

Therapeutic Relationship in IFS by Cece Sykes, LCSW

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Therapy using the IFS model is a collaborative relationship with two potential healers: the therapist's Self (and parts) and the client's Self (and parts).

In this model of therapy, we make a radical assumption: the therapist has a Self, an undamaged strong, clear, calm essence and sense of agency and the client has a Self, an undamaged strong clear, calm essence and sense of agency.

This assumption implies that the therapist does not hold the answers for understanding the client's dilemmas and suffering. There is no interpretation made of the meanings of client's experiences and no analysis of the client's current experiences with past events or with early relationships or upbringing.

The therapist has questions and suggestions, expressed with calm curiosity. Through parts detecting (naming of a client's affect or thought pattern or emotional state as a part of them - and a part worthy of their interest) the therapist invites the client to engage in inner inquiry to determine the meaning and origin of this defense or protective state of mind

The therapist does not need to challenge resistance, but to deeply accept its intention. Resistance is re-named as protection and as necessary to the client's best current sense of functioning or of survival

An IFS therapist does not have to recall every part of their client, or always correctly name their client's parts. Therapists suggest possible parts to clients from a place of curiosity and are open to the client's ability to 'self- correct' through examination and connection with their own inner system. Becoming an IFS therapist is a challenging paradigm shift from a directive, authoritative place of leadership to a shared leadership and shared knowing with the client, characterized by invitation, acceptance and compassionate inquiry.

Parts detection is the single most essential intervention of an IFS therapist, in addition to sharing compassion. It includes very close tracking of facial expression, voice modulation, shifts in posture and body positioning, breath exhalation, sentence structure and content of the story or reported experience

“When the therapy is stuck it is usually because there is a part in the way: we don’t know, however, if it is the client’s part or the therapist’s part...” (Dick Schwartz).

Subtle managers are easily blended with the Self. The therapist can track them by checking the client’s level of self-compassion and acceptance. Firefighter-Manager polarizations can be difficult to differentiate; helping clients unblend from judgmental or critical protectors and accept that both ‘sides’ of the polarity (even the Firefighter/Distracters) have a positive intention will create more clarity and empowerment.

Exiles that are fueling the protectors will continue to create confusion or intensity until they are named and acknowledged.

Many clients have powerful parts detectors and are very able to perceive their therapist’s parts. Welcoming the client’s feedback and acknowledging our ‘part’ in any rupture in the relationship will move the therapy along and reduce clinical impasses.

We do not need to dismantle our training in other clinical models to utilize IFS safely and competently. Virtually all the skills we have been taught or developed over time for joining, attuning, following our intuition, deepening connection to the body, exploring external constraints in the family and its legacy and creating clear boundaries...in other words, all our skills for creating trusting, comprehensive clinical connections are useful when adopting the IFS approach.

The therapist’s system is fifty percent of the clinical relationship. The opportunity to regularly explore our inner world and to accept the depth of our wounding experiences can promote the healing process. Developing clarity, familiarity and deep compassion for our own quirky humanity, even as it appears in our professional relationships, is an on-going opportunity in the life of the therapist.