

**The Internal Family System Model: Systemically – Based Individual Psychotherapy For  
Complex Traumatic Stress Disorders**

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An individual's sense of self both assimilates and adapts to significant elements of his/her developmental experience and attachment environment. When phase-appropriate challenges are blended with adequate stability and attunement from key caregiver(s), the child's sense of self can grow, spurred on by the ability to explore the environment and to increasingly function independently of the attachment figure, but clearly able to return to the secure base in times of stress, loss, and overstimulation.

In contrast, when children are raised in an environment that lacks attachment security with the key caregiver(s), they are less able to explore and to develop their self capacities. When exposed to experiences that exceed their personal capacities and resources, overload occurs, and self development is replaced by anxieties about attachment and the development of survival strategies. Whether they occur in childhood or later, traumatic experiences, events and relationships, by definition, overwhelm the organism's ability to absorb and integrate them. They are "too much" at a variety of sensory levels. They inundate. Cognitively, they shatter existing frameworks and are difficult to reconcile. Experientially, they engender a "fight or flight" reaction and, if this does not restore a sense of safety and normalcy, a potentially chronic sense of despair and helplessness. Often, their implicitly contradictory aspects generate an irreconcilability that necessitates the maintenance of disparate mutually exclusive "realities."

The need for the coexistence of contradictory realities, emotions, and beliefs has been cited as one cause of the splintering of the mind into sub-personalities or alters that characterize dissociative identity disorder (DID). The predominant assumption has been that complex trauma creates multiplicity.

On the other hand, some trauma theorists, most notably Watkins and Watkins (1998), have posited that people are naturally multiple and that trauma does not create what they call ego states but instead creates powerful separations and conflicts among the pre-existing multiplicity.

The approach described in this paper, the *Internal Family Systems model* (IFS; Schwartz, 1995) shares with the Watkins' this natural multiplicity perspective, and finds that clients of all ilk can readily identify and begin to work with their sub-personalities, or what IFS calls their *parts*. Most traumatized clients are particularly adept at this process because their parts stand out in bold relief. While many therapists who work with complex traumatic stress disorders are aware that their clients often describe relatively autonomous parts of themselves, they do not explore that inner territory for fear of further fragmenting or dysregulating their clients.

That fear is realistic. Many chronic trauma survivors already seem quite unstable. Their attachment histories prevented the healthy resolution of accumulated trauma so they contain reservoirs of pain and shame that become the affect they desperately try to regulate or avoid. To do so, they develop coping mechanisms such as isolation and extreme self-sufficiency, avoidance/dissociation, self-injury, eating disorder and substance abuse in an attempt to keep the pain at bay. When, however, a traumatic stressor occurs that can't be managed by such strategies, clients often find themselves in ongoing stress response syndromes of repeating cycles of numbing and intrusion along with hyperarousal (the classic triad symptoms of posttraumatic stress disorder (PTSD)(Horowitz, 1997) and, typically, depression and mounting hopelessness and despair. These cycles are often characterized by more extreme strategies like increased bingeing on food, sex, drugs, or alcohol; starving, self-harm, or reenactments of the original trauma; or suicidal thoughts or actions.

Given this profile, it is understandable that many trauma therapists' efforts, especially in the initial stages of treatment, are designed to stabilize clients by teaching alternative coping skills, focusing on symptom reduction, and creating a safe, trusting relationship. When clients talk about their parts, it is

often about the ones that are highly critical of them, persecutory, take them out of control in the various ways mentioned above, or are hurt and desperate. The prospect of further unleashing additional instability by having the client focus on those *parts* seems counterproductive.

In addition, the therapists who do overcome their fear and try to work with these inner communities of sub-personalities often find themselves in escalating power struggles with their clients' extreme parts or see their clients suffer frightening forms of inner backlash after emotion-laden sessions.

Despite these challenges, many trauma therapists continue struggling to find ways to safely enter clients' inner lives and bring healing and harmony. They seek a non-pathologizing map that empowers clients to help them navigate within these delicate inner ecologies. With that goal in mind, Richard Schwartz began applying the systems thinking that he learned as a family therapist to clients' inner families of sub-personalities in the early 1980s. He found that, particularly with complex traumatic stress disorders, getting clients to coerce or rationally convince their extreme *parts* to change only made those parts more resistant or extreme. Once he was able to shift away from a mind-set of control and instead became, and helped clients become, curious about their parts and why they did what they did, he learned that the parts acted almost like parented children in a family. Many of the most seemingly destructive parts were constrained in their extreme roles by (1) their perceived need to protect other parts, (2) their polarization from still other parts, and (3) the extreme beliefs and emotions accrued from their attachment and trauma histories (what in IFS language is labeled their *burdens*). In other words, just as in family therapy, many parts could not change in isolation, because they often felt like their extreme role was necessary to the client's survival. As in external families, before one member of the inner family can change, the therapist must work with the network of relationships in which that family member is embedded and help the part release its burdens.

So it seemed that these *protector parts* needed to be relieved of the responsibility of containing and protecting the highly *vulnerable parts* that carried the pain of past traumas and betrayals. Those vulnerable parts seemed to be frozen in time during the hurtful episodes causing clients to strive to forget

about them and keep them, along with their beliefs and the affect they contained, locked away. They carried the volatile affect that clients tried so desperately to avoid or regulate. Schwartz called these vulnerable and disowned parts the *exiles* and tried to help clients access and help them so that the protectors could be relieved of their duties. He found however that, in many cases, once clients focused on those exiles they became overwhelmed by the affect and memories and were pulled back, in an abreaction, into those hurtful past episodes in what seemed sometimes like regressions. In addition, following those emotional sessions, clients would suffer vicious attacks from inner critics, not return to therapy, or would have dangerous somatic, self-harm, or addictive reactions.

Having inadvertently harmed clients in that way, Schwartz became committed to learning the rules of inner systems from clients and to respecting those rules. In the process he found that when approached respectfully, even seemingly destructive and intransigent parts weren't what they seemed, and instead were valuable sub-personalities that had been forced into extreme protective roles. Also, there were ways to help client's to access these exiles without becoming overwhelmed by them. When that was possible, clients asked those parts to tell their stories and they could compassionately witness what had happened to the parts in the past when they accrued the burdens. When parts felt fully witnessed, they could release the burdens-- extreme beliefs and emotions-- that kept them locked into their roles, and would transform into their natural, valuable states.

Schwartz also found that as clients focused on, and thereby separated from, their parts they would often spontaneously and suddenly enter a state that, today, might be called *mindfulness*. Clients would manifest curiosity about parts that seconds before had intimidated them, would see them with clarity rather than distortion, would feel compassion for them where earlier they had hated them. While in that state, clients would begin to relate to their parts very differently and seemed to know how to help them feel safe and understood. This empirical observation, that just beneath the surface of complex trauma clients' parts lays an unharmed *Self* containing the necessary resources for clients to transform their own inner systems, was astounding because it ran so counter to much of Western developmental psychology

and psychotherapy. This confidence that such a Self exists and can be accessed, often surprisingly quickly, even in clients with complex traumatic stress disorder, is a hallmark of IFS therapy. In addition to becoming mindful, clients in the state of Self became active inner leaders that their other parts came to trust, leading to internal integration and healing.

### **Internal Family Systems Model**

Parts. To further organize these tenets of IFS, the model posits that the mind's natural state is to have subpersonalities each containing valuable qualities and talents. Traumas and attachment injuries transform these parts from their valuable and healthy states into protective or highly vulnerable states that can be destructive and interfere with the client's life in ways described above. This transformation causes clients (and many of their therapists) to confuse the parts with their extreme manifestations and, consequently, to battle, ignore, or try to eliminate them (i.e., they confuse the parts with the burdens the parts carry, not realizing that once parts release their burdens, they can return to their original functioned states).

Exiles. Some of the clients' most devastated parts are those who experienced attachment injuries and traumas. These tend to be the client's most sensitive, spontaneous, innocent, playful, child-like parts that, after having been hurt, carry burdens of pain, betrayal, shame, shock, and disbelief. They often assume they are worthless and that they are to blame and at fault for how they were treated. More often than not, they are frozen in time during hurtful or traumatic episodes. They often appear to clients as desperately needy or as disengaged, rejecting inner children, in that way paralleling the anxious or avoidant attachment styles of external children. After these parts are injured (or burdened), the trauma client "adds insult to their injury" by dissociating from them in order to maintain distance or control. They are locked away in what appear in clients' imagery often as inner caves or abysses and most clients fear them to the point of never wanting to feel them again. Clients have good reason for this. Any time one of

these parts has been upset by a life event and, consequently, breaks out of exile, it feels to clients as if they are consumed by the flames of emotion and they enter the part's dark world, becoming immobilized, depressed, desperately needy, and highly vulnerable. They feel as if the traumatic events are happening again in the present. These exiled parts contain the dreaded affect that trauma clients spend their lives trying to manage and regulate.

Two kinds of protectors. To keep exiles from emotionally "breaking out", trauma clients have other parts that try to protect them from life events that could trigger the exiles and from the feared affect whenever it is aroused. For this reason, in IFS, these parts are called protectors. One set of protectors has responsibility for preempting anything that might upset exiles. These are called *managers* because they strive to manage the client's performance, appearance, relationships, and every aspect of their lives to keep them safe. In trauma clients they are often the hyperaroused, fearful parts that are always scanning for and anticipating danger. They are also the perfectionistic inner self-critics who are desperately trying to get the client to look and behave in such a way that seem normal and they will not be hurt. Or they criticize to destroy the client's confidence so he or she will not take any risks. Managers also keep clients chronically numb and dissociated to manage their inner environments so they do not feel the events of the outside world.

The other set of protectors is necessary because, despite the best efforts of the managers, exiles still get triggered. Whenever a client begins to feel an exile's flames of emotion, there is a frantic rush to get the client out of that state immediately. *Firefighter* parts jump into action to either douse the emotional fire with a mood altering substance or other distracting activity, designed to redirect the client until the fire burns itself out. Firefighters tend to be impulsive, reactive and, in trauma clients, can seem irrational and self destructive. Firefighters are behind client behaviors such as bingeing on alcohol, drugs, sex, or food. They drive activities such as self-cutting, suicide attempts, risk-taking, explosions of rage, and sudden dissociation or withdrawal.

Again, managers and firefighters are both protective parts, and share the goal of keeping exiles at bay. The primary difference between them is the point in the internal sequence in which they operate.

Managers preempt the triggering of exiles. Firefighters act after an exile has become upset.

Self. Because many clients with complex traumatic stress disorders have such severe histories and symptom profiles, and because they often are thoroughly shut down or highly emotionally labile (or alternate between the two), it is easy to believe they have weak egos and need a great deal from the therapist. *The most important discovery of the IFS model is that within such clients exists an undamaged essence that, once accessed, can become an effective leader of their internal and external worlds.* This is called the Self, and most trauma clients are scarcely aware of its existence because it is obscured by their other parts. When, as a child, the client's Self was not able to protect them from being traumatized or abused, their parts lose trust in its leadership and assume instead that they have to take over and protect the system. The restoration of parts' trust in Self-leadership is a major thrust of IFS. When enough parts of a client come to trust that it is safe to separate-- to shift out of their position of dominance, the client will spontaneously and rapidly manifest the qualities of good leadership associated with the Self. These qualities include what are called the *eight C's of Self-leadership*: curiosity, compassion, calm, clarity, confidence, courage, creativity, and connectedness. Clients then begin to relate to their parts in ways that help the parts unburden their extreme emotions and beliefs and lead to transformation.

### **Skepticism, Clinical Observation, and Empirical Support**

Understandably, many trauma therapists have trouble accepting the possibility of such a Self in their clients because of the assumption that for clients to contain such qualities, they had to have received at least good enough parenting during critical periods in childhood. From that perspective, it makes no sense that clients with horrific histories and pathological presentations would already have such a Self. Each of the authors had to struggle for years with their own skepticism regarding this assertion before accepting it.

Unfortunately, at this time no well-constructed outcome studies testing the IFS model and

methods have been completed; however, several are currently in progress. One of them, led by Nancy Shadick of Harvard Medical School, is using IFS with 30 rheumatoid arthritis patients and contrasting that to a control group. A second, led by Helen Reiss, also at Harvard, will use brain scans to evaluate changes in 20 depressed patients as compared to 20 controls. A third will evaluate changes in juvenile sex offenders at an agency in Colorado after a course of IFS treatment. A fourth study, led by Shelley Haddock at Colorado State, is also studying the effects of IFS with a group of depressed students as compared to a control group receiving treatment as usual at the counseling center.

Until the results of these studies are in, skeptical clinicians are left to test these assertions within their own practices. Hopefully, they will find, as the authors did, that clients shift dramatically and suddenly in the direction of Self once key parts are willing to separate. The same testing process is possible for the assertion that parts are not what they seem. Thus, until the outcome studies are complete, the best evidence for the efficacy of IFS is from empirical observations in clinician's offices.

### **IFS Therapy for Clients with Complex Traumatic Stress Disorders**

Self of the therapist. One way to understand IFS therapy is that a client's parts become securely attached to the client's Self in a process that parallels the attachment process between a loving parent and an insecure or disorganized child. For that to happen, however, the client needs access to the therapist's Self. *It is important to emphasize that the degree to which the therapist can embody his or her Self rather than leading from his/her own protective parts is the degree to which the IFS techniques will be effective.* This is particularly challenging with many complex trauma clients because they have protectors who trust no one and will test or provoke therapists who get too close. At the same time, clients' exiles desperately want closeness, and may idolize or become highly dependent on the therapist. In addition, the dangerous activities of their firefighter are likely to engage therapists' fearful, controlling parts.

Maintaining personal Self leadership with such clients is easier when the therapist does not view their jarring shifts from one extreme state to another as evidence of severe pathology or therapeutic failure. If instead, the therapist understands that such shifts are manifestations of the client's highly burdened and protective parts, and also trusts that the client's Self is present just beneath the surface, it is easier to not overreact. Trauma clients are extremely sensitive to self-protective parts in their therapists and will react in kind, so the potential for therapist/client escalations is high and always damaging to clients.

In IFS training, a great deal of time is spent teaching the therapist to do *self-IFS therapy* before each session in order to have "therapist" role step back and allow the Self of the therapist to be present. This strategy results in a large decrease in traditional resistance and greater openness to healing. Because with IFS the client's Self is the one working with their inner parts, the therapist functions as a collaborator who "knows the territory" and is like a guide or partner. Because of this collaborative stance and the availability of the Self of the therapist, IFS treatment is less subject to the intense transference, projection, or dependence that can characterize work with complex trauma clients. A safe, trusting therapeutic relationship is crucial to success, but the primary healing relationship is between the client's Self and his or her parts.

Steps of IFS therapy. As clients describe their problems, the therapist helps them identify the parts involved by asking about their emotions or thoughts surrounding the problem. After the client responds, the therapist can reflect what they said, adding the phrase, "so part of you feels \_\_\_\_\_, is that right?" For example, "So part of you is constantly afraid, and another part ridicules you for that, is that right?"

After identifying several parts, the therapist asks the client if there is one in particular he or she would like to begin to get to know and to help. If the client selects what might be an exile then the therapist asks to work first with parts that do not want the client to go near that part. as it is important to begin working first with protective parts before going to exiles. The IFS therapist has great respect for a client's protectors and helps clients get to know and befriend their protectors first, before requesting

permission to approach exiles. After the client focuses on the protector and locates it in her body, the therapist asks the client how she feels toward the part. The client's answer tells the therapist how much Self is present versus other parts that are polarized with the target part. For example, if the client says "I don't like it because it criticizes me all the time," the therapist then knows to instruct the client to ask the part that doesn't like it to relax and "step back." Following that, the client will either feel an internal shift as the polarized part separates its emotions from the client, or she will not if the part is not ready to do so.

The therapist works with this separating process until, in response to the question "How do you feel toward this part?" the client gives an answer that sounds in tone and content like the Self is present to some degree. Common Self-led answers include, "I'm curious about it," "I wonder why it's so upset," "I feel sorry that it has to do this." The client then begins to know the protector from a place of genuine curiosity and even empathy. Because of this, the protector will often reveal that it is protecting exiles. The therapist then helps the client ask for permission to help those exiles and addresses the protector's fears about granting that permission.

For clients with complex traumatic disorders, the process described above can take many sessions. In such clients, polarized parts are reluctant to separate and trust the client's Self. They fear the part the client is trying to get to know and often believe that their presence is all that keeps the client from disaster. Often the therapist needs to talk directly to these parts about their fears before they will step back and allow access to the client's Self. Often the biggest fear that protectors have is that the client will be overwhelmed by the exile's emotions. It took years to discover the simple solution to that problem. If an exile agrees in advance to not overwhelm as the client gets close, it will abide by that agreement and, in the client's mind, she can get close enough to hold and comfort exiles without being totally flooded by them and their emotions. When this process is described to protectors they often seem to know that it is possible and will give permission to proceed with the approaching the exile(s). This discovery has allowed IFS therapists to work safely with highly delicate inner systems.

Once permission is granted, the client focuses on the exile and forms a trusting relationship with it. Next the client asks the part to show what it wants her to know about where it got its emotions and

beliefs. What parts seem to need in order to release their extreme beliefs and emotions (their burdens) is to have the client compassionately witness what happened to them and then to enter the scenes in which they are frozen, rescue them, and bring them to a safe place. After that has been done for an exile, the client then asks if the exile is ready to unload the emotions and beliefs it got from those experiences. Parts usually answer affirmatively. Once unburdened, parts usually feel lighter but sometimes also feel empty. For this reason, they are encouraged to invite needed qualities to enter them, a process that seems to consolidate the unburdening process. Finally, to integrate this change into the larger system, the exile's protectors are invited to meet it and see that it is no longer so vulnerable, and are encouraged to find new roles since they no longer need to be so protective. Often, at that point, those protectors will submit to the same steps toward unburdening that the exile underwent.

This unburdening process is another contribution of IFS to the work with complex traumatic stress disorders. It is important that when trauma therapists encourage clients to access their exiles, they not only witness the emotional expressions of those parts but also encourage the parts to actively unload their burdens. If that is not done, trauma clients who open the door to their exiles will show the decline in functioning over time that has characterized that work because they released the toxic emotions and beliefs carried by the exiles *into* the larger system rather than moving them *out* of the system.

The goals then of IFS therapy with complex trauma clients are to: 1) help clients unburden all their extreme parts so they can shift out of their manager, firefighter, or exile roles and become harmonious members of a flexible internal family, 2) to restore the parts' trust in Self leadership, and 3) to relate from Self to the outside world. As this process unfolds, clients report feeling more unitary and integrated despite still having differentiated parts that they remain aware of. They also find their symptoms remitting and feel more confidence and harmony in their relationships. Creating secure internal attachments allows people to create secure external attachments.

### **Transcript of Client Session**

The following is the first half of an IFS session with a Vietnam veteran who complained of being emotionally numb most of his life because he feared his rage. Early attachment injuries had combined with his Vietnam experiences to produce chronic PTSD and complex traumatic stress disorder. Previously, he had several sessions during which he was introduced to the IFS model of therapy and became comfortable with the idea of parts and with focusing his attention internally. In this session he decides to deal with his chronic emotional numbness.

As is true here, the internal work of IFS usually begins by having a client focus on a part and describe how he feels toward it. Most clients initially answer that they don't like the part they select or are afraid of it. According to the IFS understanding however, it is not the client's Self that is angry or afraid because the Self would not feel those extreme emotions towards parts. Instead, IFS theory assumes that those expressions come from other parts of the client polarized with the Self.. To access the original one (Self,) the therapist ask clients to ask those parts to relax or separate inside so the clients can get to know the original one without antagonizing it.

**Comment:** Did I get this right? f not, please correct.

The initial focus in the case presented below is on the manager part that numbs the client, with the therapist's intention of appreciating its protective function and getting its permission to work with the rage being held in an exile part. IFS differs from some other trauma therapies in its approach to stabilization. As soon as severe symptoms or impulses (firefighters) appear, we try to access the feared part so the client can see it is not so scary and it can be transformed. We do not avoid these parts or try to make the client feel more grounded first. Firefighters are only dangerous when they have no hope for alternative ways of handling the feelings they react to. We seek them early to give them hope and elicit their cooperation.

**Client:** "It's the anger that concerns me the most. I get angry and the fear of what I could do shuts everything down so I'm just kind of numb. I spent so many years after my brother died feeling numb that I don't feel human at times because of this numbness".

**Therapist:** "Let's start with that numbness. Go ahead and focus on it and see where you find it in your

body or around your body”.

C: (closes his eyes and is silent for a minute) “It feels like a shroud around my heart”.

T: “And how do you feel toward it”?

C: (Keeping his eyes closed) “It's one of those things that I can appreciate yet I really want it to be gone”.

T: “Let's see if the part that wants it to be gone can step back a little bit so we can just get to know it a little better and maybe help it”.

C: “Okay”.

T: “And how do you feel toward it now”?

C: “I understand it. I understand what it's trying to do”.

T: “Let it know that. Tell it what you understand about what it's trying to do and see if it agrees with that”.

C: “It agrees that it doesn't want me to go over the edge and its there to protect me from going crazy or throwing things or hitting somebody. It protects me from the rage”.

T: “So how are you feeling toward it now as it tells you all that”?

C: “Disappointed in myself because after 57 years I should be able to deal with rage without having to shut down or need anything to protect me from i”.

T: “So is there a critical part of you that's come in now”?

C: “Yeah”.

T: “Let that critic part know that we can see that it's trying to help too. See if it would be willing to step out and be patient and wait and we'll check with it later”.

C: “It's very hesitant but willing to try”.

T: “That's all I'm asking. And it can watch and come back if it feels the need. We're just asking for somee space for a little while”.

C: “Yeah, it can do that”.

T: “So how are you feeling now toward that shroud around your heart”?

C: “A caring fondness”.

**T:** “Great. So let it know that you have a lot of fondness for how hard it's worked to protect you all this time and just see how it reacts to that”.

**C:** “It feels very appreciative”.

**T:** “So it trusts now that you care about it and appreciate what it's done”?

**C:** “Yeah”.

**T:** “So ask it if we could go to the rage and help it feel better...if it didn't have to carry so much rage, would this shroud have to work so hard to protect you from it”?

**C:** “That's a definite no. It wouldn't have to work so hard. It could relax and take in the sunlight”.

**T:** “So that's what it would like to do is relax and take in some sun. Is it okay with the numbing part for us to go to that rage, without the rage taking over? We would just get to know the rage better and help it unload some of that stuff”.

**C:** “Oh, this one is really hesitant on that”.

**T:** “I understand that it's been terrified of that rage since Vietnam, so it would be a big leap of faith to do this. But I just want it to know that I've done this a lot with people who have tremendous rage and we can do this in a safe way and we can actually help that enraged part not have to stay in that state”.

**C:** “It is really willing”.

*After lots of reassurance from the therapist, the shroud part gives permission to go to the rage. Before that happens, however, it is important to help the client access his Self so that he relates to the rage from a place of confidence and curiosity. To achieve this, the therapist has to convince other parts that are afraid of it to relax.*

**Comment:** The shroud? Please clarify.

**T:** “If it's possible, then, I'd like you to start by having the enraged part to into a room inside and you're outside the room looking in through a window. If that doesn't work, it is okay, but if it is possible, that's a good way to start”.

**C:** “Okay”.

T: “And do you see it in the room or just sense it in there”?

C: (with fear in his voice) “It’s like dark spirits just bouncing off walls. There are many of them”.

T: “And as you look at them through the window, how do you feel toward them”?

C: “Afraid”.

T: “Okay, but they're contained in the room, right”?

C: “Yeah”.

T: “So we'll keep it like that for a while so everybody can relax. Let's see if the parts that are afraid of them can go into a safe, comfortable room and trust you and me to deal with these spirits”.

C: “It doesn't want to go”.

T: “Ask it what it's afraid will happen if it trusts us”.

C: “It's just so afraid of what will happen if the spirits take over”.

T: “So tell it that we're not going to let them take over. That's not what this is about. We're gonna get to know them but from outside the room, so we're not going to do anything dangerous. But it's important that we do it when you're not afraid of them because it turns out that they can't do anything dangerous if you're not afraid of them. So, if the ones that are afraid could go into another room, that would be great, and just trust you and me”.

C: “It would be willing as long as it has the final say in terms of danger”.

T: “Totally it has the final say. We're not going to do anything without consulting with it”.

C: “It's going into the other room and standing by the window”.

T: “So now how are you feeling toward these spirits now”?

C: (with confidence) “Kind of curious”.

*As the frightened part steps back the client is able to spontaneously access more of his Self, reflected in his calm tone of voice and his saying that he is now curious about the rage. This discovery, that trauma clients often can access this state of Self as soon as their parts open space for it inside, is the hallmark of IFS therapy with trauma. Once extreme firefighters sense the client's Self, they often feel the safety*

*necessary to shift toward vulnerability. Then the fear is overwhelmed by all the emotions the vulnerable exiles carry that had been obscured by the firefighter.*

**T:** “So from outside the room tell them you’re curious about them and see what they want you to know about themselves”.

**C:** (breathing deeply and visibly upset) “It’s bringing up some really bad times that I had no control over and affected me”.

**T:** “Okay, is it too much to handle”?

**C:** I still want to try.

**T:** “Well, tell them to slow it down a little bit. We’re gonna get to all that. Tell them to just relax a little bit. We just want to get to know them better first. Tell them that we get that they’re carrying all that stuff and that we really want to help them with it. See how they react to hearing that”.

**C:** (calmer now). “What I hear them say is, ‘it’s about time, we’re tired’”.

**T:** “Yeah, it is about time. Are they still bouncing around”?

**C:** “It almost seems like they’ve stopped to take notice”.

**T:** “Just again reassure them that we’re here to help them. We may not be able to help them all today but this is the beginning of a process that will help them all”.

**C:** “They’re very interested”.

*In most trauma resolution therapies, containment, affect modulation and titration techniques are taught - often extensively - before trauma is approached. A significant contribution of the IFS model is the discovery that trauma-based parts if asked, actually possess the ability to modulate the flow of emotion and content to the client thereby enabling the client to not become flooded and thereby allowing the Self to maintain a healing presence. For this reason, there is less need to teach clients how to handle their traumatic affect.*

T: "To do this right, it's best to do one at a time or a group that is connected to a certain scene in the past at one time, so they can talk among themselves and figure out who should go first. Is there one or a group of them"?

C: "There's a group and they seem to be centered around my brother and his death".

T: "How do you feel toward them now"?

C: "I just want to talk to them".

T: "Is it okay if that group comes out of the room and comes closer to you"?

C: "Yeah".

T: "First, let's consult with the part that said it was afraid. See if it's okay with this".

C: "It's more willing to be open since they're settled down and aren't flying all over the place".

T: "Then let's bring out that group that's connected to your brother and see how many there are".

C: "There's one senior and numerous younger ones".

T: "And you're feeling some caring for these guys"?

C: "Yeah".

T: "So let them know that you care about them and just do that until they start to trust it".

C: "Okay".

T: "Ask if they trust you care about them".

C: "Yeah, they know".

*Heavily burdened parts want the client to know what happened to them-- to have their stories witnessed-- and sometimes try to show the scenes as soon as possible because they have waited so long. It is important, however to take the time to establish a trusting relationship between the parts and the client's Self first, before the witnessing begins. Once the client's Self and the injured parts really connect, the witnessing can proceed and, the client often experiences a lot of affect without it causing backlash reactions from the protectors.*

T: “Okay. Would you be up for learning what they need you to know about your brother”?

C: “Yeah”.

T: “Then ask them to show you everything they need you to know about what happened with your brother. But ask them also if they are willing to not totally overwhelm you with their feelings as they show you, so you can be with them without blending with them and see if they're okay with that”.

C: “Yeah”.

T: “Then tell them to go ahead”.

C: “When they brought my brother back, I was at Camp Pendleton and I flew back to Illinois for his funeral and I remember that for three days I stood at the head of his casket at attention in my dress blues and I didn't move. And at the cemetery, when they played Taps, I cried so hard inside, but no tears came out. And then riding back to the house my Grandmother had said I wonder if he felt any pain, and I remember my mother screaming, and all I wanted to do was just rip my uniform off and run”.

*Many parts are frozen in time during the traumatic event and it is important to help them leave the past for the safety of the present. One aspect of what renders loss traumatic, is the aloneness and isolation that accompanies it; when “stuck” parts emerge from their isolation they experience a reparation of sorts.*

*When the client's Self enters the scene, his connection to that inner younger part creates a safe framework in which the burden can at last be experienced and released.*

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T: “Yeah. Okay. I'd like you to enter that scene and be there with that young man in the way he needed at the time. Whatever he needs, you just be there with him”.

C: “He needs to cry”.

T: “Can you help him see that it's safe to cry”?

C: “I got to take him out of the uniform”.

T: “Yeah, do that”.

C: (Immediately starts sobbing intensely for several minutes)

T: "Is it okay to feel all this"?

C: "Yeah".

T: "Then tell him it's okay and to let you feel as much as he needs you to".

C: (between sobs) "It's almost as if there's a light. And even though the pain is tremendous, there is a brighter point later. He went down on his knees and just doubled over in tears".

T: "And how are you being with him"?

C: "I'm just holding him and telling him it's okay. Oh God that feels good. It just feels like the weight is coming off". . . .

T: "So let's just see if he'd like to leave that time and place and come with you to a comfortable place".

C: "He needs to stay there a little longer".

T: "That's just fine. So tell him to let you know what he needs back there".

C: "It just feels so good to have the Marine out of him. He feels human and it's okay to cry".

T: "Does he want to do anything with that uniform"?

C: "He doesn't want to put it back on. He doesn't want to have to see it again".

T: "How does he want to get rid of it"?

C: "I have a special place to take it to. I love Canyonlands out in Utah and the cliff dwellings and I go there quite a bit and I think that would be a good spot to put it for the spirits of the canyons".

T: "How's he doing now"?

C: "Oh he's feeling very good. Still sad, but it's like a tremendous weight is gone".

T: "Is he now ready to leave that time and place"?

C: "Yeah".

In this case, giving up the uniform constitutes an unburdening. Most clients' parts are quite willing to unload the extreme emotions and beliefs that are the result of the traumas (their burdens) once they feel fully witnessed. The obstacles to full witnessing are the fears of the protective parts being overwhelmed

by re-experiencing events and feelings that were overwhelming at the time of the trauma and that have resulted in a lifetime of (attempted) avoidance that impeded processing and resolution. The impact of unburdening is usually immediate and dramatic-- in the direction of relief and increased lightness. When a part unburdens, it is released from its extreme role and can rapidly transform. Clients often say that the part suddenly seems lighter, looks different-- stronger, older or younger-- and wants to do something totally unrelated to its former role.

In the remainder of the session (too long to include here), the client brings the young man out of the funeral scene to Canyonlands where he leaves his Marine uniform and further unburdens some other parts frozen in earlier childhood scenes. The video of the whole session is available on the website [selfleadership.org](http://selfleadership.org).

## **Conclusion**

This session illustrates the difference that can be made by partnering with the client's Self, who then works with his or her parts, to resolve complex traumatic stress disorders. The major differences are as follows. First, clients become their own internal parents, creating intrapsychic intimacy by forming a secure, empathetic, compassionate relationship with their parts. This leads to increases in parts' trust in Self leadership—i.e., protective parts come to trust that they no longer have to dominate because there is another leader in there who can handle things internally and externally. Clients become more confident that they can deal with a variety of life challenges, secure that if their parts are hurt, their Self will move to heal them rather than lock them away. Self also helps parts correct the trauma-related beliefs they carry by reassuring them, for example, "The fact that they hurt you doesn't mean that you are bad." As parts unburden the extreme beliefs and emotions accumulated from multiple traumas, clients become less reactive and develop a new Internal Working Model (Bowlby, 1969) about self and others that permits intimacy with others, breaking their lifelong histories of isolation and loneliness. Also, clients no longer

have to rely on their extreme methods of affect regulation like addictions or rage because they no longer fear the affect (their exiles) and they have unburdened the trauma-related affect. The ultimate result of this treatment is restoration of the capacity for secure attachment, first internally and then externally. As parts are able to tell their stories and feel witnessed by Self, clients achieve a more integrated narrative with increased coherence and personal meaning. Losses are acknowledged and grieving is encouraged without the neurovegetative depression that comes from pathological intensification.

Second, therapists come to trust that there is a Self with whom they can partner, even in highly symptomatic complex trauma clients, and thus they can enjoy the treatment process. Relieved of the responsibility for providing key insights, interpretations, homework assignments, or coping skills, therapists can help their own worried, striving manager parts to relax and allow their Selves to be lovingly present with clients. Once they help clients embrace rather than fight their suicidal, addictive, or explosive firefighter parts, therapists can further relax knowing those extreme parts have allied with their healing efforts. In other words, in order to remain Self-led with complex trauma clients, therapists must face and transform all the parts of themselves that work with such clients will trigger, allowing therapists to grow as well from the therapy experience.

In conclusion, the IFS model brings a number of innovations to trauma-based psychotherapies. The most major is that clients experience “Self-healing” facilitated by the therapist. Clients’ parts achieve a secure relationship with Self ending internal civil wars and self-hatred and they find they can work on their own, outside the session. In addition, the client’s Self does the witnessing, and can tell the injured parts exactly what they needed to hear in the past (in contrast to the therapist who can only guess what the client needed to hear), thus correcting primary process cognitions. Along these lines, clients come to trust themselves, a process that is much more empowering than externalizing primary trust to the therapist. This process significantly reduces resistance and transference reactions. Addictive clients begin to experience healthy guilt about re-victimizing injured parts. Also, injured parts typically carry enormous wisdom, so listening to them provides greater intuition and further prevents repeating dangerous

reenactments. Finally, as mentioned, unburdening creates a completion of the trauma and reintegration of split-off parts, which clients experience as the relief they need to more fully participate in life experiences. When clients are triggered, instead of relapsing, they learn to go to the part that is upset and help it. Experiences such as marriage or sex, which in the past could reliably cause some symptom remission, become less overwhelming. In general, clients become more Self-led and Self-secure as opposed to parts-dominated and symptomatic.

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Table 1

1. Indices of disorganized-disoriented infant attachment behavior
2. Sequential display of contradictory behavior patterns, such as strong attachment behavior suddenly followed by avoidance, freezing, or dazed behaviors
3. Simultaneous display of contradictory behaviors, such as strong avoidance with strong contact-seeking, distress, or anger
4. Undirected, misdirected, incomplete, and interrupted movements and expressions; for example, extensive expressions of distress accompanied by movement away from rater than toward the mother
5. Stereotypes, asymmetric movements, mistimed movements, and anomalous postures such as stumbling for no apparent reason and only when the parent is present
6. Freezing, stilling, and slowed “underwater” movements and expressions
7. Direct indices of apprehension regarding the parent, such as hunched shoulders and fearful facial expressions
8. Direct indices of disorganization and disorientation, such as disoriented wandering, confused or dazed expressions, or multiple, rapid changes in affect

By Lyons Ruth, 2002

Adapted from Main M, Solomon J. Procedures for identifying infants as disorganized/disoriented during the Ainsworth strange situation. In: Greenberg M, Cicchetti D, Cummings EM, editors. Attachment in the preschool years: theory, research and intervention. Chicago: University of Chicago Press; 1990. P. 121-60.

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Table 3

1. The in-ability to utilize individuals for comfort or self-soothing in crisis.
2. An absence of a coherent and integrated sense of self or narrative about one's life.
3. An absence of the protective role of metacognitive capabilities such as elaborating a theory of other's state of mind during development.
4. Unbearable anxiety and fear associated with maintaining intimacy.
5. An absence of self-attunement and other attunement, affectively and cognitively and with respect to boundary defining gestures, impulse control, empathy, and caring for others and being cared for.
6. A tendency towards dissociation, and an absence of mindfulness.
7. An in-ability to feel safe in the context of the familiar and unfamiliar.

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