



Engaging Parts: Vertigo Gets Grounded

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June 18, 2017

When we encounter defenses and entrenched symptoms, the Internal Family Systems (IFS) Model, founded by Richard Schwartz PhD, offers a unique perspective and set of interventions that expand treatment options.

Like other modalities that work with self-states, ego-states and parts, IFS emphasizes the normal multiplicity of the mind. What differentiates IFS is its belief in the universal presence of an undamaged, essential Self. In Self, a person has access to qualities such as curiosity, compassion, clarity, connectedness, wisdom and the potential for healing.

Everyone has Parts, which tend to arise from (early) life experiences and may interfere with or eclipse access to the Self.

There are, in the IFS model, two categories of Parts: Protector and Vulnerable.

Vulnerable Parts, which typically have roots in early experiences, include shame, fear-terror, unbearable aloneness, hurt and helplessness. In response to these experiences, Protector Parts arise as the child's best attempt at psychic survival.

Protector Parts have defensive functions and aim either to prevent or react to the activation of Vulnerable Parts. They also are divided into two categories:

1. Pre-emptive Parts attempt to maintain the status quo. Examples include excessive caretaking, fending off anger or conflict, perfectionism, and overriding/dissociating from needs and desires. They may present as beliefs, emotions, behaviors or somatic symptoms.
2. Reactive Parts are ignited when vulnerability threatens to register and include rage, addictions and self-harming behaviors. These Parts typically have a dissociative function and tend to be judged by both Pre-emptive Parts and other people — in this way, they “take a hit for the system” because of their self-destructive and/or anti-social qualities.

When we work directly with Protector Parts, we uncover their histories and functions and discover how their *intentions* are to help. A collaborative exploration with patients, exemplified in the clinical example below, also shines a light on earlier experiences that necessitated the Parts' development. This can give dignity and meaning to Parts that elicit self-criticism and shame—initiating an internalized attachment healing experience, a “Self-to-Part connection.”

Aspects of IFS can usefully integrate with multiple treatment models (Psychoanalysis, EMDR, Sensorimotor Psychotherapy and Somatic Experiencing, AEDP, Focusing and others), especially at times when defenses may block continued exploration and processing.

Following is a clinical example of work with a “Somatic Protector”:

“Julia,” a compelling, competent woman in her 50s, is going through a traumatic divorce. She has a developmental trauma history and her narcissistic husband, who opposes the divorce, is especially vicious in the legal and personal negotiations.

She began the session reporting that an episode of extreme vertigo had begun in a meeting with her husband and their lawyers the preceding day. She was so nauseous and dizzy that she barely made it to our appointment.

I asked if Julia was open to us learning more about the vertigo, and she said yes.

NB: Let’s ask the vertigo—why is it here now?

J: It said “this is how I keep you on hold and away from seeing how horrible everything is.”

The protective intention is immediately clear to both of us.

She then relayed a brief history of her vertigo, how it began in childhood, along with periodic panic attacks and migraines: “They all take me out,” she said. The vertigo became worse after she initially moved in with her husband-to-be and began to question the relationship.

NB: What is the vertigo concerned would happen if it didn’t do this to you now?

J: I’ll have to acknowledge that I’m still scared of Peter, and my life is a failure. Amazing, how it just charged in to shut me down in that meeting.

NB: So the vertigo is, *in its way*, wanting to help, to protect you from feeling scared and that your life is a failure?

J: Yes.. interesting.. this concept is familiar, but now I *really get it*.

NB: How do you feel toward the vertigo, as you’re really getting it?

J: In an odd way, I appreciate it...it actually is trying to help me.

NB: And what’s it like for the vertigo to hear that?

J: It’s relieved to be understood .. and amazed to be appreciated

NB: Let’s give it a moment for this to register... the change in your feeling toward the vertigo... *and* its relief at being “gotten” and appreciated by you...

NB: How is it, as you stay with this a bit?

J: Interesting, I’m not so nauseous anymore...

(A Self-to-Part connection is now underway for Julia.)

NB: I have one more question for the vertigo—If we can help the young Parts that are still feeling scared and blaming you, would it have to keep taking you out this way?

J: It would rather give me physical strength to support me in the present!

NB: And how do you feel toward the vertigo, as it tells you that?

J: Grateful, (teary) and moved that it's getting this unexpected help— Hopeful.

From this session, we proceed with a focus on healing the young, frightened Parts carrying shame and self-blame. This work can continue by using IFS, or we can shift to other treatment models that focus on healing developmental trauma.

(Web link to CSAR: <http://csar.nyc/engaging-parts/>)

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