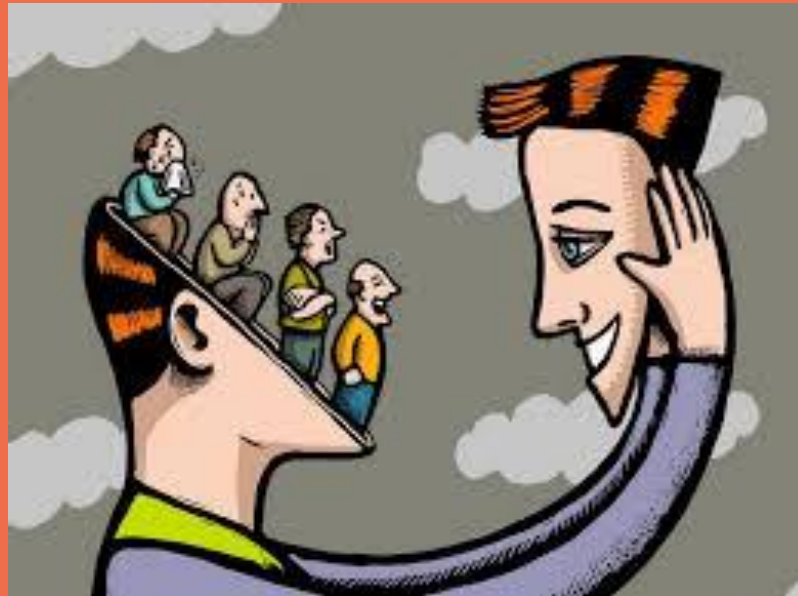


Internal Family Systems (IFS) Therapy – Faith Version



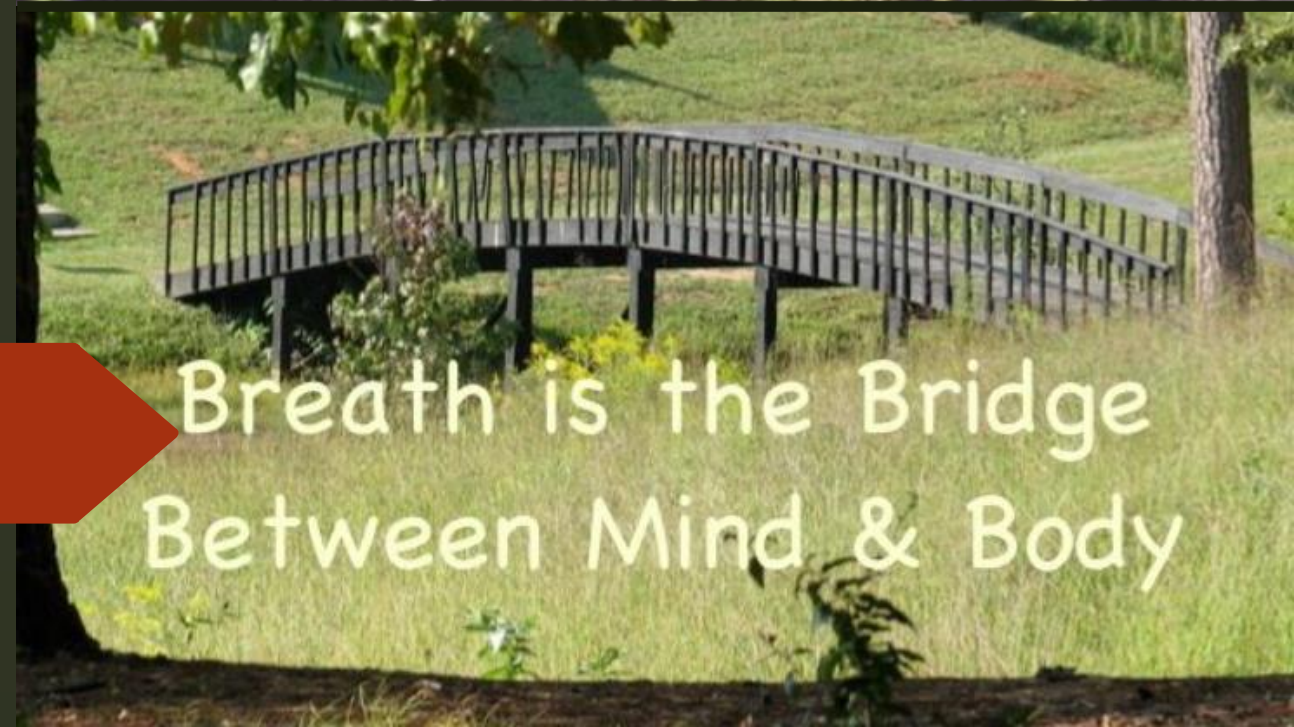
Jeffrey E. Hansen, Ph.D.
Center for Connected Living, LLC

**Wholeness is not achieved by cutting off a
portion of one's being, but by integration
of the contraries.**

- C. G. Jung

"The views expressed are those of the author and do not reflect the official policy of the Department of the Army, the Department of Defense, or the U.S. Government."

Admittedly, I am a bit of a neuroscience nerd. As much as I love the neuroscience of the brain, mind, and body as elucidated by Polyvagal Theory, HeartMath, somatic experiencing and the like, there is need for integrating these approaches with the psychology of the mind. IFS is one approach which offers that bridge.



Dr. Richard Schwartz

► **Richard Schwartz, PhD** began his career as a family therapist and an academic at the University of Illinois at Chicago. There he discovered that family therapy alone did not achieve full symptom relief and in asking patients why, he learned that they were plagued by what they called “parts.” These patients became his teachers as they described how their parts formed networks of inner relationship that resembled the families he had been working with. He also found that as they focused on and, thereby, separated from their parts, they would shift into a state characterized by qualities like curiosity, calm, confidence and compassion. He called that inner essence the Self and was amazed to find it even in severely diagnosed and traumatized patients. From these explorations the Internal Family Systems (IFS) model was born in the early 1980s.

► IFS is now evidence-based and has become a widely-used form of psychotherapy, particularly with trauma. It provides a non-pathologizing, optimistic, and empowering perspective and a practical and effective set of techniques for working with individuals, couples, families, and more recently, corporations and classrooms.

► In 2013 Schwartz left the Chicago area and now lives in Brookline, MA where is on the faculty of the Department of Psychiatry at Harvard Medical School.

Click below to listen to an outstanding talk on IFS by Dr. Schwartz

https://www.youtube.com/watch?v=BiCGcVcmzzg&ab_channel=MentallyFitPro




**“We shall require a
substantially new manner
of thinking if humankind
is to survive.”**

- Albert Einstein

Several of the following slides are taken from the work of Dr. Dawn-Elise Snipes

Dr. Dawn-Elise Snipes

***INTERNAL FAMILY
SYSTEMS THEORY***



ALLCEUS.COM/IFS

The image is a promotional graphic for Dr. Dawn-Elise Snipes' work. It features a dark blue background with a light blue horizontal band. The text 'Dr. Dawn-Elise Snipes' is at the top. The main title 'INTERNAL FAMILY SYSTEMS THEORY' is in large, bold, italicized blue letters. To the right is a circular portrait of Dr. Snipes, a woman with blonde curly hair and glasses, wearing a purple patterned top. At the bottom, the URL 'ALLCEUS.COM/IFS' is displayed in a white pill-shaped box.

Click to the link below to listen to her superlative lecture:

https://www.youtube.com/watch?v=LJHoW_bb5-M&ab_channel=DocSnipes

Overview of IFS

- ▶ IFS was developed in the 1990s by family therapist Richard Schwartz, Ph.D.,
- ▶ It is based on the concept that a core Self is the essence of who you are, and identifies three different types of sub-personalities or “families” that reside within each person, in addition to the Self.
 - ▶ Wounded and suppressed parts called exiles (lost child)
 - ▶ Managers, that keep the exiled parts suppressed (enabler)
 - ▶ Firefighters, that distract the Self from the pain of exiled parts. (hero/mascot/scapegoat)
- ▶ The Internal Family Systems Center for Self-Leadership conducts training programs

These parts are encoded in implicit or procedural memory and become rather reflexive or procedural much like riding a bike or shooting an arrow.



Internal Family Systems Theory

We all have a core self which is the essence of who we are and 3 different types of sub-personalities in addition to the self that reside within us

- *Wounded and suppressed parts called exiles (lost child)*
- *Managers, that keep the exiled parts suppressed (enabler)*
- *Firefighters, that distract the Self from the pain of exiled parts. (hero/mascot/scapegoat)*

Exiles, Managers, and Firefighters

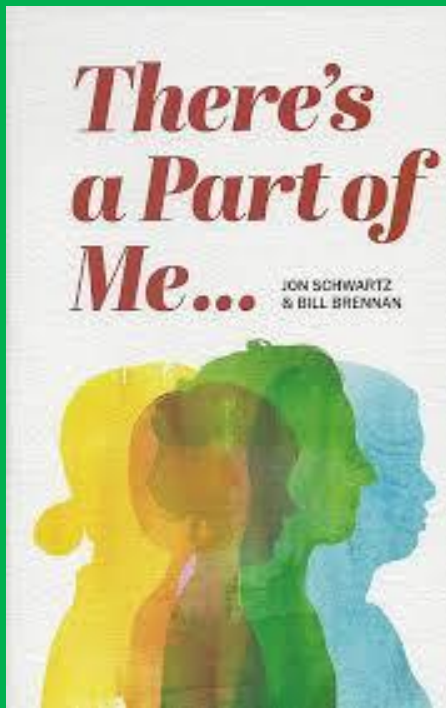
Learn more in
Internal Family Systems Theory
at <https://AllCEUs.com/IFS>

52:32



Basic Assumptions

- ▶ The mind is subdivided into an indeterminate number of subpersonalities or parts.
- ▶ Everyone has a Self which can lead the individual's internal system.
- ▶ The non-extreme intention of each part (exile, manager and firefighter) is something positive for the individual.
- ▶ There are no "bad" parts
- ▶ The goal of therapy is not to eliminate parts but instead to help them find their non-extreme roles.
- ▶ As we develop, our parts develop and form a complex system of interactions among themselves
- ▶ When the system is reorganized, parts can change rapidly.
- ▶ Changes in the internal system will affect changes in the external system and vice versa.



- ▶ Subpersonalities are aspects of our personality that interact internally in sequences and styles that are similar to the ways in which people interact. (exile and the manager or the firefighter and the Self)
- ▶ Parts may be experienced in any number of ways -- thoughts, feelings, sensations, images, and more.
- ▶ All parts want something positive for the individual and will use a variety of strategies to gain influence within the internal system.
- ▶ Parts that become extreme are carrying "burdens" -- energies that are not helpful, such as extreme beliefs, emotions, or fantasies.
- ▶ Parts can be helped to "unburden" or recognize their role and return to their natural balance.
 - ▶ Firefighter might trigger the urge to drink to protect against pain at all costs
- ▶ Parts that have lost trust in the leadership of the Self will "blend" with or take over the Self.

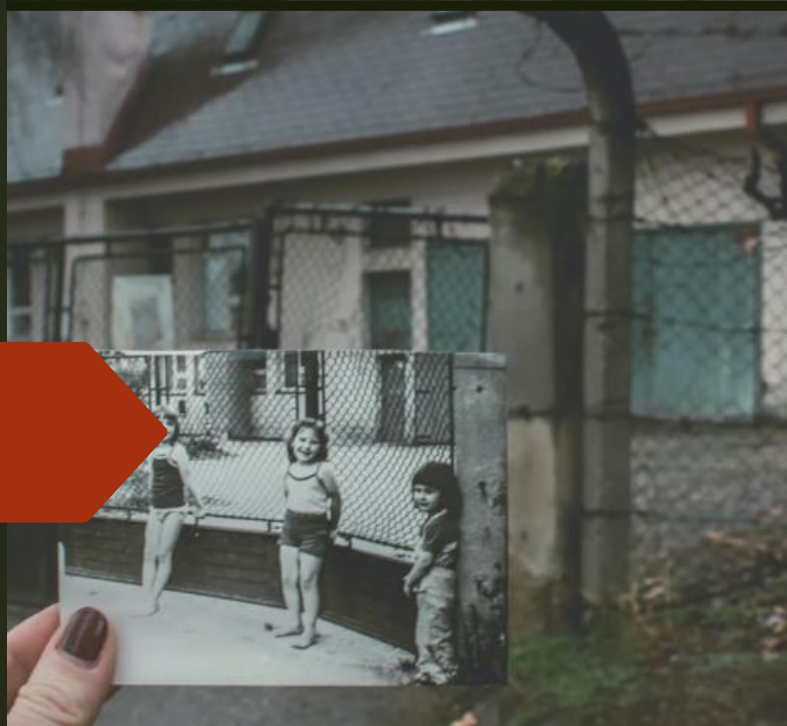
The IFS Parts



- ▶ Parts that have experienced trauma and become isolated or suppressed in an effort to protect the individual from feeling the pain, terror, fear, and so on, of these parts
- ▶ Exiles are often young parts holding extreme feelings and/or beliefs that become isolated from the rest of the system (such as “I’m worthless,” “I must be successful to be lovable,” “I am a failure”)
- ▶ Exiles become increasingly extreme and desperate as they look for opportunities to emerge and tell their stories
- ▶ Want to be cared for and loved and constantly seek someone to rescue and redeem them
- ▶ Can leave the individual feeling fragile and vulnerable

IFS Exiles

Early pain encodes
deeply within us in
implicit memory and
becomes exiled from
our "Self"





Poor exiles essentially get locked up



Exile parts – not part of God's plan.

➤ “Exiles are the tender, hurting, vulnerable parts of us that feel all of our difficult emotions:

Think shame, worthlessness, terror, grief, loss, depression, loneliness, anxiety, pain, powerlessness, fear, and isolation. We come by them honestly even though they were not part of God's perfect plan” (Riemersma, 2020, p. 44).



Managers

- ▶ **Managers** are *proactive* and try to avoid interactions or situations that might activate an exile's attempts to break out or leak feelings, sensations, or memories into consciousness.
- ▶ Different managers adopt different strategies controlling, perfectionism, co-dependency
- ▶ The primary function of all managers is to keep the exiles exiled....
- ▶ Common managerial behaviors: controlling, perfectionism, high criticism, narcissism, people pleasing, avoiding risks, being pessimistic, constantly striving to achieve
 - ▶ Ask...What would trigger the exiles and how can that be prevented?
- ▶ Common managerial symptoms: Emotional detachment, panic attacks, somatic complaints, depressive episodes, hypervigilance



IFS Managers



- ▶ Have the same goals as managers (to keep exiles under control and handle the pain) but different strategies
 - ▶ Managers want you to look good and be approved of, FFs only care about distracting from the pain so they are often in conflict. (Shoulds)
- ▶ Are *reactive* and automatically activated when an exiled part is activated (rejection, isolation, failure, traumatic memories...)
- ▶ Their function is to eliminate the dysphoric feelings, thoughts, sensations and memories without regard for the consequences. (Autopilot/reactive/emotional mind)
 - ▶ Can do this in any number of ways, including drug or alcohol use, self-mutilation (cutting), binge-eating, compulsive sexuality

IFS Firefighters



Firefighters
taking charge
of the pain by
reactively
acting out

The Inner Critic

Parts that act as “Inner Critics” (using IFS language), appear to be a somewhat universal experience. In their milder manifestation, parts that criticize can be beneficial for you when they allow for the acknowledgment of mistakes and errors or the cultivation of positive change and humility.

Like all parts in IFS, “Inner Critics” have value and a positive intention. It’s when an “Inner Critic” moves into an extreme role, they can start to impede the individual’s ability to thrive, and the possible benefits of self-criticism may be overshadowed by possible harm to one’s well-being through internal turmoil.



Types of Inner Critics

Sean Cuthbert, 2022 Australian Clinical Psychologist.

<https://www.seancuthbert.com/post/types-of-inner-critic-in-internal-family-systems-ifs-therapy>

The Perfectionist. This is one of the most common types of Inner Critic and its positive intent is usually something around trying to get you to do things perfectly to protect you from the judgement of others. Often these perfectionistic parts will have great difficulty in finishing something or putting it out into the world, believing that some added tinkering will make it better in the service of increasing your protection from negative feedback.

The Inner Controller. This critic is usually one that tries to control addictive impulses such as eating, drinking, drugs, sexual activity. It usually is polarized with a Firefighter (reactive) who it fears will take the person over and wreak havoc at any moment.

The Taskmaster. This type of critic pushes you to work hard to become successful in society. It is often polarised with a Procrastinator part that wants to give you a break so takes them off into distracting activities (like a You tube rabbit hole). This Taskmaster often acts undetected as its outcomes are often heavily rewarded by society. It ultimately holds extreme fears that you may be pretty lazy and will be judged as a failure if it does not push you to keep going.

The Underminer. This critic often will try and undermine your efforts and drain your self-esteem so that you won't take any risks. This part may make brutal attacks on you with the positive intent of keeping you small and not take chances where you may experience negative feedback or failure, thereby avoiding the potential pain of this.

Types of Inner Critics – cont.

Sean Cuthbert, 2022 Australian Clinical Psychologist.

<https://www.seancuthbert.com/post/types-of-inner-critic-in-internal-family-systems-ifs-therapy>



The Destroyer. This may be one of the most destructive critics as it makes continued pervasive attacks on your self-worth, showering you with shame and making you feel inherently flawed. My experience of clients where The Destroyer is very active, they will compulsively apologize for themselves (and their very existence) or their posture will be slumped to avoid eye contact. They often have histories of extreme trauma (physical, sexual, emotional) and their Destroyer parts hold beliefs around it being safer or more preferable to not exist.



The Guilt-Tripper. This critic can take various forms. On the one hand it may hold you accountable for hurting others by making sure that behaviour/action is often front of mind in the service of that behaviour not being repeated. It may also hold fears about you being outcast as it holds you to standards of behaviour set by your family, community, or cultural group.



The Conformist. I see this critic as closely related, and often working with The Guilt-Tripper. The Conformist wants you to be part of a group and seeks to get you to be liked/admired as a way to protect against abandonment. This critic will often be polarized with parts that rebel or seek to act outside group norms, fearing that you'll be rejected or abandoned. This may be particularly true in families where being your true self has been discouraged or actively punished.

Inner Critic – cont.

- ▶ As you go through these descriptions of types of “Inner Critics”, you may like to check in and notice what’s happening inside as you read. You may notice parts of you right now that are judging or criticizing these “Inner Critics”.
- ▶ A common phenomena in working with critics in IFS is that these critics will often get a lot of hate from other parts of the internal system, or these parts have their own critic parts that criticize them.
- ▶ Think of it like a line of people, each yelling at the one in front of them! This may seem overly complex (and it is, because everyone’s neurobiology is complex), but usually all you need to do is work with the first critic and/or the one that criticizes it to start to create space for the internal relationships to be different (Sean Cuthbert, 2022 Australian Clinical Psychologist.

<https://www.seancuthbert.com/post/types-of-inner-critic-in-internal-family-systems-ifs-therapy>).



The 8 C's of
Self

Internal Family Systems



- ▶ The self is the “moderator” that the parts are talking to, that likes or dislikes, listens to, or shuts out various parts
- ▶ When differentiated, the Self is competent, secure, self-assured, relaxed, and able to listen and respond to feedback.
- ▶ The Self can and should lead the internal system.
- ▶ Various levels of experience of the Self:
 - ▶ When completely differentiated from all parts (Self alone), people describe a feeling of being “centered.”
 - ▶ When the individual is “in Self” or when the Self is in the lead while interacting with others (day-to-day experience), the Self is experienced along with the non-extreme aspects of the parts.
- ▶ An empowering aspect of the model is that everyone has a Self.

IFS Self

IFS's 8 Cs correspond nicely to Galatians 5:22-23

Fruits of the Spirit:

- Love
- Joy
- Peace
- Forbearance
- Kindness
- Goodness
- Faithfulness
- Gentleness
- Self-control

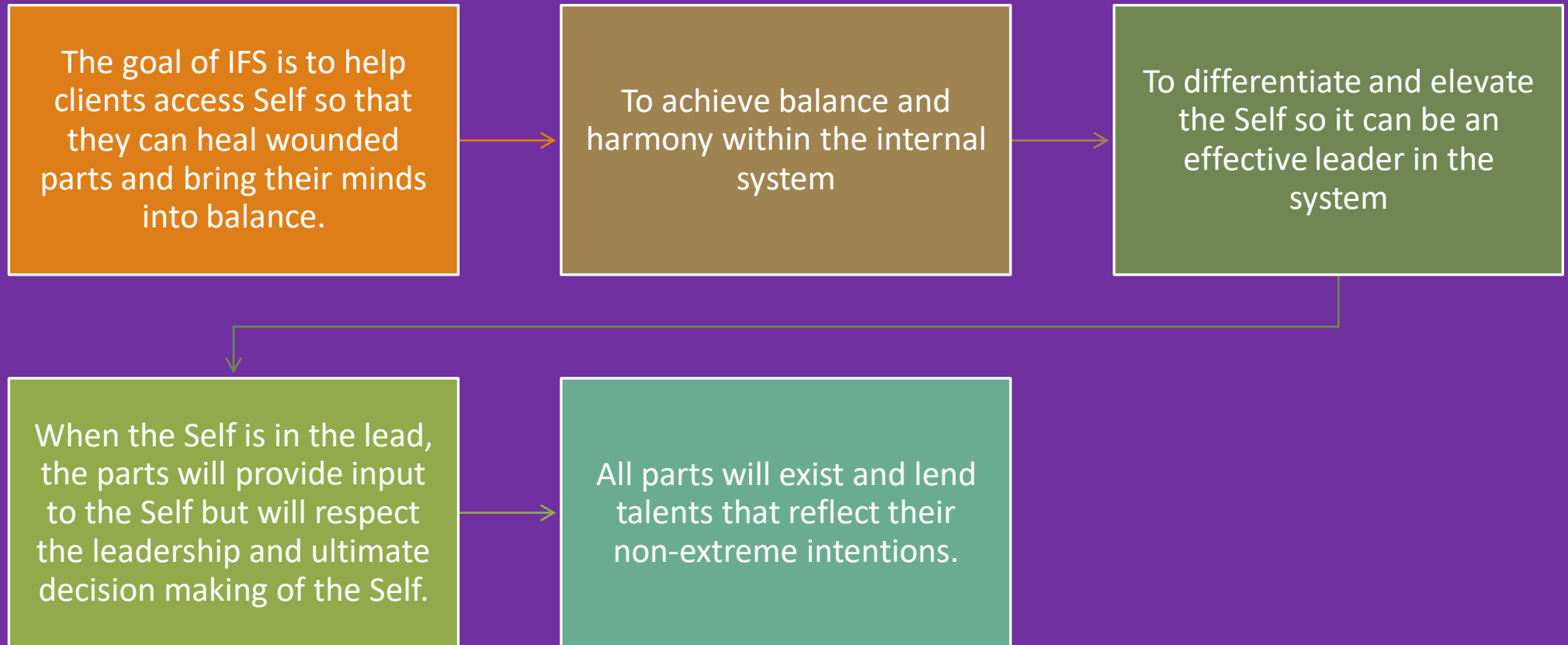




The integrated “Self” leads to inner peace, happiness, and the ability to connect healthily to others we care about and love



Goals of IFS Therapy





In IFS, we learn to listen to the pain

I need to listen to my anger to know that I have been violated.

I need to listen to my anxiety to know that I have unresolved trauma that needs to be healed.

I need to listen to my depression to know that I need to care for my heart's deepest wounds

I need to listen to my fear to know that I may need to create safety.

I need to listen to my stress and irritability to know that I'm out of balance and need rest or reprioritization (Riemersma, 2020, p 42).

The Six Fs

- ▶ **Find:** “Finding is the first step of the first stage of the therapy process. This stage is all about learning which part or parts need attention. During this stage it is best to just sit with the feelings and see what rises to the surface. Parts might make themselves known through images, emotions, or body sensations. This is not a stage for analysis, just a time to notice what’s coming up. Sometimes it’s good to talk through this stage, but it can also be a good moment to just sit quietly and see what parts make their presence known.
- ▶ **Focus:** Once you’ve found the part, focus on it. Give it space to perform whatever its attention-seeking behaviors are, and give it space to exist. In this moment, it’s important to just let the part be there, to reassure it that it has your attention. Often parts are activated because their needs are not being acknowledged or met, and letting the part feel seen will make it easier for it to express itself authentically.
- ▶ **Flesh out:** Now that it’s been given attention, the part collects into a set of bodily sensations and emotions that can be fleshed out into a self-contained entity. At this point, the part may start communicating and sending messages. You can give it space to tell you things, or to share the memories that are triggering it.

The Six Fs – cont.

- ▶ **4. Feel:** This is the second stage. Now it's important to see how other parts feel about this part's presence. They might be upset that this specific part is getting attention or be alarmed that it will further imbalance the system. You must judge if you have enough core Self energy to move forward. If you don't, you may have to do some work with other parts that are in the way before you can proceed.
- ▶ Self-energy is measured with the 8 C's: calm, compassion, curiosity, clarity, confidence, courage, creativity, and connection. If any of the 8 C's are present when dealing with the part, it means Self is present and able to care for it. If more negative or extreme feelings like anger or anxiety are present it means that another protector part has stepped in to deal with the part you are trying to target.
- ▶ **5. Befriend:** This is the start of stage 3. In the previous steps we created separation between the parts and Self and worked on creating active communication. This step is then about actually forming a relationship between this target part and Self. Work happens much more smoothly when the part trusts Self, so this is a good place to start forming that relationship. Ask the part about its function, what it's trying to accomplish, and how it's trying to help. Let it know that it is valued for its function, and that you respect how it's keeping the system safe. **Fear:** What is this part protecting your from?
- ▶ **6. Fear:** The final step for dealing with protector parts does not feel like a resolution. In this step, we ask the part what it's afraid of. What does it think will happen if it stops being a protector? Here is often where we see the major signs of the exiled parts, those things we keep buried down deep so that they can't overwhelm us. If the rest of the steps have been fully realized, Self will be able to have the part step aside so it can access whichever exile the protector was caring for. This stage opens a door for further exploration that is specific to working with exiled parts. There will be an article on this stage of IFS soon (ISSA Counseling <https://issacounseling.com/contact-us/>).



Lean into pain and ask three questions:

Much of medicine and even psychotherapy teaches us the wrong thing: namely, to avoid or mitigate pain which keeps us stuck. IFS teaches us the contrary, that instead we must move toward the pain and listen to its valuable messages

1. What body or physical sensations do I feel and where do I feel them?
2. What does this pain or emotion want me to know?
3. What does this pain or emotion want me to do?

Jenna Riemersma – a leader in integrating IFS with Christian-Based thought.

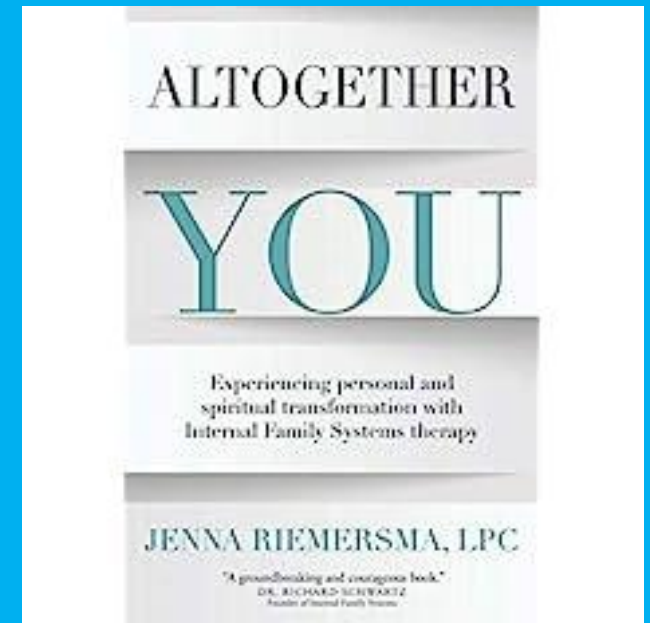
Anyone struggling with addictions knows the feeling of internal warfare. Parts of us hate the addiction while other parts of us keep pursuing it.

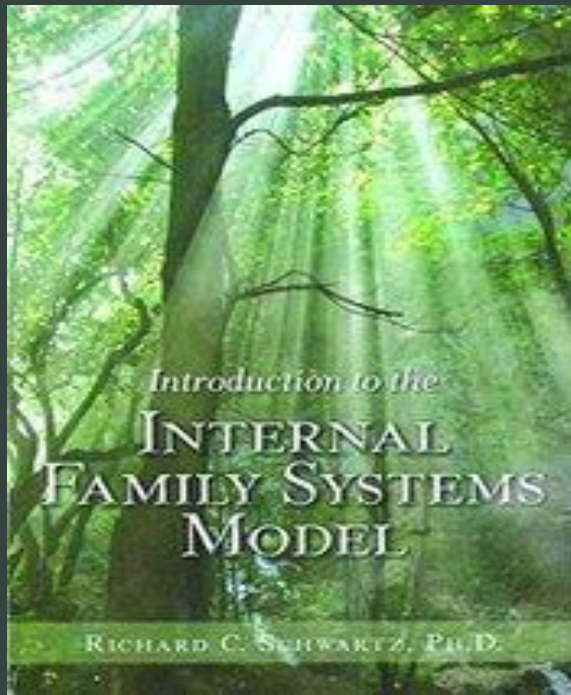
Internal Family Systems (IFS) is a therapy model that identifies these "parts" in us and how they wage war with each other. As these parts fight it out, our unwanted behavior rages and wreaks havoc in our lives.

In this video, IFS practitioner and therapist Jenna Riemersma talks about how IFS can help us battle our addictions and truly see how to welcome all parts of ourselves to the table.

Please click the link to watch her excellent interview on the Pure Desire Podcast:

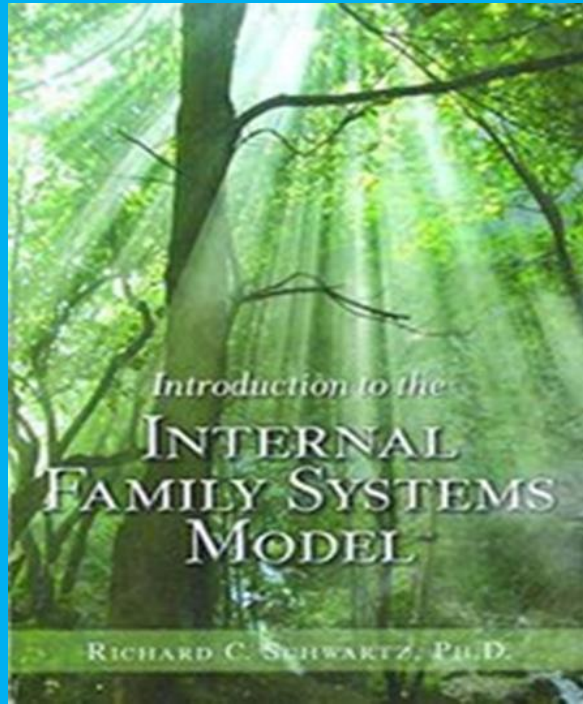
https://www.youtube.com/watch?v=U0C2dLNWgPA&ab_channel=PureDesireMinistrie





Beginning to use the model

- ▶ Assess client's parts and sequences around the problem.
- ▶ Check for individual's awareness of parts -- ask how he or she experiences the part: Thoughts, feelings, sensations, images, and so on.
 - ▶ When the manager is in control
 - ▶ When the firefighter is desperately trying to suppress the pain
 - ▶ When the exile is hurting and starting to emerge (crisis)
- ▶ Look for polarizations
 - ▶ Anorexia: Extreme Manager
 - ▶ Substance Abuse: Extreme Firefighter
 - ▶ Clinical Depression or Anxiety or PTSD: Extreme Exile



- ▶ When working with families, check for the family's awareness of parts in self and others.
- ▶ Make a decision about how to begin using the model: language, direct access, imagery, and so on.
- ▶ Assess the fears of the Managers. Value their roles and explain how the therapy can work without the manager's feared outcomes happening (loss of control).
- ▶ Inventory dangerous firefighter behaviors (NSSI); work with Managers' fears about triggering firefighters as therapy begins to explore issues.
- ▶ Assess client's external context and constraints to doing this work.

Beginning to use the model



- ▶ Important to assess protective parts (Managers and Firefighters) and work with them first to create safety
 - ▶ Develop a direct relationship with the part.
 - ▶ May need to negotiate pace of work -- give the part an opportunity to talk about concerns.
 - ▶ Manager: Resistance
 - ▶ Firefighter: Addiction/Relapse
 - ▶ Work out a system for the part to let you know when things are moving too fast.
 - ▶ Respect the concerns of the part.
- ▶ Eventually, identify the Exiles and start helping them tell their story and become empowered and integrated

Working with individuals



▶ Non-imaging techniques

▶ Assessing internal dialogue

- ▶ Location/sense of a part in the body
- ▶ Diagrams -- relationships among parts



Working with individuals

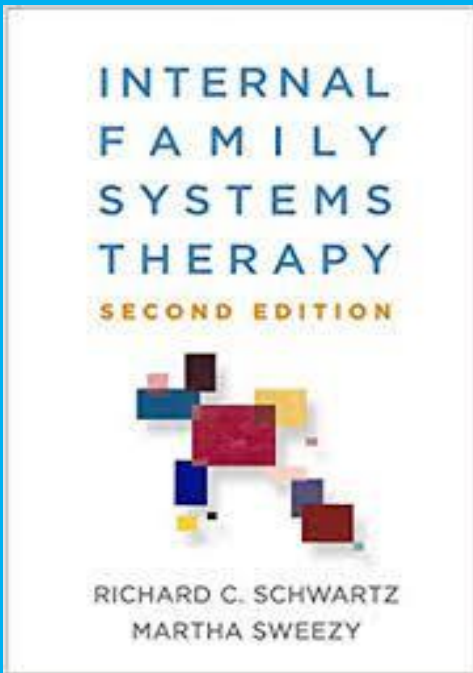


▶ Non-imaging techniques

▶ Assessing internal dialogue

- ▶ Journaling: What is the exile/manager/firefighter/self saying or wanting to do about this situation?
- ▶ Direct access:
 - ▶ Therapist to parts: Let me talk to the manager for a moment.
 - ▶ Self to parts: What are the parts saying and what is the Self's reaction
 - ▶ Part to part: What is the manager saying to the exile?

Working with individuals



- ▶ Going back in time with a part, then “unburden”
 - ▶ Exile: What do you wish would have happened?
 - ▶ Manager: What do you think you “should” have done to protect the Self?
- ▶ Bringing parts into the present - “retrieval”
 - ▶ What is different about you now?
- ▶ Future imaging
 - ▶ Exile: What do you want to happen
 - ▶ Manager: How can you deal more effectively with situations like that in the future

Working with individuals



- ▶ Focuses on strengths: The undamaged core of the Self, the ability of parts to shift into positive roles
- ▶ IFS language provides a way to look at oneself and others differently.
 - ▶ Instead of seeing someone as being self-destructive, we may see their Firefighter being triggered and trying to protect the Exile
- ▶ There is no such thing as a bad part, just a part that has become extreme
- ▶ Language encourages self-disclosure and taking responsibility for behavior.
- ▶ Ecological understanding of entire therapy system, including therapist
- ▶ Respect for individual's experience of the problem
 - ▶ Clients provide the material -- the therapist doesn't have to have all the ideas.
 - ▶ Therapist looks at client's Self as "co-therapist" and trusts the wisdom of the internal system.

Strengths of the IFS Model

There have been attempts to integrate IFS with Polyvagal Theory

AUTONOMIC NERVOUS SYSTEM: REACTION REGULATION

**** WHAT TO LOOK FOR ****

	LETHARGIC Parasympathetic I (PNS I)	CALM Parasympathetic II (PNS II) Ventral Vagus	ACTIVE/ALERT Sympathetic I (SNS I)	FLIGHT/FIGHT Sympathetic II (SNS II)	HYPÉR FREEZE Sympathetic III (SNS III)	HYPÒ FREEZE Parasympathetic III (PNS III) Dorsal Vagus Collapse
		← "Normal" Life →		← Threat to Life →		
PRIMARY STATE	Apathy, Depression	Safe, Clear Thinking, Social Engagement	Alert, Ready to Act	React to Danger	Await Opportunity to Escape	Prepare for Death
AROUSAL	Too Low	Low	Moderate	High	Extreme Overload	Excessive Overwhelm Induces Hypoarousal
MUSCLES	Slack	Relaxed/toned	Toned	Tense	Rigid (deer in the headlights)	Flaccid
RESPIRATION	Shallow	Easy, often into belly	Increasing rate	Fast, often in upper chest	Hyperventilation	Hypo-ventilation
HEART RATE	Slow	Resting	Quicker or more forceful	Quick and/or forceful	Quicker (very fast)	Bradycardia (very slow)
BLOOD PRESSURE	Likely low	Normal	On the rise	Elevated	Significantly high	Significantly low
PUPILS, EYES, EYE LIDS	Pupils smaller, lids may be heavy	Pupils smaller, eyes moist, eye lids relaxed	Pupils widening, eyes less moist, eye lids toned	Pupils very dilated, eyes dry, eye lids tensed/raised	Pupils very small or dilated, eyes very dry, lids very tense	Lids drooping, eyes closed or open and fixed
SKIN TONE	Variable	Rosy hue, despite skin color (blood flows to skin)	Less rosy hue, despite skin color (blood flows to skin)	Pale hue, despite skin color (blood flow to muscles)	May be pale and/or flushed	Noticeably pale
HUMIDITY	Skin: Dry Mouth: Variable	Dry	Moist	Increased sweat	Cold sweat	Cold sweat
HANDS & FEET (TEMPERATURE)	May be warm or cool	Warm	Less moist	Dry	Dry	Dry
DIGESTION	Variable	Increase	Cool	Stops	Extremes of cold & hot	Cold
EMOTIONS (LIKELY)	Grief, sadness, shame, disgust	Calm, pleasure, love, sexual arousal, "good" grief	Anger, shame, disgust, anxiety, excitement, sexual climax	Rage, fear	Evacuate bowel & bladder	Terror, may be dissociation
CONTACT WITH SELF & OTHERS	Withdrawn	Probable	Possible	Limited	Not likely	Stopped
FRONTAL CORTEX INTEGRATION	May or may not be accessible	Should be accessible	Should be accessible	May or may not be accessible	Likely inaccessible	Inaccessible
RECOMMENDED INTERVENTION	Activate, Gently Increase Energy	Continue Therapy Direction	Continue Therapy Direction	Put on Brakes	Slam on Brakes	Medical Emergency CALL PARAMEDICS

TRAUMA: IFS & THE NERVOUS SYSTEM



THE SURVIVE/THRIVE SPIRAL

Polyvagal Theory

The chart below adapted by Dr. Rothschild nicely demonstrates the shifting in body sensations, physiological symptoms, and emotions as we move between autonomic states (Rothschild, 2017).

AUTONOMIC NERVOUS SYSTEM: PRECISION REGULATION

** WHAT TO LOOK FOR **

	LETHARGIC Parasympathetic I (PNS I)	CALM Parasympathetic II (PNS II) <i>Ventral Vagus</i>	ACTIVE/ALERT Sympathetic I (SNS I)	FLIGHT/FIGHT Sympathetic II (SNS II)	HYPER FREEZE Sympathetic III (SNS III)	HYPQ FREEZE Parasympathetic III (PNS III) <i>Dorsal Vagus Collapse</i>
		◀ "Normal" Life ▶			◀ Threat to Life ▶	
PRIMARY STATE	Apathy, Depression	Safe, Clear Thinking, Social Engagement	Alert, Ready to Act	React to Danger	Await Opportunity to Escape	Prepare for Death
AROUSAL	Too Low	Low	Moderate	High	Extreme Overload	Excessive Overwhelm Induces Hypoarousal
MUSCLES	Slack	Relaxed/toned	Toned	Tense	Rigid (deer in the headlights)	Flaccid
RESPIRATION	Shallow	Easy, often into belly	Increasing rate	Fast, often in upper chest	Hyperventilation	Hypo-ventilation
HEART RATE	Slow	Resting	Quicker or more forceful	Quick and/or forceful	Tachycardia (very fast)	Bradycardia (very slow)
BLOOD PRESSURE	Likely low	Normal	On the rise	Elevated	Significantly high	Significantly low
PUPILS, EYES, EYE LIDS	Pupils smaller, lids may be heavy	Pupils smaller, eyes moist, eye lids relaxed	Pupils widening, eyes less moist, eye lids toned	Pupils very dilated, eyes dry, eye lids tensed/raised	Pupils very small or dilated, eyes very dry, lids very tense	Lids drooping, eyes closed or open and fixed
SKIN TONE	Variable	Rosy hue, despite skin color (blood flows to skin)	Less rosy hue, despite skin color (blood flows to skin)	Pale hue, despite skin color (blood flow to muscles)	May be pale and/or flushed	Noticeably pale
HUMIDITY						
	Skin	Dry	Dry	Increased sweat	Increased sweat, may be cold	Cold sweat
	Mouth	Variable	Moist	Less moist	Dry	Dry
HANDS & FEET (TEMPERATURE)	May be warm or cool	Warm	Cool	Cold	Extremes of cold & hot	Cold
DIGESTION	Variable	Increase	Decrease	Stops	Evacuate bowel & bladder	Stopped
EMOTIONS (LIKELY)	Grief, sadness, shame, disgust	Calm, pleasure, love, sexual arousal, "good" grief	Anger, shame, disgust, anxiety, excitement, sexual climax	Rage, fear	Terror, may be dissociation	May be too dissociated to feel anything
CONTACT WITH SELF & OTHERS	Withdrawn	Probable	Possible	Limited	Not likely	Impossible
FRONTAL CORTEX	May or may not be accessible	Should be accessible	Should be accessible	May or may not be accessible	Likely inaccessible	Inaccessible
INTEGRATION	Not likely	Likely	Likely	Not likely	Impossible	Impossible
RECOMMENDED INTERVENTION	Activate, Gently Increase Energy	Continue Therapy Direction	Continue Therapy Direction	Put on Brakes	Slam on Brakes	Medical Emergency CALL PARAMEDICS



Polyvagal Theory and IFS get married

SURVIVAL

FLOP PROTECTORS

COLLAPSE e.g. chronic fatigue, de-personalisation, fainting, narcolepsy, catatonia, seeking oblivion or death.

SUBMIT e.g. depression, apathy, mutism, spiritual bypassing, fawning, resignation, withdrawal, hopelessness, passivity, going blank, numbing addictions.

EXILES

Without the support to process them, overwhelming feelings must be stored away. This creates a reservoir of banished, often young, parts holding **unprocessed rage, terror, grief, shame & despair**, sometimes as physical symptoms. In exile, they keep trying to be heard & helped, activated by familiar events.

PROTECTORS try to keep Exiles away. As either proactive **MANAGERS** or reactive **FIREFIGHTERS** they keep using whatever survival strategy they originally found to help.

FIX PROTECTORS

e.g. hyper-vigilance, bullying, quitting, rebelling, dominating, inflammation, rushing, anxiety, lying, perfectionism, controlling, bracing, criticising, OCD, analysing, self-harm, rigidity, impulsiveness, activity addictions.

SELF-LED

Parts feel safe to relax & work as a team. Needs & feelings can be spoken & met. Self-/co-regulation possible, also individuation, play, trust, growth, spontaneity, intimacy, learning, healthy boundaries, creativity, rest, repair & flourishing.

SELF

(aka soul / inner knowing / core self)
A mindful, embodied reservoir of clarity, curiosity, compassion, calm & confidence. Being not doing.

I CAN'T

I HURT

I MUST

I CAN

I AM

flop

• **COLLAPSE**
Dorsal Vagal (PSNS)

• **SUBMIT**
HYPO-aroused
Sympathetic NS

Seeking safety via
DISCONNECTION

• **FREEZE**

fix

• **FIGHT**
• **FLIGHT**
HYPER-aroused
Sympathetic NS

Seeking safety
via **ACTION**

flow

**SOCIAL
ENGAGEMENT**

Ventral Vagal (PSNS)
+ flexible mixing with
other ANS states

Finding safety in
CONNECTION
with Self or Others

THE SURVIVE/THRIVE SPIRAL

A few of my favorite speakers on IFS. Please take a listen.



Jenna Riersmesma – Faith and IFS

https://www.youtube.com/watch?v=deqxDq9Xw6g&ab_channel=geoffreyholsclaw



Dr. Tori Olds

https://www.youtube.com/watch?v=tNA5qTTxFFA&ab_channel=Dr.ToriOlds



Kenny Dennis – IFS for Kids

https://www.youtube.com/watch?v=Ji7bk3JfEmk&ab_channel=KennyDennis