, coastlines, lightning bolts, and trees; when we look closely, we see fractals in pineapples, broccoli, leaves, snowflakes, and many other natural phenomena. Intriguingly, the mind also seems to contain the repeating pattern of a Self plus parts and subparts, which have their own subparts, etc., all of whom interact the way humans do in families, communities, and countries. Nature seems to love fractals.

TRAUMA AND TIME

Trauma freezes parts in time. Although neuroscientists have discovered in recent decades that the human mind may be best defined by a complex propensity for traveling back and forth in time, the flow of this process seems to be interrupted by trauma, with our exiled, traumatized parts and their protectors continuing to live in upsetting or dangerous times in the past. This strange existence leaves them isolated and burdened with extreme views and ideas. When we ask protectors how old they think we are, they usually name the age at which a trauma occurred, which is when they

shifted into a protective role. In short, protectors believe we are young and vulnerable. They do not live fully in the present any more than the parts they protect. When they learn that we are now older and more capable, they are greatly relieved, though they may also fear for their existence and need reassurance.

Trauma interrupts the natural flow of time in the mind, causing our inner and outer experiences to run on different tracks. Inside, traumatized parts are stuck. To find them we can skip over decades and go right back to traumatic episodes. We can enter into those scenes to help and protect a part who is being hurt. Serendipitously, we can also change the past in the inner world. This does not involve denying, forgetting, or distorting the memory of what happened. In fact, memories often gain in clarity. But parts can develop a new experience of past traumas. This is very good news, both for protectors who have been trying to make the client live as if it had never happened by denying or minimizing the past, and for exiles who are frozen out of the stream of time. After rescripting and retrieving, traumatic events no longer hold the same charge. And we believe it likely that the brain as well as the mind is altered by this process (Anderson, Sweezy, & Schwartz., 2017).

POLARIZATIONS

The Self of the child is not empowered to protect the inner system. It does not have access to a mature brain or body, nor is the child able to survive without the care of adults. As a result, parts often get forced into extreme roles in childhood and lose trust in the Self. Like parentified children in external families, young managers who are neither emotionally nor cognitively equipped to run a child's life spend their time herding the child with relentless shaming into the behavior they believe is safe—which of course activates exiles. In response, firefighters rebel and distract with various impulsive outrages that drive those controlling managers crazy. And round it goes. Like parents of a highly vulnerable child, dueling protectors can escalate rapidly as they polarize over ways to contain the pain of exiles. When external people pile on, also shaming the client for firefighter behavior and clobbering exiles again, we see how the push of one protector generates resistance and extremity in others, inside and out.

THE REQUISITE SEQUENCE FOR HEALING

In IFS we generally follow a particular sequence to get to unburdening because protectors on both sides of a protector polarity will hold on to their roles until they can be assured of two things: first, that the polarized protector they fear has relaxed and, second, that the vulnerable part they protect is healed. Countries and psyches that do not have the opportunity to honor this sequence are at high risk of staying mired in conflict. People do not change through willpower. If pushed, protectors assume (often correctly) that the pushy person has no idea what would happen if it stopped its behavior. Therefore, rather than asking protectors to change, we honor them and seek their permission to help vulnerable parts. We know from many years of experience that firefighters are actually eager to change when they believe that changing is safe. Our point is that systems have needs. Certain parts need attention before others. If we stay curious and flexible, listening for direction regarding these needs, they will be revealed, after which we can provide direction and guidance for accessing the resources to meet those needs.

BURDENED PROTECTORS

Protective parts can become extreme because, like exiles, they are burdened by inherited beliefs, emotions, and energies that have organized their experience and governed their actions. All parts who are involved with a problem—protectors as well as exiles—need to let go of their burdens. This is not to say that we don't have burden-free parts as well. We simply don't notice those parts as often because they are in valuable, harmonious roles. As a result they don't stand out and don't need to be retrieved or unburdened.

KINDS OF BURDENS

As noted previously, burdens fall into one of two categories. Either they accrue from direct experience—we call these *personal burdens*—or they are absorbed in the form of beliefs and emotions that are passed down in

families, ethnic groups, and cultures—and we call these *legacy burdens*. Although parts may believe that they are their burdens, they can also easily identify a burden as something that is in, on, or around the body, and they can differentiate personal burdens from legacy burdens.

In addition, parts can decide to release a burden out of the system. Generally speaking, the crucial factor in an unburdening is the target part's willingness to let go of the burden. Some parts know just how they want to let it go. If not, we borrow from shamanic traditions and suggest giving the burden to light, earth, air, water, or fire. Occasionally the burden won't leave, even though the part is ready, indicating that another part may be blocking the process for some reason. Since serious objections offer crucial information about unfinished business, we address the blocking part's concerns and win its permission before proceeding with the unburdening.

THE UNBURDENING PROCESS

Everything around unburdening is negotiable. For example, if a part is reluctant to send a burden out of the system, it can simply place the burden in a lidded container in the inner world, storing it with the option of bringing it back into its body at any time. Parts often prefer to store their burdens if witnessing occurs across a number of sessions. They can also unburden partially as they go through the witnessing process, sending burdens out by percentages instead of all at once. Eventually most parts want to let go of their burdens, and once a burden has been sent out of the system, its toxic energy released for recycling, its influence is gone. Since parts often carry multiple burdens and seem to know what is and what isn't theirs, we double-check before finishing by asking the part if it carries anything else that doesn't belong to it.

WHEN UNBURDENING UNSTICKS

Burdens can return after unburdening. They generally do so for one of these reasons: (1) The part was not fully witnessed; (2) the part felt abandoned by the Self in the days following the unburdening; (3) protectors were threatened by the unburdening and brought the burden back; (4) other parts

may carry the same burden and need an opportunity to be witnessed and unburdened, too; (5) something scary happened shortly after the unburdening and the part wanted to return to the familiar, or else other parts attributed that fright to the unburdening and brought the burden back; or (6) a legacy burden remains, absorbed from one or more ancestors. If a burden returns, protectors are likely to be discouraged and discouraging about unburdening again. In response, we assure everyone inside that this is not unusual and that we now have an opportunity to make an important addition to the process of unburdening.

POSTUNBURDENING

Parts who unburden almost always feel lighter and more spacious. Additionally, clients notice that their Selves have more room to expand within their bodies. Since burdens displace valuable qualities and block gifts, after an unburdening we guide parts to invite whatever they will need going forward to come into the body. Without any prompting about what might be missing, clients tend to invite qualities and attributes like courage and playfulness, along with feeling states like compassion and love. As these flow in, the part feels full, solid, and alive, all of which makes it less vulnerable to being burdened again in the future.

LETTING GO OF A LEGACY BURDEN

Protective parts often want to let go of a legacy burden immediately once they realize that it was inherited and did not derive from the client's personal experience. In contrast, parts who have been burdened by personal experiences usually need the Self to witness their experiences and retrieve them from the past. The main obstacle to the client's inner system being ready to let go of a legacy burden is generally loyalty to a family member or ethnic group. The client's Self can address any fears that seem distorted and extreme by clarifying what is truly at stake today.

A RADICAL VIEW OF WHO WE ARE

The Self cannot be damaged and does not need to develop. This view is radical in psychology, but is corroborated every day by therapists who use IFS—even with young children. When enough parts separate, children and adults, including those who have horrible trauma histories, will manifest fully developed qualities of the Self, immediately displaying wisdom about how to nurture their parts. The only exception I (RS) have found occurs in people with severe brain damage. It seems that the Self needs a certain amount of hardware to manifest fully. So the Self is always available just beneath or behind protectors, even if protectors deny it. That said, the Self needs a certain level of access to a person's brain, heart, and other key organs to be a comforting, healing presence.

When protectors obscure access to the Self or push it out of the body, we tend to feel dissociated, insubstantial, and empty. The ability of parts to disempower the Self doesn't strike me as particularly adaptive, but it does seem to be a law of inner physics. Protectors only allow the Self to reembody when they feel safe. They can be punitive if a client achieves Self-embodiment without permission through, for example, meditation or grounding skills. With one exception, the best practice for returning the Self to the body is always to ask protectors for permission so their concerns can be addressed proactively.

As far as I know the only exception to this inner law involves the drug MDMA, as used in some recent studies on PTSD in veterans and other traumatized individuals. MDMA is known as *ecstasy* on the street, but street drugs, which can be adulterated or misnamed in countless ways, may bear little resemblance to the MDMA used in these studies (see Chapter 19). I have watched videos of several sessions conducted by Michael and Annie Mithoefer, both IFS therapists, which illustrate the subjects accessing an enormous amount of Self with great speed, and parts healing spontaneously. (For more information on their work, see the Multidisciplinary Association for Psychedelic Studies (MAPS) website at *https://maps.org/about*.) Their magnified access to the Self seems to reassure and convert protectors quickly. Although MDMA seems to offer substantial protection against backlash, therapists in the MDMA studies are also careful to ask protectors for permission before proceeding to exiles.

THE SELF HEALS

Inner and outer relationships improve once enough of the Self is present. In addition to the qualities described by the eight *C*-words (*curiosity, calm, clarity, connectedness, confidence, courage, creativity,* and *compassion*), the Self has the innate wisdom to relate to parts and people in ways that allow them to feel seen, embraced, nurtured, protected, and, when necessary, lovingly contained or challenged. Parts, like children of different ages and temperaments, have different needs. Similar to a good, attuned parent, the Self seems to know what each part needs. Interventions the Self conceives are often much better than anything the therapist would have formulated. When an exile is being witnessed and the client says, "But I don't know how to help,"we simply ask that part to step back so the Self can step in.

Just as a nurturing adult can become the good attachment figure for a feral child, the Self becomes the good attachment figure for the client's protectors and exiles. There is, however, one key difference. New secure attachments seem to take place much more quickly internally than they do in the outer world. Once the Self offers love, even highly mistrustful parts often come around within a couple of sessions. Additionally, the part will develop a strong, secure trust if the Self follows up every day for a month after an unburdening. Compare this to the avoidantly attached child who needs years to develop secure attachments with external others. Addressing attachment needs inside produces this speedier progress.

Once parts open inner space, the Self also exudes energy. Some people feel this energy as a kind of vibrating, pulsing charge that moves through their bodies. It may be the same phenomenon as *prana* or *qi*, which is what healing energy is called in Eastern spiritual practices. Clients who experience Self-energy can learn to direct it to their parts and to other people; therapists can do this with their clients; and we can all learn to direct Self-energy as we go through our daily lives. Self-energy is protective. With enough Self-energy in the body, burdens cannot penetrate its field to attach to parts. The daily practice of accessing Self-energy and holding it in the body stockpiles protection for stressful times.

Embodying the Self is a multimodal experience for most people. To assess my level of Self, I can check a series of perceptions and sensations. For example, when my Self is embodied the resonance of my voice is deeper and the cadence of my speech is relaxed. I also check my heart. When I focus on my chest I can immediately tell whether my heart is open.

In addition, since I know that my Self doesn't push, I can easily notice if I'm attached to an agenda. Finally, I've also learned to notice the vibrations of Self-energy in my body as a way of gauging how much Self is flowing through me. Others have honed other ways to assess embodiment, including the depth of breath, muscle tension, clarity of vision, and mental spaciousness. For me, however, the first four ways are quick and reliable.

My point is that the experience of Self-embodiment gives us clues for gauging our own level of Self-energy, which we can use for checking throughout the day and during therapy sessions. Conversely, we can also notice the typical physical manifestations of our dominant protectors in order to keep tabs on their level of activation. For example, to name a couple of mine, I have a part who puts pressure on my forehead and one who shows up as a great weight on my shoulders. When I notice that I'm not embodied, I find the part who has blended and ask it to open more space.

WHAT THE SELF CAN DO INSIDE

Keep in mind that emotion contagion is a two-way street. Self-energy is contagious, and so are the feelings and attitudes of parts. When we are with a person who is blended with an extreme part, we are at risk of becoming extreme as well. If our parts are in the lead, any similarly extreme part in us will activate, along with any polarized parts. If our extreme part takes over inside, we will identify with the other person; but if our polarized part takes over, we will criticize or punish the other person. The relevant axiom here is that extremity in you activates extremity in me, and vice versa.

At the same time, Self-energy is also contagious. When a Self-led therapist approaches a client, the Self of the client—and the Self in the client's parts—activates. Like a tuning fork, the vibrating Self of one system sets the Self in motion in all proximal systems because individual Selves are connected to the Self everywhere. This explains why groups can be such powerful healing agents. Each member amplifies the Self-energy of the group as a whole and lifts the level of Self-energy in the room. This is one reason why we prioritize accessing the Self in therapists.

Keep in mind as well that the Self can handle anything in the inner world. When trauma survivors face a very scary part, I often tell them,

"Nothing inside has power over you when you are not afraid of it, and your Self will not be afraid." This crucial law has never been violated in my decades of doing IFS and I have encountered many scary parts who engage in nasty behaviors. As a result, parts who seem all-powerful and dangerous become approachable and can be unburdened of their jobs when they are ready. I am filled with awe every time I see one of these inner monsters melt and transform in the presence of Self-energy.

The Self is our seat of consciousness, our ground of being. The Self is the *me* who exists when all of my parts open space by separating. Thus, I cannot see my Self. Many of us see images of our parts in the inner world, but if we think we see the Self we are actually seeing a part who is stepping in for the Self because the Self is the one who sees. Many spiritual traditions teach enlightenment by way of a simple shift away from identifying with parts and their burdens toward knowing one's essence (the Self) and living with the Self in the lead. Parts can still take over, but they do so only with the permission (or at least awareness of) the Self.

The point we wish to emphasize about Self-leadership is that the time can come when blending is no longer automatic; and, when it does happen, blending is only partial because the Self is still there and can take over again at any time. By this point, if a protector takes over without permission, the Self can apologize and repair matters with anyone who has been hurt or offended (parts or people). Then the Self can use that automatic reactivity as a trailhead to discover the exile who still needs to be healed. From this perspective, we welcome triggering events because they lead to more healing. Similarly, we can use relationships with people who continue to activate our parts to find and heal our exiles. These people, whom we call *tor-mentors*, guide us to deeper healing by activating our parts.

In both the internal and external worlds, the Self acts to challenge and heal imbalance and injustice. Drawing on the clarity, confidence, and courage of Self-leadership, we ascend from the denial of our protectors to seeing injustice clearly, and we have the confidence to speak as well as the courage to act calmly on behalf of change. All the while, we have compassion rather than contempt for those who perpetrate injustice because, though they act from their burdens, we know they are connected to us at the level of the Self. Over time I have learned to say that the Self has an agenda-free agenda: It desires balance, harmony, connectedness, and healing for all levels of all systems. Even so, the Self is not attached to

making those things happen. The Self sees the big picture and, in addition to patience, persistence, and the eight *C*-words, it practices playfulness and nonattachment.

PARALLELS BETWEEN INNER AND OUTER REALMS

After a 35-year journey through countless inner worlds, I (RS) have become mightily intrigued by the parallels as well as the differences between our inner realm and our external world. Having so far focused mainly on the differences, I will now mention a few parallels. The first is that parts are like people. They have bodies, ages, talents, desires, and temperaments. After a trauma, they organize in much the same way that traumatized external families organize, with some parts being scapegoated and exiled, whereas others are parentified and protective. At every level of traumatized human systems we find exiles and protectors. Just as polarizations abound and leadership is compromised in external families, so it can go internally. Injured, exiled parts long to be witnessed (understood and validated) and reinstated as valuable inner citizens just like injured people who have been shunned. When that doesn't happen, exiles in both inner and outer realms may collapse in despair or try to throw a coup.

Meanwhile, overburdened protectors at both levels can lose trust in leadership, growing rigid and extreme even though they hate their roles. Protectors long to be released, loved, and accepted, inside and out, so they can return to being who they were meant to be. And, happily, this is possible both for parts and people because everyone contains a Self, which knows how to heal them and right their relationships. When parts or people at any system level trust that they can open space safely, the Self immediately shows up. As a result, in IFS we are able to use the same concepts and techniques in the inner and the outer worlds.

CONCLUSION

Many scientists study how to interact with external systems in ecologically sensitive ways. This is the approach I wound up taking with the inner world. I learned its laws and divined how to promote transformation in an

ecologically sensitive way. This journey has been fascinating, awe-inspiring, sacred, and at many times literally unbelievable. If I'm proud of anything it is that I remained a good scientist, ultimately believing what my clients' parts were teaching me and trusting the data over Western preconceptions about the mind, which so often encourage us to dismiss subjective experience. Once we do take the inner realm seriously, respecting its inhabitants and their laws, we learn that the psyche has the wisdom to heal itself as well as the relational world we create outside.

Our healing wisdom is contained in the Self. Today IFS aligns with visionary thinkers around the globe who focus on connectedness and compassion. IFS offers a practical, concrete route to compassion and is being adapted in many arenas, including education, spirituality, mediation and conflict resolution, coaching, and medicine. In the psychotherapy world, IFS offers a radical paradigm for understanding and treating conditions that have more typically been viewed as symptoms of severe pathology. The fact that we all have a Self, which can be accessed quickly once we stop attacking and start loving our parts, has the potential to change everything. Once we are able to love our parts, we can also relate with love to people who resemble our parts. This book is an invitation to you to join us in the project of bringing more Self to the planet.

Glossary of Terms

Balance: A state in which members at the same level of a human system have equitable access to the responsibilities, resources, and influence they need.

Blending: The act in which a part takes over a person's seat of consciousness, or Self. Blending occurs along a continuum, so that the Self can remain present with some blending or be obscured completely with full blending.

Burdens: Parts carry burdens, which are the extreme ideas and feeling states that accrue from frightening or shaming interactions or events on or in their bodies.

Constraining environment: A relational environment that imposes burdens on its subsystems because it is characterized by imbalance, polarizations, enmeshments, and problematic leadership.

Direct access: The alternative approach to in-sight. When a protector will not unblend, the therapist speaks directly to the client's parts. In direct access we can speak to a part *explicitly* (e.g., "Can I talk to that part directly? OK, why do you want Abby to binge?"). Or, when the client rejects the idea of parts, or says, "That's not a part, that's me," we can speak to the part *implicitly,* without using the word part. Direct access is the usual method with children, although some children are able to use in-sight.

Effective leadership:

Leadership that nurtures while fostering compassion, fairness, and vision.

Enmeshment: A state in which two members (or two groups) in a system are highly interdependent and reactive, with little (or no) access to their Selves.

Exiles: Parts of a system that are sequestered out of consciousness, either for their own protection or to protect the rest of the system from their feelings.

Feedback: Information that is received by a system from its environment.

Firefighters: Parts who react quickly, aiming either to calm the exiled part or distract from it (e.g., via dissociation, drugs, food), after exiled feelings and beliefs have been evoked.

Harmony: A state in which the members of a human system relate collaboratively, with effective communication, mutual caring, and a sense of connection.

Imbalance: A state in which one member (or one group) has either more or less access to responsibilities, influence, and resources.

In-sight: The primary approach used with adults to understand parts, in-sight requires that the client be aware of parts (often aided by visual, kinesthetic, or aural experience) and have enough Self-energy to communicate with them directly. When protectors block in-sight, direct access can be used.

Managers: Parts who run a system in ways that aim to minimize the activation (distress) of its exiles.

Multiplicity paradigm: A conceptual view of the human mind as plural, or naturally subdivided into a multitude of subpersonalities.

Parts: The word IFS uses for subpersonalities. Parts behave like internal people of different ages, temperaments, and talents and respond best

when related to as such.

Polarization: A state in which two members (or two groups) in the same system take opposing views and conflict or compete. They each grow increasingly extreme out of fear of the other side taking over and can thereby obscure the Self of the system.

Problematic leadership: A state in which a system's leaders who have taken on protective roles, from managers or firefighters to parents and public figures, abdicate responsibility, lead with bias, polarize with each other, or engage in discrediting behavior.

Retrieval: After an exiled part is witnessed in whatever way it needs, the Self takes it out of the past and brings it to the present or to some other place of its choosing.

Self: The seat of consciousness, which is characterized by qualities such as perspective, presence, patience, playfulness, persistence, curiosity, creativity, calm, clarity, caring, connectedness, confidence, and compassion. The Self is the only inner entity that is fully equipped to lead the internal family.

Self-energy: The perspectives and feelings that our Selves bring into the relationship with our parts.

Self-led: Describes individuals who have access to their Self, and therefore have the capacity to hear, understand, and be present with their parts, acknowledging and appreciating the importance of their roles in the internal family system and with other people.

Sustaining environment: A relational environment that is characterized by balance, harmony, and effective leadership.

Unblended: The state of being in which no part (e.g., feeling, thought, sensation, belief) overwhelms (blends with) the Self, often experienced as internal spaciousness in addition to clear cognition.

Unburdening:

The process in which an exiled part lets go of the painful emotions and beliefs it has been carrying; often involves a ceremonial release to one of the elements in the mind's eye. After unburdening, the part invites qualities of its own choosing to come in and fill the space made by releasing the burden. The qualities of the Self (listed under *Self* in this glossary) are common choices.

Witnessing: The process in which a part shows and/or tells the client's Self about its experiences until it feels understood, accepted, and self-accepting.

References

Ainsworth, M. D. S. (1982). Attachment: Retrospect and prospect. In C. M. Parkes & J. Stevenson-Hinde (Eds.), *The place of attachment in human behavior* (pp. 3–30). New York: Basic Books.

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Arlington, VA: Author.

Anderson, F. G. (2013). "Who's taking what?": Connecting neuroscience, psychopharmacology and Internal Family Systems for trauma. In M. Sweezy & E. L. Ziskind (Eds.), *Internal Family Systems therapy: New dimensions* (pp. 107–126). New York: Routledge.

Anderson, F. G., Sweezy, M., & Schwartz, R. C. (2017). *Internal Family Systems skills training manual: Trauma-informed treatment for anxiety, depression, PTSD and substance abuse.* Unpublished manual.

Associated Press. (2010, May 13). After 40 years, $1 trillion, US War on Drugs has failed to meet any of its goals. Retrieved from *www.foxnews.com/world/2010/05/13/ap-impact-years-trillion-war-drugs-failed-meet-goals.html*.

Bateson, G. (1979). *Mind and nature: A necessary unity*. Boston: Dutton Books.

Böckler, A., Herrmann, L., Trautwein, F., Holmes, T., & Singer, T. (2017). Know thy selves: Learning to understand oneself increases the ability to understand others. *Journal of Cognitive Enhancement, 1*(2), 197–209.

Bowen, M. (1978). *Family therapy in clinical practice*. New York: Jason Aronson.

Bowlby, J. (1988). *A secure base: Parent–child attachment and healthy human development.* New York: Basic Books.

Brazelton, T. B., & Nugent, J. K. (2011). *The Neonatal Behavioral Assessment Scale, 4th Edition.* Cambridge, UK: MacKeith Press.

Brown, D. W., & Anda, R. F. (2009). Adverse childhood experiences: Origins of behaviors that sustain the HIV epidemic. *AIDS, 23*(16), 2231–2233.

Capra, F., & Luisi, P. L. (2014). *The systems view of life: A unifying vision*. Cambridge, UK: Cambridge University Press.

Carter, E., & McGoldrick, M. (Eds.). (1989). *The changing family life cycle: A framework for family therapy* (2nd ed.). Needham Heights, MA: Allyn & Bacon.

Catanzaro, J. (2016). IFS and eating disorders: Healing the parts who hide in plain sight. In M. Sweezy & E. L. Ziskind (Eds.), *Innovations and elaborations in Internal Family Systems therapy* (pp. 49–69). London: Routledge.

The compact edition of the Oxford English dictionary. (1971). London: Oxford University Press.

Cook, T. H. (1990). *Night secrets*. New York: Mysterious Press.

Corn, D. (2013, July 29). Mitt Romney's incredible 47-percent denial: "Actually, I didn't say that." *Mother Jones.* Retrieved from *www.motherjones.com/politics/2013/07/mitt-romney-47-percent-denial*.

Corso, P. S., Edwards, V. J., Fang, X., & Mercy, J. A. (2008). Health-related quality of life among adults who experienced maltreatment during childhood. *American Journal of Public Health, 98*(6), 1094–1100.

Csikszentmihalyi, M. (2008). *Finding flow: The psychology of engagement with everyday life*. New York: Basic Books.

Dawkins, R. (1976). *The selfish gene*. Oxford, UK: Oxford University Press.

Docter, P., & DelCarmen, R. (Directors). (2015). *Inside out* [Motion picture]. United States: Pixar Animation Studios.

Droward, J. (2016, April 2). The UN's war on drugs is a failure: Is it time for a different approach? *The Guardian.* Retrieved from *www.theguardian.com/world/2016/apr/02/un-war-on-drugs-failure-prohibition-united-nations*.

Ecker, B., Ticic, R., Hulley, L., & Neimeyer, R. A. (2012). *Unlocking the emotional brain: Eliminating symptoms at their roots using memory reconsolidation*. New York: Routledge.

Engert, V., Kok, B., Papassotiriou, I., Chrousos, G. P., & Singer, T. (2017). Specific reduction in cortisol stress reactivity after social but not attention-based mental training. *Science Advances, 3*(10). Retrieved from *https://advances.sciencemag.org/content/3/10/e1700495*.

Erpenbeck, J. (2017). *Go, went, gone.* New York: New Directions.

Foundation for Self Leadership. (n.d.). IFS Adherence Scale. Retrieved from *https://foundationifs.org/media/pdf/IFSAdherenceScaleAugust2014.pdf*.

Freud, S. (1961). The ego and the id. In J. Strachey (Ed., & Trans.), *The standard edition of the complete psychological works of Sigmund Freud* (Vol. 19). London: Hogarth Press. (Original work published 1923)

Geib, P. (2016). Expanded unburdenings: Relaxing managers and releasing creativity. In M. Sweezy & E. L. Ziskind (Eds.), *Innovations and elaborations in Internal Family Systems therapy* (pp. 148–163). New York: Routledge.

Greenblatt, S. (2017, June 12). How St. Augustine invented sex. *The New Yorker*. Retrieved from *www.newyorker.com/magazine/2017/06/19/how-st-augustine-invented-sex*.

Haddock, S. A., Weiler, L. M., Trump, L. J., & Henry, K. L. (2016). The efficacy of Internal Family Systems therapy in the treatment of depression among female college students: A pilot study. *Journal of Marital and Family Therapy, 43*(1), 131–144.

Haley, J. (1976). *Problem-solving therapy*. San Francisco: Jossey-Bass.

Haley, J. (1980). *Leaving home*. New York: McGraw-Hill.

Hannah, B. (1981). *Encounters with the soul: Active imagination as developed by C. G. Jung*. New York: Chiron.

Hawkin, P., Lovins, A., & Lovins, L. H. (1999). *Natural capitalism: Creating the next industrial revolution*. New York: Hachette.

Herbine-Blank, T., Kerpelman, D. M., & Sweezy, M. (2016). *Intimacy from the inside out: Courage and compassion in couple therapy*. New York: Routledge.

Herman, J. L. (2015). *Trauma and recovery: The aftermath of violence, from domestic abuse to political terror*. New York: Basic Books.

Hesse, H. (1975). *Steppenwolf*. Berlin: S. Fischer Verlag. (Original work published 1927)

Hodgdon, H. B., Gustella-Anderson, F., Southwell, E., Hrubec, W., & Schwartz, R. (2017, November). *Internal Family Systems (IFS) treatment for PTSD and comorbid conditions: A pilot study.* Poster presented at the annual meeting of International Society of Traumatic Stress Studies, Chicago, IL.

Ingraham, C. (2017, December 15). U.S. lawmakers redistributing income from poor to rich according to massive new study. *Washington Post*. Retrieved from *www.washingtonpost.com/news/wonk/wp/2017/12/15/u-s-lawmakers-are-redistributing-income-from-the-poor-to-the-rich-according-to-massive-new-study/?noredirect=on&utm_term=.a0e0640d7030*.

Jung, C. G. (1968). *Analytical psychology: Its theory and practice—The Tavistock lectures*. London: Routledge & Kegan Paul. (Original work published 1935)

Jung, C. G. (1969). Archetypes and the collective unconscious. In G. Adler & R. F. C. Hull (Eds.), *The collected works of C. G. Jung* (Vol. 9, Pt. 1). Princeton, NJ: Princeton University Press.

Kavanagh, D. J., May, J., & Andrade, J. (2009). Tests of the elaborated intrusion theory of craving and desire: Features of alcohol craving during treatment for an alcohol disorder. *British Journal of Clinical Psychology, 48*(3), 241–254.

Kelly, L. (2015). *Shift into freedom*. Boulder, CO: Sounds True.

Khazan, O. (2018, October 16). Inherited trauma shapes your life. *The Atlantic.* Retrieved from *www.theatlantic.com/health/archive/2018/10/trauma-inherited-generations/573055*.

Krause, P. (2013). IFS with children and adolescents. In M. Sweezy & E. L. Ziskind (Eds.), *Internal Family Systems therapy: New dimensions* (pp. 35–54). New York: Routledge.

Krause, P., Rosenberg, L., & Sweezy, M. (2016). Getting unstuck. In M. Sweezy & E. L. Ziskind (Eds.), *Innovations and elaborations in Internal Family Systems therapy* (pp. 10–28). New York: Routledge.

Kristof, N. (2017, September 22). How to win a war on drugs. *New York Times.* Retrieved from *www.nytimes.com/2017/09/22/opinion/sunday/portugal-drug-decriminalization.html*.

Kurtz, R. (1990). *Body-centered psychotherapy: The Hakomi method.* Mendocino, CA: LifeRhythm.

Landes, L. (2018, June 20). Millennials want to be rich more than anything. Retrieved from *www.consumerismcommentary.com/millennials-want-to-be-rich-more-than-anything*.

Livingston, J. B., & Gaffney, J. (2013). IFS and health coaching: A new model of behavior change and medical decision making. In M. Sweezy & E. L. Ziskind (Eds.), *Internal Family Systems therapy: New dimensions* (pp. 143–158). New York: Routledge.

Lumma, A., Böckler, A., Vrticka, P., & Singer, T. (2017). Who am I?: Differential effects of three contemplative mental trainings on emotional word use in self-descriptions. *Self and Identity, 16*(5), 607–628.

Makransky, J. (2007). *Awakening through love.* Somerville, MA: Wisdom.

McConnell, S. (2013). Embodying the internal family. In M. Sweezy & E. L. Ziskind (Eds.), *Internal Family Systems therapy: New dimensions* (pp. 90–106). New York: Routledge.

Menakem, R. (2017). *My grandmother's hands.* Las Vegas, NV: Central Recovery Press.

Miller, A. (1981). *The drama of the gifted child*. New York: Basic Books.

Miller, W. (2009). *Everyday Dharma*. Wheaton, IL: Quest Books.

Minuchin, S. (1974). *Families and family therapy*. Cambridge, MA: Harvard University Press.

Minuchin, S., Rosman, B. L., & Baker, L. (1978). *Psychosomatic families: Anorexia nervosa in context.* Cambridge, MA: Harvard University Press.

Mishra, P. (2018, October 22). Gandhi for the post-truth age. *The New Yorker,* pp. 82–86. Retrieved from *www.newyorker.com/magazine/2018/10/22/gandhi-for-the-post-truth-age*.

Mithoefer, M. (2013). MDMA-assisted psychotherapy: How different is it from other psychotherapy? *MAPS Bulletin Special Edition, 23*(1), 10–14. Retrieved from *www.maps.org/newsletters/v23n1/v23n1_p10-14.pdf*.

Mithoefer, M. C., Grob, C. S., & Brewerton, T. D. (2016). Novel psychopharmacological therapies for psychiatric disorders: Psilocybin and MDMA. *Lancet Psychiatry, 3,* 481–488.

Mones, A. G. (2014). *Transforming troubled children, teens, and their families: An Internal Family Systems model for healing*. New York: Routledge.

Newcomb, S. T. (2008). *Pagans in the promised land*. Golden, CO: Fulcrum.

Palmer, P. J. (2004). *A hidden wholeness: The journey toward an undivided life*. San Francisco: Jossey-Bass.

Pastor, M., & Gauvain, J. (2019). *Internal Family Systems Level 1 training manual*. Unpublished manual.

Pew Research Center. (2015, December 9). The American middle class is losing ground. Retrieved from *www.pewsocialtrends.org/2015/12/09/the-american-middle-class-is-losing-ground*.

Rosenberg, L. G. (2013). Welcoming all erotic parts: Our reaction to the sexual and using polarities to enhance erotic excitement. In M. Sweezy & E. L. Ziskind (Eds.), *Internal Family Systems therapy: New dimensions* (pp. 166–185). New York: Routledge.

Rowan, J. (1990). *Subpersonalities: The people inside us*. London: Routledge.

Satir, V. (1970). *Self-esteem*. Berkeley, CA: Celestial Arts.

Satir, V. (1972). *Peoplemaking*. Palo Alto, CA: Science & Behavior Books.

Schultz, G. P., & Aspe, P. (2018, November 22). How we can help the migrant caravan. *The Spokesman Review*. Retrieved from *www.spokesman.com/stories/2018/nov/24/george-p-shultz-and-pedro-aspe-how-we-can-help-the*.

Schwartz, H. (1986). Bulimia: Psychoanalytic perspectives. *Journal of the American Psychoanalytic Association, 34,* 439–467.

Schwartz, R. C. (2001). *Introduction to the Internal Family Systems model*. Oak Park, IL: Trailheads.

Schwartz, R. C. (2008). *You are the one you've been waiting for: Bringing courageous love to intimate relationships*. Oak Park, IL: Trailheads.

Schwartz, R. C. (2013). The therapist–client relationship and the transformative power of Self. In M. Sweezy & E. L. Ziskind (Eds.), *Internal Family Systems therapy: New dimensions* (pp. 1–23). New York: Routledge.

Schwartz, R. C. (2016). Dealing with racism: Should we exorcise or embrace our inner bigots? In M. Sweezy & E. L. Ziskind (Eds.), *Innovations and elaborations in Internal Family Systems therapy* (pp. 124–132). New York: Routledge.

Schwartz, R. C., & Falconer, R. R. (2017). *Many minds, one self*. Oak Park, IL: Trailheads.

Scott, D. (2016). Self-led grieving: Transitions, loss and death. In M. Sweezy & E. L. Ziskind (Eds.), *Innovations and elaborations in Internal Family Systems therapy* (pp. 90–108). London: Routledge.

Shadick, N. A., Sowell, N. F., Frits, M. L., Hoffman, S. M., Hartz, S. A., Booth, F. D., … Schwartz, R. C. (2013). A randomized controlled trial of an Internal Family Systems–based psychotherapeutic intervention on outcomes in rheumatoid arthritis: A proof-of-concept study. *Journal of Rheumatology, 40*(11), 1831–1841.

Shakespeare, W. (1974). Much ado about nothing. In G. B. Evans (Ed.), *The Riverside Shakespeare*. Boston: Houghton Mifflin. (Original work performed ca. 1598)

Shaw, J. (2019, May–June). Raw and red hot: Could inflammation be the cause of myriad chronic conditions? *Harvard Magazine*. Retrieved from *www.harvardmagazine.com/2019/05/inflammation-disease-diet*.

Siegel, D. J. (2012). *The developing mind: how relationships and the brain interact to shape who we are* (2nd ed.). New York: Guilford Press.

Siegel, D. J. (2018). *Aware: The science and practice of presence*. New York: Penguin Random House.

Singer, T., & Klimecki, O. M. (2014). Empathy and compassion. *Current Biology, 24*(18), R875–R878.

Sinko, A. L. (2016). Legacy burdens. In M. Sweezy & E. L. Ziskind (Eds.), *Innovations and elaborations in Internal Family Systems therapy* (pp. 164–178). New York: Routledge.

Sowell, N. (2013). The internal family system and adult health: Changing the course of chronic illness. In M. Sweezy & E. L. Ziskind (Eds.), *Internal Family Systems therapy: New dimensions* (pp. 127–142). New York: Routledge.

Spiegel, L. (2017). *Internal Family Systems therapy with children*. New York: Routledge.

Stone, H., & Stone, S. (1993). *Embracing your inner critic*. San Francisco: HarperCollins.

Suskind, R. (2006). *The one percent doctrine: Deep inside America's pursuit of its enemies since 9/11*. New York: Simon & Schuster.

Sweezy, M., & Ziskind, E. L. (2013). *Internal Family Systems therapy: New dimensions*. New York: Routledge.

Sweezy, M., & Ziskind, E. L. (2016). *Innovations and elaborations in Internal Family Systems therapy*. New York: Routledge.

Sykes, C. (2016). An IFS lens on addiction: Compassion for extreme parts. In M. Sweezy & E. L. Ziskind (Eds.), *Innovations and elaborations in Internal Family Systems therapy* (pp. 29–48). New York: Routledge.

Watkins, J. G., & Watkins, H. H. (1979). Ego states and hidden observers. *Journal of Altered States of Consciousness, 5,* 3–18.

Watkins, J. G., & Watkins, H. H. (1997). *Ego states: Theory and therapy*. New York: Norton.

Watzlawick, P., Weakland, J., & Fisch, R. (1974). *Change: Principles of problem formation and problem resolution*. New York: Jason Aronson.

Wonder, N. (2013). Treating pornography addiction with IFS. In M. Sweezy & E. L. Ziskind (Eds.), *Internal Family Systems therapy: New dimensions* (pp. 159–165). New York: Routledge.

Wylie, M. S. (2010). As the twig is bent: Understanding the health implications of early life trauma. Retrieved from *www.balancedweightmanagement.com/As-the-twig-is-bent-ACE%20STUDY.pdf*.

Yehuda, R., Daskalakis, N. P., Bierer, L. M., Bader, H. N., Klengel, T., Holsboer, F., & Binder, E. B. (2016). Holocaust exposure induced intergenerational effects on *FKBP5* methylation. *Biological Psychiatry, 80*(5), 372–380.

Young, M. D. (1958). *The rise of meritocracy*. London: Thames & Hudson.

Zohar, D. (1990). *The quantum self*. New York: Quill/William Morrow.

Index

The pagination of this electronic edition does not match the edition from which it was created. To locate a specific passage, please use the search feature of your e-book reader or select a page number link below.

C

D

E

Ease of access, 28–29
Eating disorders, 9–17, 35
Ecological maps, 29, 40
Economy, 245, 249–250, 251–252
Ecstasy, 257–258, 276
Effective leadership, 191–192, 281. *See also* Leadership; Self-leadership
Ego states, 29–30, 54. *See also* Self, parts of
Embodied Self
    direct access process and, 114–115
    overview, 20–21, 64–65, 277–278
    parts of the Self and, 65–67
    See also Body; Disembodied Self; Self; Self-state
Emigration, 222, 243–244
Emotion contagion, 262–263, 278. *See also* Empathy
Emotions, 107, 267–268. *See also* Burdens
Empathy, 49, 53, 117, 262–263
Empty-chair technique, 14, 112, 120–121
Enmeshment, 194–196, 198, 281
Environmental dependency, 49
Environmental factors
    burdens and, 57, 61
    determining appropriateness of IFS and, 96
    development and, 187
    exploring fears step with protective parts and, 142–143
    leadership in families and, 189
    working with, 180
Environmental movement, 5
Epigenetics, 57
Ethnicity, 57–58, 243–244
European Americans, 241–244
Evaluating managers, 89. *See also* Managers
Exiles
    approaching safely, 173–174
    assessment in IFS and, 101–104
    body and, 70–73
    burdens and, 59, 60–61
    common fears of managers, 146
    definition, 281
    detecting parts and, 178–179
    determining which part(s) dominates in the system, 104–105
    direct access process and, 116–117
    dis-ease and, 269
    enmeshment and, 195–196
    examples of, 59–60, 70–73, 166–172
    exploring a part's constraints, 179–180
    exploring fears step with protective parts and, 140–145
   family systems and, 198

F

M

N

O

P

Q

R

S

U

V

W

About Guilford Press

www.guilford.com

Founded in 1973, Guilford Publications, Inc., has built an international reputation as a publisher of books, periodicals, and DVDs in mental health, education, geography, and research methods. We pride ourselves on teaming up with authors who are recognized experts, and who translate their knowledge into vital, needed resources for practitioners, academics, and general readers. Our dedicated editorial professionals work closely on each title to produce high-quality content that readers can rely on. The firm is owned by its founding partners, President Bob Matloff and Editor-in-Chief Seymour Weingarten, and many staff members have been at Guilford for more than 20 years.

Discover Related Guilford Books
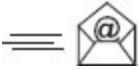
Sign up to receive e-Alerts with new book news and special offers in your fields of interest: *http://www.guilford.com/e-alerts.*

Guilford Periodicals—Online and GP Mobile

Taking periodicals to the next level, our website offers exciting features and new ways to access up-to-the-minute information and perspectives. Visit www.guilfordjournals.com from any device to access your subscription or to view sample issues, order individual articles, or purchase a 24-hour Day Pass to download any articles (from current or back issues as well as digital archives) on our site. You can also search for authors or keywords across one—or all—Guilford periodicals, subscribe to TOC alerts or RSS feeds, see our Most Viewed and Most Cited Articles, and use a variety of social media options to share free content with your friends.