

Multiplicity and Internal Family Systems Therapy – A New Paradigm?

by Derek Scott, RSW, Psychotherapist

Since becoming acquainted with Kuhn's (1962) concept of a paradigm shift I have wondered how this might apply to the field of counselling and therapy (and therefore myself as a therapist). This paper explores the emerging interest in multiplicity as a model for the personality and some of its implications for clinical practice.

Kuhn (1962) argues that change in scientific thinking occurs as a "series of peaceful interludes punctuated by intellectually violent revolutions," and in those revolutions "one conceptual world view is replaced by another" (p. 10). The "cognitive revolution" ("Cognitive revolution," 2011) of the 1950's may be seen as a shift that turned much of our understanding on its head, relocating the 'legitimate' field of therapeutic enquiry from behaviour to cognition. As we enter the second decade of this millennium my curiosity is piqued by the "discursive explosion in recent years around the concept of 'identity,' within a variety of disciplinary areas, all of them, in one way or another critical of the notion of an integral and unified identity" (Chandella 2008, p. 61). Could this be the groundswell of a revolution in the social sciences? And if so what are the implications for our work?

Jackson (1981, p. 86) informs us that "long before Freud, monistic definitions of self were being supplanted by hypotheses of dippsychism (dual

elves) and polypsychism (multiple selves)." Many in the field of counselling and psychotherapy regard object relations theory, formally developed by Ronald Fairbairn based on earlier thinking by Freud, as the bedrock of counselling and psychotherapy. The theory describes how we internalize objects as mental constructs with which we form relationships. Generally the theory has been interpreted to refer to a single subject cathecting multiple objects and then internalizing the relationships. Leowald (1962) argues however that internalization may be understood as "certain processes of transformation by which relationships and interactions between the psychic apparatus and the environment are changed into inner relationships and interactions...this is the process by which internal objects are constituted" (as cited by Kauffman, in Doka 2002, p. 73). So object relations may refer not simply to one subject engaging with multiple objects, but multiple internal relationships with multiple internal subjects. Howell (2008) supports this view, stating that "an internalized object must include the assumption of an internalized object relationship (in which)... both the self component and the object component have subjectivity" which inevitably leads us to "conceptualizing a multiple self as internalizing relationships" (p. 42).

How does this shift in the view of self inform our practice? Most of our working models seem to posit

a single unified personality, yet if Jackson is right this may be a relatively recent construct. For Howell (2008, p. 38), “The ‘self’ is plural, variegated, polyphonic and multi-voiced. We experience an illusion of unity as a result of the mind’s capacity to fill in the blanks and to forge links”. If this is indeed the emerging model for the psyche then how are we to make sense of a chaotic environment wherein one aspect of the multiple self will cathect to an object and these relationships swirl with no discernible pattern or structure?

We will likely seek to resist such a chaotic framework, and additional resistance to the view of multiple selves is described by Clayton (2005, p. 9):

In the health professions there is widespread agreement that dissociative identity is dysfunctional and needs to be cured. This position is based on the assumption that the healthy self is unitary and therefore multiplicity must be disordered.

For Clayton, adopting a more open view of multiplicity then “depends on and informs a major shift in notions of the self, therapeutic research and practice, and social attitudes in general” (2005, p. 9). All of these shifts challenge us as counsellors and as human beings. What is the nature of these challenges? I think if the personality is truly multiple then it begs the question, “What part of me is working as therapist/counsellor and with what part of my client am I working?” This is a radical shift in how we conceive of the therapeutic relationship. Yet if we do not consider this as a possibility, are we not in danger of sitting in the illusion of a unified personality (what may be considered the ‘monolithic model’ of the

personality) and insisting that our clients do likewise? Might this be a disservice to them as well as us?

Let us look at some of the discussion surrounding multiplicity. Rowan (1990) regards the development of subpersonalities as “autonomous or semi-autonomous parts of the person” (p. 61), noting that it “seems to be a regular temptation of people working in this field, to try to classify the subpersonalities in some way” (p. 85). He refers to many theorists including Freud on the superego, Jung’s complexes, Ferrucci’s subpersonalities, Watkins and Johnson’s ego-state theory, Berne’s model of Transactional Analysis, Stewart Shapiro’s concept of subselves, the Voice Dialogue work of Hal Stone and Sidra Winkelman, the “potentials” of Alvin Mahrer, Virginia Satir’s work with Parts and the work of Genie Laborde in Neurolinguistic Programming (NLP) (Pgs. 61 – 118). Similarly Schwartz (1995) observes that:

Self psychology speaks of grandiose selves versus idealizing selves; Jungians identify archetypes and complexes... Gestalt therapy works with the top dog and the underdog; and cognitive-behavioural therapists describe a variety of schemata and possible selves... (suggesting) that the mind is far from unitary (p. 12).

Schwartz’s Internal Family Systems (IFS) model appears to be the most effective for addressing intrapsychic dynamics when compared with the above models that incorporate multiplicity. More than simply a description of multiplicity, Schwartz articulates a structure that makes sense of the ‘chaos’ while simultaneously providing a method for

bringing greater peace into the system. Pedigo (1996) notes, “it is apparent that IFS includes a fuller, more articulated concept of self” and that the “multiplicity of the mind is the most fundamental principle in the IFS model”. He states: “to understand the IFS model is to ... appreciate a new paradigm in the fields of individual and family therapy” (p. 272).

Here is my opportunity to now elaborate on Kuhn’s conceptualization of a paradigm shift. What does IFS offer that leads Pedigo to make such a powerful statement about a new paradigm? Unlike many other models of multiplicity, IFS acknowledges that leadership of the system should be in the hands of what Schwartz calls the “self”. The self has the capacity to view the whole system from a metaperspective and may be regarded as the “centerpiece of the IFS model” (Schwartz, 1995, p. 35). The Self (capitalized henceforth for clarity) is characterized by the presence of the following qualities: calmness, clarity, curiosity, compassion, confidence, courage, creativity and connectedness. His understanding of Self corresponds somewhat to the “willingness, openness and... gentle, kindly, friendly awareness” present in mindfulness-based treatment approaches (as discussed by Baer, 2005, p. 15) but what makes his approach truly salutogenic is his recognition that, unlike the view held by some mindfulness-based practitioners that “avoidance (of painful material) is not necessary and may be maladaptive” (p. 15), Schwartz (2001) maintains that all “parts” (including avoidant parts) are functioning in ways that *they* regard as necessary for maintaining the health and integrity of the system. While some may be “destructive in their present state” these behaviours may be seen as a

result of a “good part forced into a bad role” (p. 16). Bringing the quality of non-judgmental curiosity to those parts reveals “the reasons that had forced them into those roles and their shame at what they had done” (p. 16). However for Schwartz (2001) Self is not merely the passive observer, it has “emergent compassion, lucidity, and wisdom to get to know and care for these inner personalities” (p. 36). He maintains that “most people have a poor self-concept because they believe that the many extreme thoughts and feelings they experience constitute who they are” (1995, p. 17) leading Lester (2007) to conclude, “The possibility of attributing negatively valued aspects ... of oneself to one or more subselves may enable the individual to maintain high self-esteem” (p. 10).

Schwartz’s model uniquely affords us a move away from the pathogenic view of the human being that has so dominated our field, in that no part of the system is unwelcome; no thoughts, feelings or behaviours are deemed as inherently bad.

The IFS model offers us a method for working concretely with all the parts of the personality system holding distressing thoughts and/or beliefs and facilitating their transformation and is not to be confused with a model that solely concerns itself with Dissociative Identity Disorder (DID). Indeed, DID may be seen as the result of a normal personality system adapting to severe trauma in such a way that the different parts may be unaware of each other and there is no Self available to lead. DID is characterized in its initial presentation by amnesic episodes indicating that a part has taken the lead in the system whilst other parts have been

unaware of it. Typically treatment for DID involves enlisting “executive parts” to take the lead (as opposed to Self) and the prevailing view of DID is that the personality has become “fragmented” as a result of trauma; i.e. splitting of what was once a unified whole has occurred. The IFS model rejects the perspective of the unified whole and instead recognises multiplicity as the norm.

Additionally this model wholly supports the client as the locus of control, fostering dependence on the client’s Self and not the therapist’s expertise. That may sound revolutionary, and possibly threatening to our therapist ‘parts’. What may be required of us as practitioners to open to this shift?

Let me outline the model in brief in order to share more clearly the shift required in my own practice. Within the IFS framework the mind is made up of many parts. A part is a “discrete and autonomous mental system that has an idiosyncratic range of emotion, style of expression, set of abilities, desires and view of the world” (Schwartz, 1995, p. 34). The personality system is understood to comprise the ‘parts’ – either “exiles” or “protectors” and Self. Exiled parts carry the burdens of extreme feelings or beliefs and are usually young parts seeking to get our attention in order to release their burdens and return to a preferred place in the system. An example of a common exiled part would be one who believes itself to be unworthy or unlovable. Because the energy of these exiles can be intense and threaten to overwhelm the system, the protector parts seek to either prevent the exiles from being activated or distract from them once they have been activated. The *proactive* protector parts are called “managers” as they work hard to

manage the system. They are concerned with ensuring that we are seen as good people at all times and will structure our lives to ensure, as best they can, that exiled parts will not get triggered. In the example of the “unworthy” exile, a manager part may, for example, determine that applying for a challenging position is not a good idea because failing the interview may result in the feeling of unworthiness flooding the system. Better to stay within the safety of mediocrity.

Unfortunately for the manager parts, no matter how hard they work to prevent the exiles from becoming activated, external forces intervene. If someone loses their position as a result of downsizing, through no fault of their own, the event may nonetheless trigger the “unworthy” exile and the feelings and beliefs that it holds will begin to flood. It is after the activation of the exile that the *reactive* protectors (termed “firefighters” because their sole concern is to put out the fire, the emotional intensity of the exile) become engaged. The firefighter parts will use whatever strategy it takes to distract from the exile. That is to say if the emotional intensity of an exile is emerging into consciousness (for example feelings of intense shame) then the reactive protector may become enraged at the apparent cause of the shame (the present-day trigger), and thoughts of revenge may then dominate our conscious awareness. Drinking, drugging and the common addictions, cutting, rage, overwork, food or sex bingeing, all are common firefighter activities. Most of these don’t make us look good and so manager protectors and firefighter protectors tend to be polarized. Much of the air time taken up in what many Buddhists refer to as our “monkey minds” (because of the endless

chatter) is a result of these two protector clusters fighting it out, with the managers bringing the critical 'shoulding' voice to the firefighter after it has 'acted out' in some circumstance. What gets missed when these two are so embroiled is the pain being held by the exiled part. The work then is to facilitate access to the qualities of Self in the client (particularly curiosity and compassion) in order for the exiled part to be heard by the client, and then healed as it has the opportunity to release its burdens. When the client is able to genuinely appreciate the proactive manager part's intent to prevent distressing feelings and beliefs held by the exiled part from flooding the system, and equally appreciate the reactive firefighter's need to engage in activities that become the system's focus until the erupting exile's energy has again subsided, then there is Self energy present. Holding an appreciation for both "sides" allows for a disidentification from each part. It is when there is sufficient Self energy present that the protector parts may allow access to the exiled part, as they can trust that the client is able to bring the requisite qualities of curiosity and/or compassion to the distressed exiled part.

After being exposed to the IFS model and recognizing the multiplicity present in my own and others' systems I experienced an ethical quandary. If I now believed that when a client was presenting with the desire to quit drinking that it was a *part* of them making the request (and moreover a part polarized with another part in their own system) how could I ally myself solely with the part demonizing the drinker? In the past my 'therapist part' would have wholeheartedly agreed that the drinking did indeed sound like a problem and

would have employed various models, schema and external supports to attempt to reduce or eliminate the 'problem'. Wasn't that my job?

Hence, my dilemma. My client had a "blended" manager part determining that his/her drinking was problematic and needed to be eliminated. I now believed that the drinking firefighter has positive intent for his/her system and was connected to a burdened part that had been exiled; and indeed that the drinking firefighter might have preferred to be doing something less extreme but felt that it had no choice but to protect in this fashion. My new awareness informed me that the drinking activity was engaged in by a protective part of the client's system; and that to collude with making it 'the problem' was to do a disservice to my client and his or her parts. Ethically I could no longer support such a stance. In order to resolve this dilemma my practice had to change: I had to become an IFS therapist, and to look at what in my professional work I had "believed in as the most reliable - And therefore the fittest for renunciation," (Eliot, 1943, p. 23).

I have always claimed to be client-centred and the IFS approach helps me live up to that claim in what feels like a deeper way. As I began to work with this model I became aware of my therapist part's desires to offer advice, reassure, reframe, interpret, and call upon three decades of experience to make recommendations; all of which may subtly imply that the client is not sufficient unto him or herself. The parts of me that like to help, to fix, to offer in the interpersonal dynamic the repair of the damaged attachment bond, needed to step aside in order for me to hold and model the Self energy, the

curiosity and compassion for my client's parts that would enhance my client's capacity to facilitate his/her own transformation. My wonderfully creative insight-facilitating parts that had formerly worked so hard to get the client to see things from a healthier and more realistic perspective (i.e. the way I saw things) were forced into early retirement. These parts relinquished their positions reluctantly; they missed their role in the therapeutic encounter. I let them know I got it; I attended to their grief. I then noticed a renewed sense of interest, even wonder as I took on my new role as 'parts detector' and sat more fully in my curiosity. What part of my client was being protected by the drinking part? What was activating it? How long had it been around? What could it let my client know about the burdens it was carrying?

Inviting my clients to shift *their* focus internally brought and continues to bring its own challenges. The storytelling parts that want to be heard and do not yet know that the client's Self can hear them may be unwilling to step back and allow the internal enquiry of the parts they are referencing in the story. A part may worry that they are 'Sybil-crazy'. The question, "How do you feel towards that part of you?" may seem bewildering to a protector part; yet it is an essential tool in determining if there is Self energy present (i.e. "I'm curious about it." "I can see how sad it is." "I'm glad to get to know it.") or if a blended part is taking the lead (e.g. "I wish it would go away." "I hate how needy it is." "It gets me into trouble."). Once the client's system becomes comfortable with the method however, the work begins to flow. I have discovered that every system presents differently and I become engaged and somewhat in awe of the

beauty and diversity of these inner landscapes.

Some people's parts present auditorally, others visually, releasing their information by recreating the scene they are in to the mind's eye. One client has young parts that show her their role by wearing black T-shirts with white letters saying 'Sad' or 'Abused' or 'Ignored'. Some systems have animated cartoon-like parts, or images that hold meaning (a three-foot tall mummy with something inside). Others are visceral, presenting sensations in different body parts. Still others have combinations of the above.

Along with the remarkable diversity of these systems come similarities in the concerns of the protector parts that may feel a need to block access to the more vulnerable exiled parts. Most common is the fear of overwhelm; that a young part's fear, sadness, anger etc. will flood the system. If you have ever seen a toddler in a full tantrum it is easy to understand the fears of the protector parts. Another common concern is that internal shifts will necessitate external changes for which the system is not ready. There may be worries about exploring parts with extreme beliefs deemed to be 'core'. Beliefs about being 'bad', 'deserving to suffer' and 'needing to be punished' are often internalised from parents by young protectors and reiterated internally to ensure that these 'bad parts' don't take hold. These protective parts can show up in a variety of ways. Often experienced as a wall, a block, a numbness, perhaps going 'foggy' or cloudy, suddenly thinking about having a drink or going shopping – most often these parts can be simply asked to step aside to allow continued access to more vulnerable parts and they will. If they are

reluctant to step aside they can be asked what their concern is about the work proceeding. Their concerns can then be addressed.

By staying open and listening to these parts, their roles, functions and positive intentions become clear. For the client in an abusive relationship, what would it mean for the part that keeps hoping for change if it were to let go of that hope? What would it mean for the perfectionist part if it were to stop berating? What does it fear might happen? The parts always know why they do what they do, and inviting simple curiosity, asking them about themselves, allows their tales to unfold. Much to the relief of my own figuring-it-out parts, what the client's parts reveal is often not on my radar. I was once working with a woman who came to see me after 14 years on large doses of anti-depressant medications. Her doctor had agreed to titrate her off them and monitor her as I helped her with the depression. After a while she asked the depressed part of her that was so often blended why it needed to do that, why it needed to take her over. Its response was that if it didn't then she would realise how boring her husband was and would have to leave him and since she was old and dependent on him financially that was too much of an upheaval. Once its role was understood its concerns could be explored.

Aside from the delight and fascination of being a parts detector for my clients and privy to their rich inner lives, and in addition to the pleasure I derive from not fostering a dependency on me as the therapist, the most rewarding aspect of this work is witnessing the changes that take place within my clients' systems that are permanent and healing.

Previously I was often left with a nagging doubt about my effectiveness. I would spend time with clients, they would 'graduate' from their therapeutic work, they would report positive changes in their lives, yet I was left wondering if the work 'took', if without the bolster of weekly support they would be able to maintain the ground that they had apparently gained. Working with the IFS method it is absolutely clear to me that the exiled parts are healed, and this occurs through the process of "unburdening", described below.

Let's say that a client presents with binge eating as the issue that needs to be addressed. She may be able to identify that tension between her and her partner leads her to scan the interior of her fridge on a regular basis, seeking solace. We can ask her to bring her attention to the eating part (a "firefighter" in this model) and to appreciate it for its attempts to soothe the distress in the system. This may take a while as the polarized "manager" parts may be reluctant to step aside to allow the appreciation to flow: manager parts view firefighters as problematic. Once the genuine appreciation for the firefighter is felt then it will likely be willing to share information about itself, its protective role, how it feels about that role (including anything it might like to change if it were possible) and information about the exiled part to which it is connected. The therapist's interventions here are simply to determine how much of the client's Self is present by repeatedly checking how the client feels towards the presenting part to determine if there is an open-hearted connection. This 'script' is radically different from the interventions with which most of us are familiar. When a firefighter part trusts the client's Self enough it may allow

access to the exile, who will then, in the presence of the client's curiosity and compassion, be able to let the client know about the burdens it holds. It may begin by saying that it feels bad when its partner is mean to it. Further enquiry may yield information that it feels unloved. Asking how long it has felt that way will lead to its initial presentation in the system and it may reveal that it is six years old and has nonetheless 'grown up with' the client; becoming activated at various times in the client's life. Asked about its inception in the system, the world where it is 'stuck', it may tell the story of how its Dad ignores it when it asks for attention. It may tell of a mother in clinical depression who is unavailable to it. In trying to comprehend why it feels so isolated, why it is not being nurtured, it will logically conclude (with all the self-focus of a six-year-old coupled with the belief in the God-like perfection of the parents) that it is not loved because it is unlovable; it is flawed. Were this belief to obtain within the system the child could not thrive; so the part holding this distressing belief is exiled to a corner of the psyche from which it later seeks to return.

Now in the client's adult life this part gets triggered by an unavailable partner and a firefighter immediately jumps in and uses food to distract from the potentially threatening feelings of the exiled part. Once the client has heard all that the exile has to say, and it knows that the true depth of its misery has been heard with compassion, it is now ready to release the burdens it took on and return to either its original role, or a new preferred role in the system. We can instruct the client to invite the part to release its burdens to light or any of the elements in such a way that they will never

return. It can now be invited to fill itself with whatever qualities will help it to move forward – perhaps it will choose confidence and the knowledge of its own worth.

Returning to the rest of the system we can ask if other parts have comments or concerns about the shift that has occurred. Often a protector may wonder what its role is now and may be relieved to discover that it can still choose yummy things to eat, but its behaviour will no longer be *driven* by the need to distract from the emotional fire of the exile. In the external world the client may notice that her partner's mean behaviour no longer triggers a feeling/belief of being unlovable, and her available response repertoire is greatly increased. Interestingly these changes are reported as feeling minimal and as if the client had always responded this way.

Is the Internal Family System model the emerging paradigm in psychotherapy? I am encouraged by recent shifts in our understanding of the relationship between the mind and the brain and the role of mindfulness as outlined by Siegel (2007) and the evident neuroplasticity of the brain (Doidge, 2007). Both authors present work that supports the IFS framework.

Time will tell if this is the direction in which the field is shifting. All I know for myself is that my re-engagement with the beauty of the work, my realistic hope for positive client outcomes, and my capacity to hold them in their highest place even when their parts may be presenting a different picture affords me much thankfulness that my own parts have guided me to be doing this sacred work.

Therapy derives from the Greek “therapeia”, to attend. The elegance of this model, the simple requirement that the therapist compassionately attend the client’s Self-healing via the exploration and unburdening of parts holding extreme feelings and/or beliefs, invites us as practitioners back to our roots. In the words of T.S. Eliot (Eliot, 1943, p. 39):

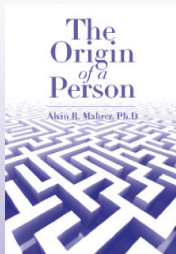
With the drawing of this Love and the
voice of this Calling
We shall not cease from exploration
And the end of all our exploring
Will be to arrive where we started
And know the place for the first time.

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