

What IFS Offers to the Treatment of Trauma

By Frank G. Anderson and Martha Sweezy

Introduction

The model of mind used in any form of therapy determines its approach to trauma. The IFS model of mind taps into the norms of our highly interactive subjective experience and works with internal people - or *parts* - who have feelings and whose agendas focus on the common goal of warding off psychic pain. As a result, the IFS approach differs from the widely used International Society for Traumatic Stress Studies (ISTSS) guidelines for treating trauma, most importantly for our purposes, from the suggestion that treatment be divided into phases to promote the client's stability and prevent emotional overwhelm. The ISTSS phases begin by developing emotional and psychological competencies through affect regulation and interpersonal skills; next on reviewing and reappraising trauma memories; and, finally, on consolidating the gains made in therapy. In contrast, IFS starts from the premise that psychic parts are a motivated and purposeful inner community, which does not need to be managed. We offer this community of parts our interest and curiosity; in return they explain why they believe their behavior, which can seem consistently irrational and destructive to the observer, benefits the client. Once we offer them an alternative way of accomplishing the same goals (for this is our offer), the client's parts must turn to the inevitable post-trauma question of trust.

Interpersonal trauma is the great destroyer of trust in relationships. It severs external relational ties while initiating an enduring inner assault on self-worth and self-governance. In IFS we aim to undo these effects by getting our clients into a Self-led

relationship with their parts, trusting their knowledge, listening to their concerns, validating their experience, and honoring their problem solving attempts while offering them a truly new solution; the opportunity to unload traumas (*I'm alone and unlovable*) from the past and be loved in the present by the Self. In this way, as we illustrate, IFS relies on relationships rather than preordained phases to stabilize trauma clients who, as a population, tend to become more symptomatic and destabilized when feeling pushed or controlled.

Chapter Overview

This chapter illustrates the relevance of the relational principles in IFS therapy that we find accelerate healing work with trauma. These include prioritizing the relationship between the client's parts and the Self as the primary therapeutic relationships, welcoming all parts and seeing their good intentions, helping parts to separate (or *unblend*) from the Self, and getting permission from protective parts before accessing exiles.

In addition, IFS has a few foundational guidelines for the therapist: avoid taking sides in polarities, help your parts unblend, and heal your injured parts during and parallel to the client's therapeutic process. When we experience roadblocks and do not perform these elements of treatment successfully, our access to exiles will be hindered, we're likely to get frustrated and the treatment will be at risk of derailment – especially in the case of severe trauma.

The Therapeutic Relationship

In IFS the primary therapeutic relationships are internal (Schwartz, 2013). When the client can't access the Self, the therapist is the source of Self-energy in the client-therapist system for as long as needed, which can be months or years in dissociative disorders. But in general, the therapist's Self defers to the client's Self as soon as possible because the inner relationship of parts to the Self is the quickest and most effective route to healing.

Nick, who was diagnosed with DID, had a trauma history that included his parents leaving him in the care of his physically and sexually abusive older sisters while they were busy running the family business. To avoid being with his sisters, Nick spent as much time as he could out of the house, which left him vulnerable to being molested by his tennis coach. Although Nick had many exiles from these traumas, we rarely heard from them directly. Instead, most of my contact was with his front-line protectors. One day I (Frank) said to him, "Can I meet the Nick who is not a part?"

"What?" he said, looking shocked.

"Really," I said, "I know there's a Nick in there who is not a part and I want us to get to know him."

At first several parts stepped forward who said they were Nick, including the Nick who had protected him when his sisters locked him in the closet or touched him, the Nick who had survived being molested by his coach, and the Nick who was running his day-to-day life now. Well over a year later I was still talking with his parts about unblending when he reported, "My parts really like you and don't want to let you meet the Nick who isn't a part because they're afraid of losing their connection with you."

“Ah!” I said. “That makes sense. But please let them know this isn’t an either/or option. If they let us meet the Nick who isn’t a part I won’t go away.”

“Okay. We’re scared but we’ll try,” a part replied. After a few moments of attending inside, the part exclaimed, “Wow! We can see how things would be really different if we were connected to that Nick.”

“And he’s right there waiting for you,” I said.

As with Nick, in the aftermath of severe trauma protective parts often need to feel safe in the therapeutic relationship before being willing to step back and reveal the Self. Until that happens the therapist serves as the *Self of the system*. The unveiling of the Self can be as dramatic as it was with Nick, or it can involve “passing the baton gradually and naturally” (Schwartz personal communication, 2014) as parts have the opportunity to experience and feel some trust toward the Self of the client.

Welcoming All Parts and Getting Permission

Most effective trauma treatments help clients “be with” rather than re-experiencing or “being in” their trauma. The ability to be mindfully (rather than dissociatively) separate from intense affect is an important early step in many experiential therapies, IFS included, because reenactment is not therapeutic. In IFS we can engage a target part by helping the client stay open and curious or we can use *direct access*. When we run into a protector who is unwilling to move back and make room for the Self, inviting it to come closer with direct access accelerates the process of connecting with injured parts, especially when we’re dealing with extreme protectors. Because the intensity of the client’s affect and/or the degree of her dissociation may leave little room for her Self, especially early on, proficiency at direct access is essential in treating

trauma. When the client's Self can eventually take over (with *in-sight*) because extreme protectors feel safer, sessions move more quickly. But whether we are using direct access or in-sight we always seek permission from the client's parts before diving in with a target part. *Would it be okay to...? Would anyone mind if...?* Here is an example of a therapy being temporarily derailed because I (Frank) forgot to ask permission before trying to access a client's painful feelings related to a traumatic childhood.

Duncan was 41-years-old when he came to me because of difficulties in his marriage, which quickly ended in a contentious divorce. We spent the next couple of years working on his behavior with his children with whom he could be controlling and verbally abusive when they had trouble in school. Although I sensed that his childhood had been difficult due to a critical mother and a binge-drinking father who had abandoned the family when he was young, Duncan rarely spoke of that time in his life in any detail or with any feeling.

Despite his childhood and, due in no small measure to his strong intellectual part, Duncan did well in college, developed a successful business, and provided well for his family. His intellectual part had been in the driver's seat throughout his adult life and was allergic to the slightest hint of emotion in Duncan. If a feeling was mentioned during a session, the intellectual part promptly jumped in to "understand" what was going on. Although it was willing to step back when I asked it to, it would come right back in again if Duncan began to have or express feelings. Needless to say, the pace of our work was slow and some parts of me were frustrated.

Since I usually reserved direct access for parts who were unwilling to step back or unblend, which was not the case here, I did not immediately think of using it with

Duncan's intellectual part. But when I realized that I had never formally gotten permission from this part to help Duncan access his feelings, I felt I owed it an apology.

"I want to try something that may seem a bit strange at first," I said. "I'd like to talk directly to the part who is so good at figuring things out. Is that okay?"

"Don't you talk to him all the time? I think he is me," Duncan replied.

"I know he's a very important part of you but I don't actually believe he's all of you. And I would like to talk to him directly if that's okay."

"Why not?" Duncan shrugged.

"Are you there?" I asked. Duncan nodded. "So you are the part of Duncan who helps him make sense of things, is that right?" I asked.

"Yes," the part answered.

"How long have you been doing this job?" I asked.

"Since he was 6-years-old. He was alone a lot so he needed someone to help him figure things out. If I hadn't helped everything would have fallen apart."

"In what way?" I asked.

"He didn't understand why his mother was so mean to him. She always seemed angry. And..." the part hesitated before disclosing information that was totally new to me, "just before his father left home for good, he jumped on top of Duncan and choked him until he passed out."

"How awful! I imagine that was terrifying," I said.

"Yes. Duncan was just a little boy. It was confusing. He couldn't understand," the intellectual part replied.

"So you helped him?" I asked gently.

“When I fail at my job,” the part said, looking at the floor, “the suicidal part takes over.”

Flooded with compassion upon hearing how the intellectual part had protected Duncan, I apologized for not having taken the time to understand what it was doing. “With your permission,” I said to the part, “I could help Duncan heal the 6-year-old so that you and the suicide part don’t have to work so hard.”

Softening, the intellectual part replied, “I like your idea. It would be a huge relief for both of us.”

As we see, Duncan’s intellectual part could not relax until I understood what it was doing to protect Duncan. My impatience and frustration should have been a signal that I was not leading with my Self. Only after asking Duncan’s protector for permission to talk about feelings was I able to help his part unblend. We cannot emphasize enough the importance of asking parts for their permission. In relationships in general, asking for permission is an essential gesture of respect. In trauma specifically, (which by definition includes a boundary violation), accepting *no* from a client’s part gives power and control back to the client’s system, which is what protective parts have been unsuccessful at achieving. Talking to parts directly while validating and respecting their needs helps them be open to negotiation. If a protector says *no* we can honor that decision while still remaining curious and offering it the option of being liberated from its protective job as the Self heals the wounded exile. This is the art of negotiation.

The Art of Not Taking Sides

In our experience, parts are as alike and as different as people. Although the parts of a client's inner system share goals like safety, survival and belonging, in pursuing those goals they frequently get into conflict. We call these pairs of opposing parts *polarities*. When polarized parts are taking turns blending, we see the world through their eyes and have only their limited resources for problem solving. When they unblend more options are available. If the therapist takes a side when the client's parts are polarized, causing one to feel supported and the other attacked or dismissed, he can alienate an important protector and the client's inner polarity will intensify. Here is an illustration of staying Self-led rather than taking sides in response to a polarity.

An eating disorder specialist referred Angela, a 30-year-old woman, to me (Frank) due to her lack of progress after three years in treatment. After a month, Angela came into my office and said, "Is it okay with you if I stand up for a second and ask you a question?"

"Sure," I replied.

"And I want you to be completely honest with me," she said.

"Okay," I said.

She stood up, faced me directly and said, "When I look at myself this way, straight on, I look totally normal, right? I don't look too fat or skinny, I don't look sad, like nothing is wrong with me. But when I look at myself sideways, like this, and see my reflection out of the corner of my eye in a store window as I walk down the street, I don't recognize that person. She looks heavy, dumpy, and totally depressed. My question is this. You think I'm the normal one, not the dumpy one, right?" Totally serious, she waited for my answer.

IFS sees a belief, feeling, or bodily sensation as evidence of a part and as the entry point to the client's inner experience. Alert to the larger relational picture inside, we ask permission to get to know the part before we proceed. Angela was showing me the polarized relationship between two parts. However, far from introducing me to these parts, or even really asking me a question, she was directing me to choose one of them over the other. Since our goal is to listen to both sides and avoid alienating either, I had no intention of choosing.

I said, "I hear I'm being asked to choose between one part who feels totally normal and another one who feels dumpy and depressed. But I'd like to get to know both."

Angela's face softened as she replied, "Good answer. I think we're going to get along just fine."

As we continued over the next few months I stayed open and curious and we discovered that the part who felt totally normal was actually working around the clock to block Angela from being aware of bad experiences during her childhood. "If we really admit what happened to us as a little girl," the part said, "I would kill myself in a second."

"I want to be sure I understand," I responded. "This part feels that you would have to die if the parts who got hurt spoke to you?"

She nodded. "The hurt parts hold way too much pain."

"I totally get that," I said. "Whenever your parts are ready we can help the ones who hold too much pain so they won't overwhelm you."

As we helped Angela's exiles to avoid overwhelming her, the totally normal part began to get to know and trust Angela's Self and allowed her to meet some hidden parts. She discovered one who worked hard to keep the dumpy, depressed part – the only clue that something was wrong – out of her awareness. She also learned that, after being hurt when her babysitter prostituted her in a child pornography ring, she had a part who would binge; and she had another part who restricted because it hated the sight and smell of food, associating it with emotional pain. She also found a suicidal part who had stepped in on occasion when she was hospitalized and could not engage in eating disorder behaviors.

Knowing that the client's Self can handle the problem, whatever it is, we can avoid taking sides in polarities like Angela's in favor of building trust with all of the client's parts. If I had chosen between Angela's parts rather than asserting the importance of getting to know both, I would not have been able to help her move beyond their polarity or get to know her hidden vulnerable parts and help them to unburden.

Unblending and Not Overwhelming

As we see with Angela, clients feel as alarmed as therapists by the destabilizing effects of traumatic memories and negative feelings. Emotional overwhelm in traumatized individuals generally stems from an exile blending and causing functional collapse, followed by reactive protectors launching symptoms to distract and suppress the exile's emotional pain. To avoid this outcome the ISTSS guidelines suggest dividing therapy into phases, starting with affect regulation skills and moving on to processing trauma after the client is stable. From the IFS perspective, increasing competencies and

the ability to tolerate affect through skills training is basically teaching managerial parts new and less destructive ways of distracting from the strong negative feelings of exiles.

The IFS approach to emotional overwhelm is different. When we work with psychic multiplicity we are always focused on building relationships. To build the relationship of the Self with parts we first ask protectors to separate (or unblend). Then we ask exiles to stop overwhelming the client with intense feelings. Blending and emotional overwhelm often go hand in hand but are not the same phenomenon. Being asked to create a greater percentage of space (separating) is different from being asked to share a smaller percentage of an intense feeling (not overwhelming). Once protectors separate and exiles stop overwhelming, we check on the willingness of protectors to proceed, and then, at every step thereafter, we continue to seek their permission. In short, by inviting protectors to set the pace and exert influence directly instead of by being extreme, we form a crucial alliance with them and don't need to encourage one set (manager parts) to handle the behavior of the other set (firefighters). Nor do we need any protectors managing the intense feelings of exiles. Rather, trusting the client's Self to set the right pace, we feel confident about encouraging all parts to relax.

Second, we have no need to teach exiles to unblend or regulate their feelings because this ability is innate. But we do remind them of their capacity to unblend and stay connected without being overwhelming. Exiles who seek attention by blending can be allergic to the idea of stopping because, in the all-or-nothing equation of their exiled existence, backing off has meant back to the basement. Our proposal that they can gain all they wish for simply by separating, decreasing the intensity of shared feelings in the body, and sticking around is truly novel.

Here is an example of supervision on the topic of emotional overwhelm with a therapist who was studying IFS. Prior to this training she had been taught to avoid collapse in trauma cases by overseeing the content and pacing of sessions. As she discovered, her attachment to phase one stabilization work was hindering her ability to be Self-led and experience-near with her client.

“I’m not sure I can do this model,” Naomi said to me. “It doesn’t seem to work for me the way it does for other people.”

“Can you give me an example?”

“Okay. I have a client who has this young part in rags. She looks like an impoverished street urchin from Dickens. She just keeps weeping and holding out her arms.”

“And how does your client respond?”

“She’s doesn’t know what to do.”

“And you?”

“I understand. I’ve coached Tessa to ask her to wait.”

“Until?”

“Until Tessa is more stable.”

“And what happens?”

“It doesn’t work. The girl keeps crying.”

“And then what happens?”

“Tessa gets frustrated and says she wants to go back to regular therapy.”

“And then what?”

“We do that.”

“And what do you feel?”

“I wonder if I should be investing all this time and energy in a model I can’t get.”

“Shall we check with your parts?” Naomi nodded. “Can we start with the one who wants the little girl to wait until Tessa is stable?”

“But I thought we were supposed to ask exiles to wait. She is an exile, isn’t she?”

“Seems that way,” I replied. “And, if so, it’s true that she will have to wait until her protectors are willing to move out of the way. But here’s the catch: Tessa’s protectors will only move out of the way if the little girl agrees not to overwhelm her. So first I would get their permission to ask the little girl to stop overwhelming Tessa. And once she settles down, you check back to see if they’re willing to proceed.”

“I’m confused,” Naomi said, shaking her head. “It seems risky to pay attention to the exile first.”

“Can we hear more from your concerned part?”

“That’s just me,” Naomi said. “I feel it’s appropriate to be cautious. Tessa has a big trauma history.”

“Okay. But can we consider your caution as a part for a few minutes just to see what happens?” I asked.

“All right. Then I feel my cautious part is wise.”

“And how does it respond?”

“It’s glad that I agree.”

“So you have a cautious part and another part who agrees. How do you feel toward them?”

“I agree.”

“You agree with them. Now, if this is okay, take a moment to notice how you feel toward them.”

“I feel like I agree.”

“Can I ask a question?” Naomi nodded. “Is this the cautious part agreeing with itself?”

She looked down at the floor. After a moment she looked up again and said, “I think so.”

“Would it be willing to make room for you?”

“It wants me to know that I have to be responsible,” Naomi said with some exasperation. “Tessa has had too much heartbreak in her life and it says I shouldn’t add to her burdens by tipping over the apple cart. She’ll end up in the hospital again.”

“Does that make sense to you?” I asked.

“It does.”

“Who does the cautious part think you are?”

“A therapist who can get a little too involved, go too fast, and make dangerous mistakes.”

“If you could help the over-involved part would the cautious one be willing to trust you to help Tessa and the little girl?”

“Oh!” Naomi said, sitting up straighter suddenly. “I get it. There’s a part who believes if I don’t get so involved, I’ll be unable to help her at all.”

“And the cautious part doesn’t want you to get so involved?”

“Yes.”

“And I’m guessing neither of them realize you could help Tessa.”

After checking inside again, Naomi said, “The cautious part is seeing me now and it’s willing to let me do this, but it doesn’t trust me so it’s going to stick around. And I realize I need to help the other ones – the helpless one and the over-involved part.”

As we see, Naomi had one part who got too involved with challenging clients and another one who was determined to control that tendency. The latter had learned that trauma therapy should be divided into phases for the sake of safety and had seen Naomi be over-involved in ways that were not safe for her clients. Both of these parts were just trying to be sure that Naomi was a good therapist. But no matter how hard a therapist part works it cannot substitute for the Self.

When Naomi insisted that the ragged little girl had to wait, she was blended with this controlling part and the instruction backfired. When exiles get the message that they’re unwanted they tend to either come on stronger or duck for cover with their fears confirmed. Meanwhile, protectors who get the message that they’re unwanted tend to rebel and become polarized with the therapist. Once Naomi got into relationship with her own protective parts and helped them unblend, she understood that Tessa’s protectors could not relax until the little girl stopped overwhelming Tessa with emotional pain, and her confidence in conducting the therapy returned.

IFS would not be able to use this kind of close tracking and negotiation in place of phases if exiles were not capable of calming down, separating, and waiting in return for the promise of attention - though often they need support, reassurance, and practice to do so. Since we can help them turn their intensity down when the client feels overwhelmed, we don’t need therapy to proceed in the predetermined, experience-distant fashion of

prescribed phases. Rather we can track the inner dynamics and address the safety concerns of each individual's system.

Therapist Parts Under Pressure

As we can see from Naomi's experience, another principle of IFS therapy is that the internal systems of client and therapist are the same: we have protectors, we have exiled parts, and when our parts blend we do not have access to the Self. This does not mean the content of our experience is the same – content is unique to every individual's life. But as Schwartz has pointed out, the internal system functions in patterned ways and abides by certain rules (personal communication, 2012). When we visit subjective experience (ours or someone else's) in a spirit of respect and willingness to learn, we will eventually win the welcome of our parts. But before that happens, especially in the case of trauma, we often come across hypervigilant, aggressive, critical, and shaming protectors who have never had good reason to trust. In this case, our job is to be aware of and work with our reactive parts. When we treat trauma, we assume our parts will be triggered but we generally don't know when. Here is an example of a therapist needing to focus on staying unblended from protectors when he feels threatened by a client.

Will was a 45-year-old man who had served two active tours of duty in the Gulf War in the early 90's, returning in 1992. His father and grandfather had served in Vietnam and WWII respectively. The family was proud of its military service, but was a source of conflict for Will whose experience in Kuwait had been intensely negative. When he came to see me (Frank), he was divorced and struggling to maintain meaningful intimate relationships. He had become a chronic pot smoker and when he spent extended time with his 5-year-old daughter, whom he viewed as "quite strong-willed," he often got

angry. In addition, he was extremely sensitive about his effect on others and berated himself for having a temper.

“I am a worthless piece of shit,” he said repeatedly in the first few months of treatment. “I can’t handle life. I keep messing up. I hate myself and my dad thinks I’m a no-good loser.”

When we focused on this critical part, it said it was trying to get Will to *do the right thing and be more military* so his father would be proud of him and it was largely unwilling to unblend. During one session when Will was in a particularly bad mood he reported having had a horrible weekend but wasn’t willing to say more. I noticed that I had a part who felt defeated, worn out by the relentless self-criticism and stonewalling of Will’s protectors.

“I’m sure you’ll tell me when you’re ready,” I offered.

Without missing a beat Will shifted forward and yelled at me, “I’m goddamn sick of your calm! You sit there high and mighty. You’re rich. You have friends. You have a family. You go on great vacations. You don’t have a fucking clue.”

I was shocked into silence. After a moment I became aware of a part who wanted to run far away from him and another who wanted to stand up yell *Get out of my office!* I looked at him. He looked at me.

Then his body softened, he got smaller, and he said in a quiet voice, “Please say something nice to me.”

In the grip of the conflicting feelings and impulses of my parts, however, I was unable to speak. Finally realizing that the best I could do in that moment was nothing, I said, “I’m sorry Will. I don’t think I’m able to be helpful right now.”

Looking defeated, Will got up and walked out, closing the door gently behind him.

Fortunately he returned. Sitting down the next week, he looked at me directly. “When you didn’t speak, I felt awful. Inside my head it was the usual: *I’m out of control! I’m a royal fuck up!* But at the same time I was impressed. You didn’t attack me or excuse me or try to fix it. I need that. Please help me.”

As this experience illustrates, when my system was reacting strongly to Will’s anger, I could not speak for my parts. The best I could do was to not speak from them. Although this proved helpful for Will, many different responses would have been true to the spirit of IFS. If I had felt safer I could have been curious about Will’s outburst and helped him be curious; I also could have talked about the reactions my parts were having; or I could have used direct access to talk to his angry part. As we were to learn after this session, Will’s life since Iraq had been dominated by a polarity between an angry part and a critic who shamed him continually. Getting Will’s Self in the middle to hear the concerns of both sides of this polarity and find out whom they protected finally led him to a little boy who desperately wanted and needed his love.

Transformational Healing

In IFS the process of transforming exiled parts by healing their wounds is based on the client and therapist tracking emotions in the body moment-to-moment while we foster the relationship between the client’s parts and the Self. IFS relies on the transformative power of love rather than on hard work because a hard working part is a blended part: either protectors are working to keep exiles out of awareness, or exiles are working to be released from their pain and isolation. The former blocks the Self and the

latter overwhelms the Self. So instead of encouraging anyone to work harder or better, we invite protectors to give the Self access to vulnerable, injured parts. Once protectors feel connected to the Self and permit access, exiles show the Self what happened and past injuries are revealed for what they were: not punishment for badness or for being defective but painful misfortune that can be released. Here is an example of an unburdening that followed several months of negotiation with a couple of hard working protectors.

At 46, Pippa, a college soccer star and former high-powered entrepreneur, was unemployed, supported by her parents, and crippled with anxiety. She had a history of sexual trauma in college and, from a very young age, had been recruited by her mother to *be a little grown up* and care for her four younger siblings. She described her father as a distant, preoccupied academic who was her mother's senior by fifteen years. He did not participate in childcare.

Pippa's most active polarity was between a harsh critic and a thinking part who worked nonstop to try to calm the critic by understanding and fixing her symptomatic behavior (fear of leaving the house, fainting in public, getting jobs and leaving them abruptly). Needless to say, neither thinking hard nor criticizing herself relentlessly calmed Pippa's fears and her symptoms continued unabated. When I asked the thinker and the critic to unblend they refused. They believed Pippa was the little girl who had been put in charge of her younger siblings. They were determined to protect her from being exploited again and didn't believe she would be safe returning to work. So I (Martha) spent a few months being the hope merchant and inviting her fearful part (by

sending it what we called *emails* for we had no direct contact) to stop overwhelming her while also befriending the thinker and the critic with using direct access.

One day quite abruptly these two powerful protectors bowed out and Pippa was seeing her parentified 4-year-old, who told Pippa that she, in turn, protected someone else. “Will she tell you who?” I asked.

“Innocence got hidden in a Cracker Jacks box and is sleeping,” Pippa reported.

“What needs to happen?” I asked.

“No one is ready for it to wake up,” Pippa said.

“But we can help the 4-year-old?”

“Yes.”

“How do you feel toward her?”

“I care.”

“What does she want you to know?”

“I see my father dragging her down the stairs by my hair. Bump, bump, bump. He says she was irresponsible. That’s when innocence went into the Cracker Jacks box.”

“What’s it like for her to show this to you?” I asked.

“She’s taking my hand,” Pippa reported. “She doesn’t want to be alone there anymore.”

“How do you feel toward her?” I asked

“I love her.”

“Let her know,” I said.

“Yes, I picked her up,” Pippa said. “I’m telling her that we can leave and take the Cracker Jacks box with us whenever she’s ready.”

There was a long silence. “What’s happening?” I finally murmured.

“She wants me to explain to her mother why she can’t stay. So I am,” Pippa said.

After another few moments she went on, “We’re leaving with the Cracker Jacks box.”

“They’re coming to stay with you in the present?” I asked.

“Yes.”

“Ask if she has burdens to let go,” I said.

“Yes,” Pippa said. “She’s handing me the stones that have been in the pit of her stomach to throw in the ocean.”

“Let me know when you’re done,” I said.

“Okay,” Pippa said. After a few moments she nodded.

“Is that everything?” I asked.

“Yes.”

“And what has she been missing that she’d like to invite into herself now?” I asked.

“Courage and love,” Pippa said.

“Anything else?”

“No. She’s happy,” Pippa said.

“Can we check with her protectors?” I asked. Pippa nodded. “Were they watching?”

“Yes. They feel relieved,” she said. “They’re tired and quiet. They need rest.”

“What about the Cracker Jacks box?”

“We’ll open it later, once we rest.”

After this session, Pippa reported feeling lighter and freer. “I’m not afraid although she was. Now it feels very different inside. Even so, she stays home when I go out because she doesn’t like a lot of noise and stimulation.”

As we see, caring and love thawed the status quo of Pippa’s childhood, allowing the experience of her most vulnerable part to be transformed and her paralyzed inner family to get back in motion.

Conclusion

Trauma has many disturbing aftereffects, including harsh self-shaming, dissociation, addiction, self-harm, and suicidality (protectors), and intense feeling states like loneliness, emptiness, worthlessness, and self-hatred (exiles). These aftereffects influence the traumatized individual’s body, emotions, thoughts, and relationships, all of which are addressed in IFS therapy. Beginning with relationships, we move as quickly as possible to emotions and the body, and we end when traumatized parts are released from immobilizing feeling states and crippling beliefs. We believe that taking this therapeutic trek through the domains of experience that get altered by trauma reconsolidates and integrates (Ecker, et al, 2012) traumatic memories in the brain.

As therapists, we find the principal guidelines of IFS keep us nimble in trauma work, especially: 1) assuming that all parts (even those who are impulsive, compulsive, or dangerous) have good intentions; 2) seeking permission from protectors before trying to access exiles; and 3) guiding parts to separate (or *unblend*) from the Self in order to prioritize their relationship with the Self. To help the client regulate affect, IFS helps exiles separate and not overwhelm rather than helping protectors pump up. The paradox of connection lies in the necessity of separating in order to feel connected. We tell parts *if*

you're willing to trust enough to try separating, you will experience the benefit of feeling connected.

We're also guided by a couple of consistent observations about internal systems: first, taking a side in a polarity reinforces the polarity and is anti-therapeutic; and, second, our internal systems function just the way our clients' internal systems function, which means the therapist is always in a parallel process to the client. In consequence, we focus on helping our parts unblend so that we have the Self-energy to stay present with extremely reactive protectors and with exiles who threaten us as well as the client with emotional overwhelm.

Feeling overwhelmed by virtue of reliving – or abreaction – is an ever-present risk for traumatized individuals. To address this risk, the ISTSS guidelines recommend dividing treatment into phases, with a first phase that focuses on developing emotional and psychological competencies so the client can safely tell her story. Although IFS shares the goal of avoiding emotional overwhelm, protective parts often experience early phase one strategies like grounding, distress tolerance skills, and staying within the window of tolerance as efforts to constrain or banish one side of a heated inner polarity (stop drinking, stop starving, stop cutting, et cetera). The peopled model of mind reminds us that not taking a side when inner disagreements flourish is the better part of wisdom, and that all parts, including trouble-makers, deserve our courtesy and attention.

Welcoming parts who threaten and cause trouble rather than trying to constrain them is essential because doing so builds trust – and the pace of IFS therapy is determined by the rate at which the client's protectors come to trust the Self in both therapist and client. The dilemma of trauma therapy is that to rely on protectors is to

reinforce a broken system, yet to take steps in therapy without their input is to navigate blindly, which often leads to protector backlash since nothing authentic can happen without their permission. Since we cannot proceed successfully without the permission of protectors we don't argue with them over strategy. Rather, we notice consequences, appreciate their heroism, and grant both their positive intent and the importance of their strategies at one time in the client's life. We tell them *You're the boss* (personal communication Schwartz, 2012). And then, because in IFS we believe that post-trauma burdens can be permanently released by self-acceptance and love, we offer the alternative of a loving relationship with the Self.

References

- Cloitre, M., Courtois, C. A., Charuvastra, A., Carapezza, R., Stolbach, B. C., & Green, B. L. (2011). Treatment of complex PTSD: Results of the ISTSS expert clinician survey on best practices. *Journal of Traumatic Stress, 24*(6), 615-627. doi: 10.1002/jts.20697
- Ecker, B., Ticic, R., Hulley, L. (2012). *Unlocking the Emotional Brain, Eliminating Symptoms at Their Roots Using Memory Reconsolidation*. New York, Routledge.
- International Society for the Study of Trauma and Dissociation (2011). Guidelines for treating dissociative identity disorder in adults, third revision: Summary version. *Journal of Trauma & Dissociation, 12*, 188-212.
- Schwartz, R. (1995). *Internal Family Systems Therapy*. New York, NY: Guilford Press.