



Engaging Parts: Getting Unstuck

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This blog entry is a companion piece to my prior CSAR post entitled “Engaging Parts: Vertigo Gets Grounded”, which can be accessed for a more detailed introduction to the Internal Family Systems (IFS) Model at: csar.nyc/engaging-parts/

When trauma processing becomes blocked by defensive-protective “Parts”, the Internal Family Systems Model (IFS) offers a unique perspective and set of interventions that expand our treatment options.

Like other modalities that work with “Parts”, “Self-States” or “Ego-States”, IFS emphasizes the normal multiplicity of the mind. What differentiates IFS is its belief in the universal presence of a core Self with access to curiosity, compassion, wisdom and the potential for authentic connectedness and healing.

Everyone has Parts, which arise from a person’s life experiences. They may be adaptive or problematic. When activated, Parts with extreme features can interfere with or eclipse access to the Self.

The IFS model describes two categories of Parts: Protector and Vulnerable.

Vulnerable Parts include shame, fear-terror, unbearable aloneness, hurt and helplessness. In response to traumatic experiences, Protector Parts arise as the child’s best attempt at psychic survival.

Protector parts arising from trauma always serve a defensive function. Working directly with these Parts, we uncover their histories and discover, *from their perspectives*, how the *original intention* was to be helpful. A collaborative exploration with patients, exemplified in the following clinical example, shines a light on experiences that necessitated the Parts’ development. Since many Parts tend to elicit self-criticism and shame (from other Parts, from other people), this process can give them meaning, dignity and promote self-acceptance. It also initiates an *internalized attachment* experience, referred to in IFS as a “Self-to-Part connection.”

Following is a clinical example of a session with “Sara”, when a surprising protector Part arose to inform us about the reason that our work had reached an impasse.

Some brief background: Sara is a devoted and respected family member, professional and friend. Her complex early history includes having been a “child caretaker” to a severely depressed mother and developmentally impaired younger brother. Her father was critical and prone to rages. She felt valued and appreciated when she tended to her mother’s and brother’s needs or as the family entertainer who sang and danced. Her hidden needs to be seen, known and emotionally cared for were submerged and a source of shame.

In the treatment, Sara’s pervasive sense of herself as a “bad person” persisted in spite of numerous experiences where she successfully reprocessed childhood memories using EMDR. There was a sense of being stuck resolving the deeply embedded belief, “*I’m bad*”. One day, while musing together about this, Sara suddenly said, “Don’t take this away from me! If you do, I’ll have nothing!”

(We had accessed a traumatic core, and a young Part stepped forward to urgently fend me off. I invited her to join my curiosity about what had transpired.)

I asked “Can we bring some curiosity to the Part of you that just said this?”
She nodded affirmatively.

NB- is there an image of this Part that comes to you? (She is highly visual)
S- A bad kid having a tantrum

NB- Will you ask her to tell you more about why she is having a tantrum?
S- She’s saying “I want attention, to be taken care of, I want more. The tantrum is the only way to express this.
NB- Oh... this is the only way she knows to convey that she needs care and attention. And what’s she concerned would happen if she *didn’t* have a tantrum?

(Asking this question...what’s she concerned would happen if she doesn’t have a tantrum... elicits clarity about the protector Part’s specific function and the vulnerable Part(s) that it’s attempting to keep “in exile”)

S- She would be sad
NB- And if she was sad?
S- Then she would be like her mother who was always sad and couldn’t get out of bed.
NB- So, if she has a tantrum, then she isn’t sad and collapsed like her mother?
S- Well, then she is mad like her father, and that’s *bad*...But at least she’s not sad like her mother.
NB- Oh, so she would rather be bad than sad?
S- Oh yes!

(We can imagine how being bad is at least feeling alive v sad and deadened.)

NB- Sara, are we hearing that the *intention* of the tantrum, the *I'm bad* Part, is actually to protect you from feeling sad, and collapsed like your mother?

S- Yes. ... hmm, how interesting to think about it in this way.

(Her adult Self is now present, capable of reflection and perspective.)

NB- Yes.. and can you imagine letting this girl with the tantrum know that we get how she's trying, in her way, to help and protect you from being sad ... and see how she responds to that?

(Here, I'm facilitating the Self-to-Part connection, the seeds of internalized attachment)

S- She's calmer and surprised to be understood because she's so used to just being criticized. (by another Part)

NB- So, she's responding to you, the way you're seeing and understanding her.

(Next, I am paving the way to access the vulnerable part carrying the sadness, but first we need permission from the protector Part)

NB--Will you ask the girl who needs to hold onto I'm bad.... if we can help that sad, young one, would she still need to keep seeing you as bad?

S- Maybe not...

NB- Will she allow us to give it a try?

S- ... Okay.

This session paved the way to reprocess:

-- Memories of Sara's father telling her never to be sad like her mother.

-- Memories of her mother's sadness, her childhood aloneness (abandonment) and fear of becoming similarly depressed.

In summary, we have:

1. Identified the previously unknown protector--I'm bad-- gotten to know it and its intended function.
2. Located the vulnerable Part -- (the sadness and fear of helplessness-immobility) -- that the bad Part has been protecting.
3. Created clarity about the needed direction for future trauma processing, which can be done with multiple treatment models: Psychoanalysis, EMDR, Sensorimotor Psychotherapy and Somatic Experiencing, AEDP, Focusing and others.

To conclude, with an IFS perspective, we have accessed a pathway to becoming unstuck and opened possibilities for future growth.