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Sylvia Hill
sylvia@sylviahillcounseling.com

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Cover Page Footnote
Author Note This paper is based on a presentation given September 29, 2022, at the annual AMCAP conference. Intense gratitude to K and R for allowing me to use their stories to give a flavor of how IFS works in connection with religious belief. Correspondence concerning this article should be addressed to Sylvia Hill PhD, 2300 Rockbrook Drive Ste A, Lewisville TX 75057. Email: sylvia@sylviahillcounseling.com

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Internal Family Systems (IFS) Therapy: Non-Pathologizing Healing for Inner Peace

Sylvia Hill
Sylvia Hill Counseling

Internal Family Systems (IFS) therapy is a new approach that offers healing of the wounds and burdens caused by trauma, neglect and other relational injuries. The history of the development of IFS is outlined. The basic assumptions of IFS are shared. The roles parts take on in response to trauma are explained. The process of working with parts to bring about healing are described. Research on IFS is listed followed by a brief discussion of how IFS can fit within a Christian framework. Two case studies are provided to illustrate IFS being used in conjunction with Christian beliefs.

Keywords: healing, IFS, parts work

Internal Family Systems (IFS) therapy is a relatively new modality, having been developed in the 1980s by Richard Schwartz, PhD. This article will summarize the development of IFS. I will follow the review with description of the model and clinical applications. Two case studies will be presented showing application of the treatment with consideration given to the client’s religious beliefs.

Beginnings

Richard Schwartz graduated in 1980 from Purdue University with a PhD in Family Therapy (Schwartz & Sweezy, 2020). In his studies, he read Minuchin’s book *Psychosomatic Families: Anorexia Nervosa in Context* (1978), in which Minuchin claimed to have cured patients with anorexia using structural family therapy. In 1983, Schwartz and some colleagues engaged in a study with clients suffering from bulimia, with the idea that structural family therapy would yield the same results as it had for those with anorexia who Minuchin had treated (Schwartz & Sweezy, 2020).

Schwartz discovered, to his dismay, that after treatment the clients “kept binging and purging, not realizing they’d been cured” (Schwartz & Sweezy, 2020, p. 14). He eventually asked the clients what was going on. To his surprise the clients began talking about warring parts in their heads that would send them on a cycle. First, the inner critic would lambast them for a mistake. This criticism would bring up a part who felt completely worthless. The pain of the worthlessness would bring up a different part who would soothe by binging and purging. The critic would attack because of the binging, and the cycle would seem to repeat endlessly. At first, Schwartz thought he had stumbled on to a bunch of people with Multiple Personality

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Disorder (now Dissociative Identity Disorder, or DID) (Schwartz, 2021).

As he continued to work with his patients, Schwartz began noticing that he too had parts and came to a deeper understanding that parts are not a pathology for people with given diagnoses. Schwartz came to see that parts are a normal facet of how people function.

**Basic Assumptions of IFS**

**We are ALL Multiple Personalities**

The major new understanding for Schwartz was that everyone has sub-personalities, or parts, and in that way, everyone is multiple. Schwartz said he eschewed the old mono-mind belief that has become ubiquitous in many therapy modalities and Western culture (Schwartz, 2021). Humans are born with parts – either in potential or actuality. People’s parts intrinsically have valuable qualities and resources that assist them in accomplishing all that they do in any given day. Parts (even those that behave destructively) have positive intentions behind their behavior (Schwartz, 2021). Schwartz noted that people diagnosed with DID present with an extreme presentation of parts, to the point that internal awareness and communication between parts may be totally lacking (Schwartz & Sweezy, 2020). Parts carry burdens and wounds, or take on protective roles. They are often frozen in past trauma when their extreme roles were needed (Anderson, 2022; Schwartz, 2021).

**Self**

As the client focuses on an issue or memory, various parts will show up in response. As the therapist guides the client to get to know these parts, therapist and client learn about the part’s worries and concerns about what might happen if the client really worked on the issue or memory. The therapist guides the client in negotiating with these parts to be willing to step aside or pull their energy back.

When Schwartz first started working with clients he encountered parts that felt various negative things about the part holding the issue or memory. He would ask the parts with the negative feelings to step back, one after another. Schwartz said that suddenly the client’s face would change, and the client would say something like “I feel compassion.” Schwartz would ask, “What part is this?” and the client would say, “It’s not a part, it’s more myself” (Schwartz, 2021, p. 22). Schwartz began to refer to this state as the Self, with a capital S. The client was able to tap into an internal resource that resides in everyone (Schwartz, 2021). When parts step back in this manner, the client enters a state of mind filled with qualities such as calmness, curiosity, clarity, confidence, courageousness, creativity, connectedness and compassion. These qualities are referred to in IFS as the 8 Cs. This state of mind, or Self, is the essence of whom the person is, and is not a part.

From an LDS perspective access to one’s Self can be thought of as tapping directly into one’s spirit, unconstrained by the body, where there is access to the divine within. In his encounters with Self in his clients, Schwartz learned that Self is full of the 8 Cs as well as wisdom about what is needed for the suffering parts to heal. Self knows how to respond to a part in the most helpful way without being told what to do by the therapist. When a person was very young, Self was constrained by the body’s developmental state, and the realities that the child was wholly dependent upon another for survival. When that caregiver treated the child in a damaging or neglectful way, Self had little recourse or power. These moments of difficulty were when parts stepped in to protect Self by handling the emotional and physical pain involved. Parts have been known to push Self out of the body during severe trauma as a protective maneuver (Schwartz & Sweezy, 2020). The act of pushing Self out of the body by a part would be experienced by the client as a form of dissociation. Because parts believe they have to rescue Self they lose confidence in Self being able to help them (Schwartz & Sweezy, 2020).

**Goals of IFS**

The primary aim of IFS treatment is to enable the client to live a Self-led life, where the parts are able to work together with Self in the lead. This is more than simply learning new skills for when things go wrong. It can become a lifestyle so that in time, the client is able to access the qualities of Self on a daily basis and her parts are able to work in harmony using their intrinsic gifts and resources to deal with whatever life presents.
Put more concisely, the goals of IFS are as follows:
• Permanent healing of emotional wounds.
• Liberating parts from the roles they’ve been forced into, so they can be who they were designed to be.
• Restoring trust in Self and Self-leadership.
• Reharmonize the inner system.
• Become more Self-led in one’s interactions with the world (Anderson, 2022; Schwartz, 2021).

The Roles of Parts

In taking on different roles or jobs in the system parts fall into three general categories: Exiles, Managers and Firefighters (Schwartz & Sweezy, 2020). While these are general classifications, in practice there is some overlap, where aspects of one role might also be felt by a part who is doing another role.

Exiles
Exiles are generally parts that were originally gifted with qualities of playfulness, spontaneity, creativity and trust. These parts absorb the injuries or wounds from whatever occurred, be it trauma or a relational injury or some other kind of hurt. Exiles usually present as children, because that is how old they were when the original trauma occurred. In essence, exiles are stuck in that time and place, and when triggered by a current event that evokes that memory (even unconsciously) the exile responds as though the original trauma is happening all over again. The activation of the exile and its old wound brings out pain that can be unbearable, so the part is locked away, as a way of trying to prevent a recurrence of the pain (Anderson, 2022; Schwartz & Sweezy, 2020).

Managers
Managers are protective parts who work to keep the exiles locked up so that they do not inflict the system with their pain when triggered. They do this by trying to manage one’s life in such a way that nothing similar to the early wound will happen. Managers may prevent a person from getting close to anyone as a way to avoid relational injury. They might also act in a way to prevent someone from leaving, to avoid pain of perceived abandonment. Managers may be the perfectionist inside who believes that one must always do things right, or perform at high levels. Managers can take the form of the inner critic who is constantly cutting one down if the performance doesn’t reach expected levels. Managers work preemptively to control internal and external environments and avoid triggering exiles (Schwartz & Sweezy, 2020).

Firefighters
No matter how hard managers work to keep things under control, life events will trigger exiles, and they will break out of confinement. The resulting flood of painful emotion is treated as an internal emergency. The flames of the exile’s pain can feel life-threatening to the internal system. Firefighters are protective parts that step in to deal with the emergency NOW. They will engage in activities meant to distract a person from the pain until the exile can be locked up again. Firefighter activities can include addictions, shopping, eating, excessive reading, watching tv, social media, computer/phone games, etc. Just as a real firefighter does not stop to ponder the value of a solid oak front door before bashing it in to get to the inferno in the house, internal firefighters are not concerned about the collateral damage to relationships or the client’s body. Their sole purpose is to remove a person from the exile’s pain until the pain is not present.

The interaction of these three parts can become a vicious cycle, as Schwartz learned in his study of people with Bulimia. Something unpleasant would happen, and a manager part would criticize the client, which would, paradoxically, trigger an exile. The exile’s pain would then spark a firefighter who resorts to gorging the client, and then purging. This act would then call up a manager who would shame the client for the binge/purge, which would activate an exile and the cycle would start over (Schwartz, 2021; Schwartz & Sweezy, 2020).

An important thing for the therapist to keep in mind is that parts are not their jobs. Parts are not the wounds or burdens they carry. After having done a task for so long a part may see itself as the “angry part” or “the sad part.” Being angry or sad is the job the part fills, not who the part is. When speaking with a client, it is important to make that distinction, referring to a part as “the one who feels angry (sad, etc.).” This will help the part to start to recognize that the job is not the part’s identity, it’s what the part does (Ander-
son, 2022). Referring to parts in this way will set the groundwork for the part to see that it isn’t tied to that job as its identity.

Burden

In every person’s life they will encounter difficulties and hurts that can create big or small relationship or attachment ruptures. These ruptures occur in forms such as trauma, neglect, attachment wounds or other relational injuries. When a person is very young, they need help managing these painful events and so their parts step in. The parts help in different capacities. Exiles carry the wound. Managers work to prevent the wound from being triggered in the future and Firefighters work to distract from or stop the pain once the wound is triggered. These roles are assumed and performed automatically by different parts once they have adopted the job, and the parts will continue to do their roles from that point on even when current life does not warrant their actions. Parts respond to current life in ways that can be seen as out of proportion because the parts see the world through the lens of the past when the original wound was created. Exiles tend to take on negative beliefs and feelings about the person in reaction to the wound they carry. The negative emotions and beliefs the parts take on about the person are called burdens (Anderson, 2022; Schwartz & Sweezy, 2020).

Working With Parts

An important perspective in IFS is that all parts are welcome. The parts who engage in what can be considered harmful behavior are welcome too. Those parts are merely doing their job as they understand it, and trying to argue with the part to get it to change its ways will be unfruitful, if not counterproductive. Parts want to be heard and understood. They want their story heard. The protector parts need to hear appreciation for the work they do (Schwartz, 2021).

Getting to Know Parts

The process of getting to know someone’s parts can be broken down into four general steps. These steps set the groundwork for connecting client’s Self to their parts. The steps are known in IFS as the 4 Fs: find, focus, flesh out, and feel towards.

Find

The first step in getting to know a part is finding the part. This can be done in different ways. One of the most common methods is to ask the client to think about a particular issue they have brought up and notice what they experience internally, whether it be images, thoughts, physical sensations or emotions. This part is called the target part.

Focus

Once the target part has been identified, the client should be invited or guided inside to notice where the part is located in or around their body. The client is encouraged to focus on that particular area. Focusing on the part internally creates a deeper dimension of connecting with a part than simply talking about the part (Anderson et al., 2017).

Flesh Out

Here is where the client is invited to share how the part is manifesting itself. The therapist asks how the client experiences the part. It is important to bear in mind that people experience their parts in different ways. Some see the parts as an image, some only hear their parts. Parts may be expressed as physical sensations or emotions. And some parts use a combination of those means. It may be necessary to let the client know that there is no incorrect way to find a part.

Additional questions can be asked, such as how old is the part? If the client has an image, asking what the part looks like, what its posture is, etc., can aid in helping the client flesh out. Another good query is asking the client to ask the part how old it thinks the client is. This gives an important clue about the time frame in which the part is trapped (Anderson et al., 2017).

Feel Towards

This final step is used to gauge the client’s access to Self energy. The therapist asks, “How do you feel towards this part?” (Anderson et al., 2017, p. 53). This is the step wherein many clients will express feelings of other parts, mainly protectors. The client may say they feel annoyed at the target part, or afraid of the target part, or they may express other feelings about the target part. As these emotions are shared, the therapist asks the client to gently request that the part who feels that way step to the side, or into another room. If the
part agrees, express thanks to the part. If the part demurs, the therapist guides the client to get to know that part and what it fears so that the fears can be addressed until the part is willing to step back. Once these other parts have stepped back Self emerges, and then the healing process can begin.

Working with Protectors

In an IFS session the protectors are always addressed first. This is vital because protectors will work to prevent access to exiles who need healing, or if they are bypassed, they will act out in other ways afterward, creating what IFS refers to as backlash. This could be any behavior which is injurious to the client in some way. Even if an exile is identified as a target part, protectors need to be assessed for their willingness to allow the work with that exile. It is important for the therapist and client to befriend the protector and honor and appreciate the work it has done. The goal of working with the protectors is to help the parts separate, introduce the part to the Self, learn about the part's job and fear, help deal with overwhelm, and get permission to heal the wound (Anderson, 2022; Schwartz & Sweezy, 2020).

The protector will be asked what their job is and why and how they do that job. They will be asked about what they are protecting. This could be done directly, or by asking, “what are you afraid will happen if you don’t do this job?” This question will reveal what the protector is reacting to or trying to prevent. Protector roles are mainly based in fear. Some common protector fears are:

- Fear of overwhelm. The exile’s pain is too much for the client to handle.
- Fear that the therapist will be unable to handle the pain the client shares.
- Fear that the protector will lose its job or will disappear.
- Fear that a long kept secret will be revealed.
- Fear that Self-energy is dangerous and will attract punishment.
- Fear that the protector will be blamed or judged for damage it has done.
- Fear of change that might disrupt the internal system.
- Fear that there is no Self to access (Anderson et al., 2017).

The therapist will work with the protector, addressing its fears and concerns, and will adopt the role of being a “hope merchant” (Schwartz & Sweezy, 2020, p. 199). This will imbue the idea that healing is possible. The therapist can say things such as “If you didn’t have to do this job anymore, what you would like to do instead?”, or “What if we could prevent overwhelm?” and even “what if we could heal the pain that is so threatening?” (Anderson, 2022; Schwartz & Sweezy, 2020). Negotiations with the protector and addressing those fears and concerns can pave the way to access to exiles where the healing work begins.

Working with Exiles

It is important to note that healing of an exile requires training so that the therapist can be aware of what to look for, especially since ending a session at the wrong time in the healing process can result in lost progress (Anderson et al., 2017).

Again, working with exiles should only be done after protectors have given permission. During the process the therapist needs to be aware if any protector steps in, and be flexible and address whatever concerns the protector has. To do the work with exiles, Self-energy (both client and therapist) must be present. The client's Self will be forming a connection with the wounded part (Anderson et al., 2017).

Healing Steps

After locating an exile, the therapist should go through the 4 Fs again, finding, focusing, fleshing out and asking how the client feels toward the part. This is to assess the presence of the client’s Self. When Self energy has been accessed, the next steps in the healing can proceed.

Witnessing

After the connection between Self and the exile has been established the part begins sharing its experiences. It is important to let the exile know that it does not have to relive the trauma (abreaction). What is important is that Self is able to hear and understand what it was like for the part during the trauma. Some emotion can be shared, as long as the exile has agreed to share it in small bits, so the client doesn’t get overwhelmed.
Corrective Experience

Once the exile has shared all its pain, and Self has conveyed understanding, the next step is called the “do-over” (Schwartz & Sweezy, 2020, p. 160). In my training this step was called a corrective experience, because we really cannot literally re-do the past. In this step Self enters the memory of the trauma and does for the exile whatever it needed at that time. This action by Self could take many forms. Self might chastise an abusive parent, speak up for the part to a teacher, or simply hold and comfort the part. The challenge for the therapist in this step is to refrain from suggesting what the therapist thinks should be done. The therapist needs to convey trust that the client’s Self knows what needs to happen. Once this corrective re-scripting of the past has occurred, the event will still be remembered, but it will no longer carry the emotional burdens that were picked up because of the trauma (Schwartz & Sweezy, 2020).

Retrieval

Once the corrective experience is complete, Self asks the part if it would like to leave that time and place where it had been trapped. The part is invited to accompany Self into the present. Self can then give assurance to the exile that it never has to go back to the time and place where it had been stuck because it is now with Self in the present and Self is taking care of it (Schwartz & Sweezy, 2020).

Unburdening

Once the exile has been retrieved, Self asks if the part is still carrying burdens from the trauma. The word carry is very intentional. Burdens (the extreme beliefs and emotions that an exile takes on as a result of trauma) can feel as if they are part of one’s DNA because they have become so familiar. To be something that is carried means it is something that can be let go of or put away. If the part indicates it is still carrying a burden the therapist asks where it is in or around the part’s body. If the part is ready it is invited to release the burden in any way that works for the part. The part can decide when or how it wants to release the burden. Schwartz found that often a part will need some help figuring out a release mechanism, so he suggests utilizing one of the elements: fire, water, earth, wind or light. When the part unburdens it should feel lighter and have a better connection with Self (Schwartz & Sweezy, 2020).

Inviting Qualities or Gifts

Once the unburdening has taken place, the healed exile is encouraged to invite back into itself whatever qualities or gifts it wants to have going forward. This in essence is a way of filling the vacuum left by the unburdening. Parts will often choose qualities like the 8 Cs, but they can also find other gifts, such as playfulness, love, or strength (Schwartz & Sweezy, 2020). In my practice I found that many clients parts relate to this process better by looking for the qualities that have always been present, but that were buried by the weight of the now released burdens. The part is then invited to give space for those previously buried qualities to expand and fill up the space that had been occupied by the burdens.

Integration

Unlike traditional treatment of DID where integration means blending alters into a unitary mind (Kluft, 1999), IFS integration is the process of introducing the healed exile to the rest of the system, especially the protectors. Seeing the healed exile can prompt a response of relief for some protectors, while others may also be stuck in the past and fear that they will be kicked out now that their protective job is no longer needed (Schwartz & Sweezy, 2020). It is important to assure those protectors that they are still loved and welcome in the system, and that they can figure out what new role they would like to have.

DSM Diagnoses

IFS is considered to be a non-pathologizing therapy model. The DSM, in whatever edition, is used by those who follow a medical model of treatment. The DSM basically labels certain clusters of behavior with diagnostic titles. IFS views the diagnoses as descriptions of behaviors of activated parts. With IFS the behaviors are not considered pathological; rather they are natural efforts of parts that are engaged in to help the person cope, stay safe and survive. In this way clients can be freed of negative messages they have taken in about themselves and what their psychiatric diagnosis means (Anderson et al., 2017).
There has been much research on IFS and its effectiveness. A study was done applying IFS to patients with rheumatoid arthritis. The result was a significant improvement in physical functioning and pain levels (Shadick et al., 2013). As a result of the study, IFS was listed on the National Registry for Evidence-Based Programs and Practices (NREPP). Another pilot study found positive results using IFS with people who suffer from PTSD (Hodgdon et al., 2021). An additional study explored the treatment of depression in female college students (Haddock et al., 2017).

**IFS and Christianity**

IFS was developed by a man who considered himself an atheist. Through the years of working with parts he came to see parts as “sacred beings” (Schwartz, 2021, p. 50) and even began to see the possibility of the existence of God in a metaphysical way. Schwartz sometimes refers to the concept of God as the “big Self” (Schwartz, 2021, p. 49). IFS itself does adhere to any specific religion, and there are some aspects of it that may be seen as problematic for Christians, such as the IFS precept that people are basically good vs. the Christian concept of original sin (Armentrout & Slocum, 2000). In working with the Reformed Theological Seminary in Jackson Mississippi, while discussing this issue the students in the Seminary were referring to original sin) Schwartz suggested that by substituting the word burdens for sin, the melding of the two paradigms works (Schwartz, 2021).

LDS theology teaches that children are born innocent (D&C 93:38), and cannot sin until they are accountable at around eight years of age (D&C 68:27). In IFS terms, children are born with full access to Self, which as stated before, could be thought of as their Spirit. When burdens are taken on because of the injuries sustained through life events the child loses access to Self, and the child’s parts begin to behave in ways that are less helpful until parts may be running the show all the time. In this way burdens remove access to Self, just as sin distances one from God’s presence.

The behavior parts engage in as a result of a person’s wounds and resultant burdens can be seen as sinful, especially if the behavior is contrary to God’s commandments. As one’s parts continue to engage in behaviors that lead away from God a person could be described as “the natural man” which “is an enemy to God” (The Book of Mormon, 1981, Mosiah 3:19). The work of healing in IFS is a vehicle whereby a person can put “off the natural man” as explained in Mosiah 3:19 (The Book of Mormon, 1981). As a person lets go of the burdens taken on through trauma and regular life, the person gains greater access Self. When Self directs one’s behavior one will be more in tune with Christ like qualities and will draw closer to God. The qualities of Self, compassion, courage, connectedness, curiosity, calm, clarity, confidence and creativity, are very compatible with Christlike qualities of charity, humility, patience and mercy.

The stated goal of IFS is to enable the client to live a Self-led life (Anderson, 2022; Schwartz, 2021), where the parts interact with the world as they were originally designed to do with Self providing direction. This goal can be likened to the principle of self-mastery, as taught by Russell M. Nelson in 1985. Nelson stated, “Your spirit acquired a body at birth and became a soul to live in mortality through periods of trial and testing. Part of each test is to determine if your body can become mastered by the spirit that dwells within it” (Nelson, 1985). Self does not directly interact with the world. It is one’s parts that actually interface with the external world, and striving to be Self-led is striving to have one’s parts respond to external stimuli in harmony with each other under the direction of Self. Self can be thought of as one’s spirit, and the body can be seen as analogous with parts. In this frame of reference, living a Self-led life can be seen as one in which a person’s interactions with the world are congruent with the 8 C’s, or with Christ-like qualities.

**Case Vignettes**

**K**

K was a 57-year-old married female who came to therapy with the diagnosis of Bipolar I and PTSD. She described a childhood that was marked by physical and emotional abuse and neglect. K had been given the Bipolar I diagnosis when she was 17 years old and has been treated in the medical model since that time. She had been in therapy numerous times in her life
and never found much help in what the therapists offered her. She was very willing to give IFS a try.

K required time in therapy to help her figure out how to manage family dynamics and to learn appropriate boundary setting with certain family members. Once the treatment focused on parts work she began to thrive, and noticed immediate relief from some of her distress. K is a devout Christian. When working with one of her exiles as she would come to the unburdening step of healing she reported that the part would leave its burdens at the feet of Jesus, where he would take them up for her. Her acceptance of the Savior’s atoning ability to take up her burdens was moving and profound.

R

R was a 47-year-old married male who came to therapy with three concerns. He said he had recurrent distressing dreams related to the time he was incarcerated in a minimum security facility. He said he was also concerned about his inability to access his emotions, and his tendency to vape when he was stressed. R had joined the LDS church and so vaping was something he wanted to stop because that practice ran counter to LDS teachings. After he was released from prison, R was in a serious accident during which he thought he was going to die in two separate moments. He said after he survived a part of him became very dismissive of responsibility and had the attitude of “I’m going to do whatever I want,” with no regard to the consequences. He said that his wife told him he hasn’t forgiven himself for his past actions, and he agreed.

R spent time in therapy getting to know his protectors. Then he was given access to his exiles, with whom he worked on some early life trauma. Next he addressed the parts who were holding trauma around specific events of his incarceration. He spent several sessions helping the parts who were still feeling trapped in prison.

A pivotal moment in therapy occurred when R was working with the part who experienced the accident and came away with a feeling of “what’s the point of worrying about tomorrow.” The part presented with almost an adolescent attitude about responsibility and consequences. In his conversations with the part, he checked to see if the part believes what R now does in reference to the gospel. The part’s response was “what things?” This time R’s Self joined the part at the moment where the part first thought he was going to die as the accident occurred. Self shared his LDS beliefs with the part and the part said he wanted to know more. Self was able to bring the exile out of that moment into the present, and they made an agreement to meet, so the part could hear more about the gospel. Client said he would invite the part to join him when he did his scripture and Come, Follow Me study each day.

R reported that he noticed he was responding to his children in a more compassionate way when they were upset about things, and his children were showing more interest in being with him. He said he was also more able to talk with his wife about planning things, and she even comes to him for input on her projects. He related that he had another dream about being incarcerated, but it was different from all his other dreams. In this dream, he was getting out, and his family was there to get him. R said he feels he has finally been able to forgive himself for his past mistakes.

R opted to take a break in therapy and in his final communication with me, he said, “Things are still good. ‘Everyone’ is good when checking in...thank you so much for helping me out. I feel like a different person, and the best part is I don’t have to try to be. I just am.”

Conclusion

Internal Family Systems therapy is a revolutionary paradigm that promises healing from injuries and trauma, rather than focusing on development of skills to help one cope with the emotional responses that follow trauma etc. While no therapy is a perfect fit with Christianity, or more specifically with the Gospel as understood in the LDS Church, IFS provides a conduit through which clients can find access to the healing energy that resides in everyone.
References


