

# Internal Family Systems (IFS) Therapy



**Jeffrey E. Hansen, Ph.D.**

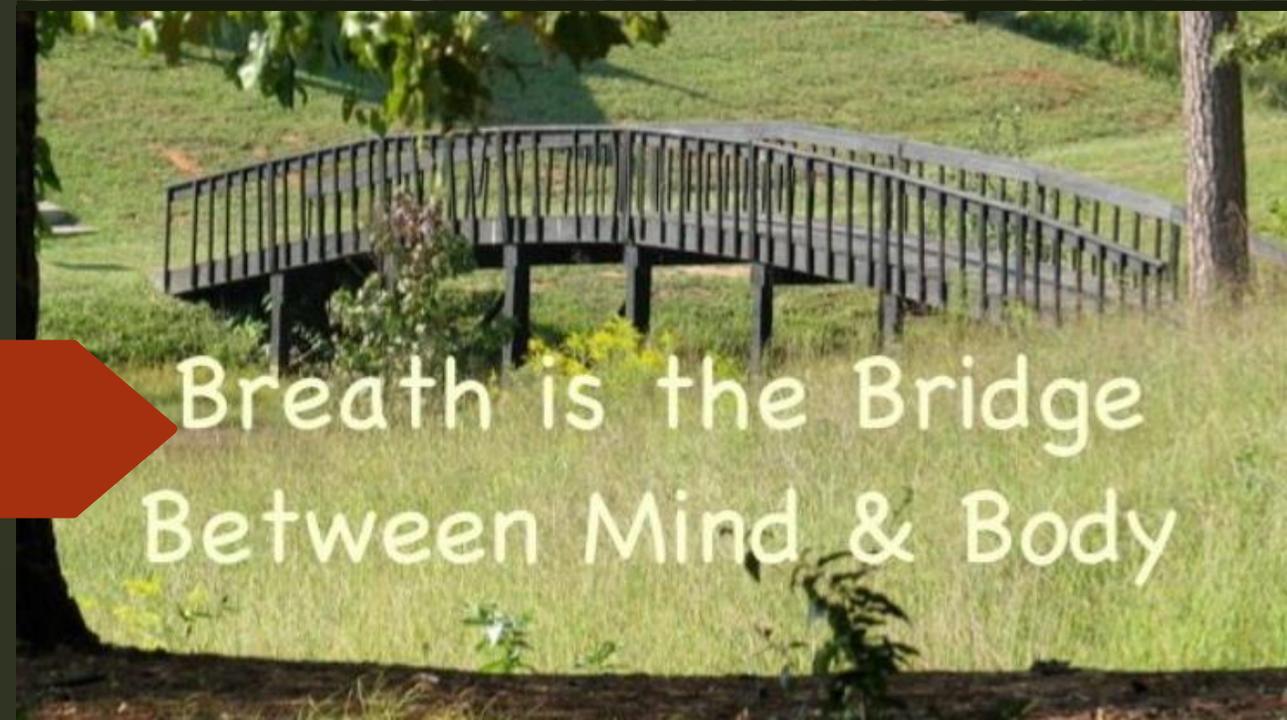
Center for Connected Living, LLC

**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=MeantallyFitPro](https://www.youtube.com/watch?v=BiCGcVcmzzg&ab_channel=MeantallyFitPro)



**“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***



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The image is a promotional graphic for a lecture. It features a dark blue background with a light blue curved banner at the top containing the name 'Dr. Dawn-Elise Snipes'. Below this, the title 'INTERNAL FAMILY SYSTEMS THEORY' is written in large, bold, blue, italicized capital letters. To the right of the title is a circular portrait of Dr. Snipes, a woman with blonde curly hair and glasses, wearing a purple patterned top. At the bottom of the graphic, the website '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](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

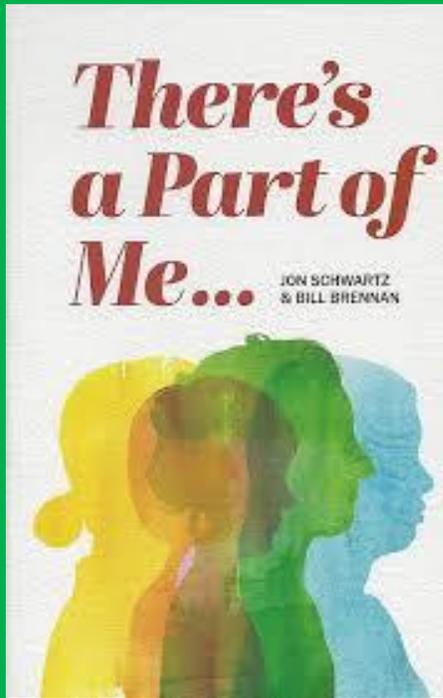
Learn more in  
Internal Family Systems Theory  
at <https://AllCEUs.com/IFS>

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.

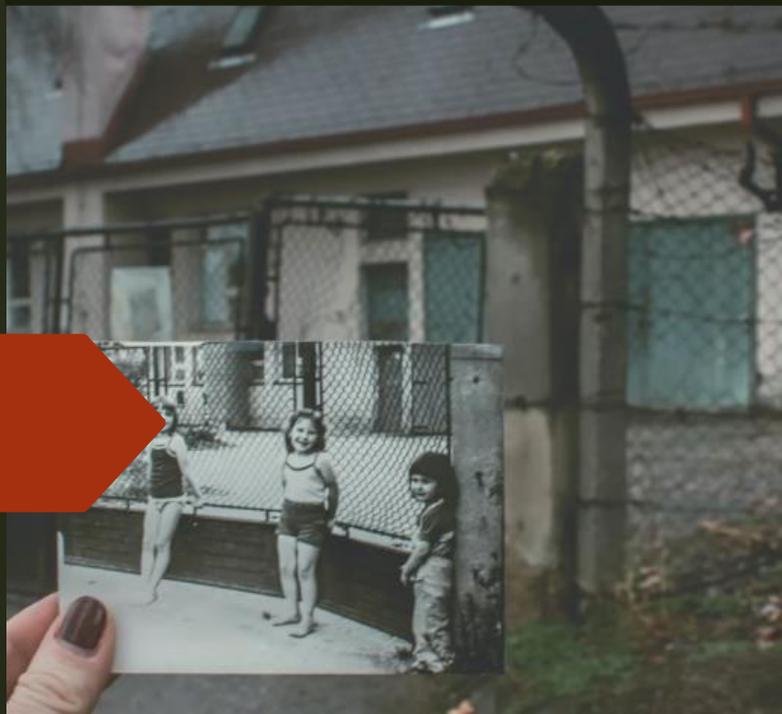
## The IFS Parts



- ▶ 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



## 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



HEALTH

The 8 C's of  
Self

Internal Family Systems

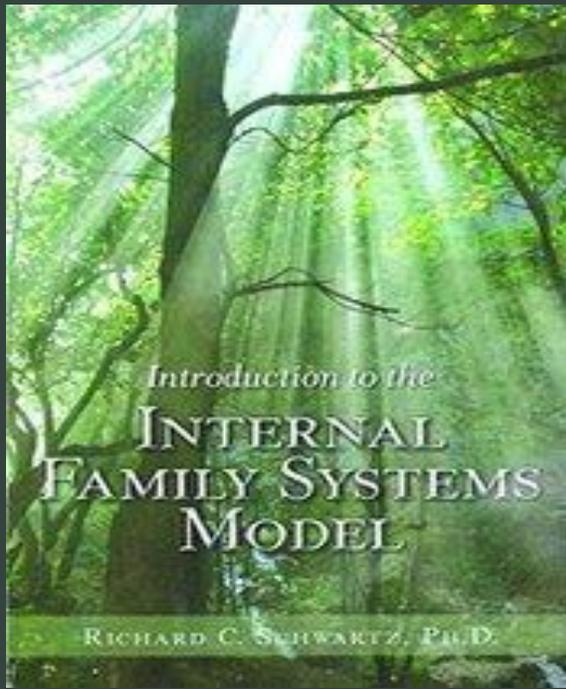


- ▶ The self is the “moderator” that the parts are talking to, that likes or dislikes, listens to, or shuts out various parts
- ▶ When differentiated, the Self is competent, secure, self-assured, relaxed, and able to listen and respond to feedback.
- ▶ The Self can and should lead the internal system.
- ▶ 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

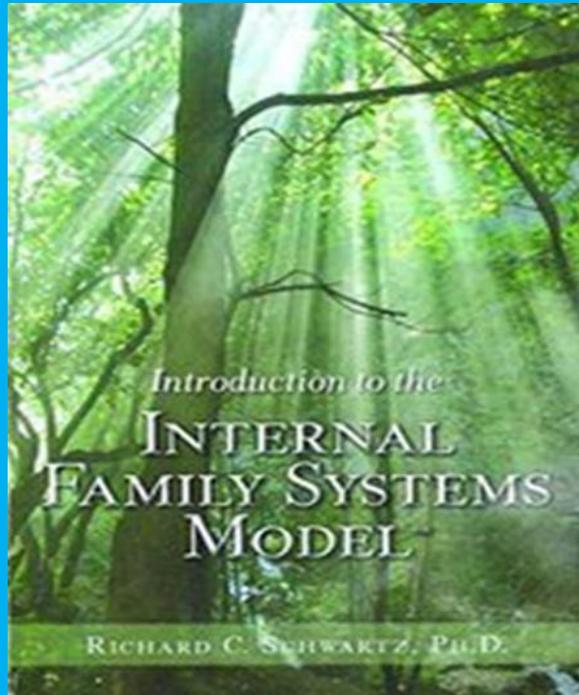


The integrated “Self” leads to inner peace, happiness, and the ability to connect healthily to others we care about and love



# 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

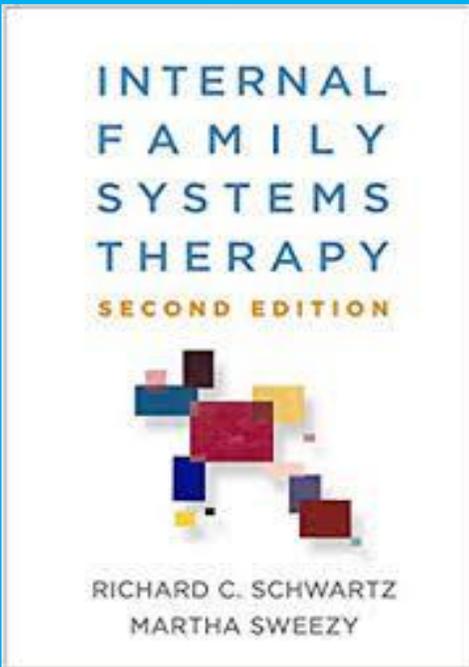


## ▶ Non-imaging techniques

### ▶ 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) <i>Ventral Vagus</i>	ACTIVE/ALERT Sympathetic I (SNS I)	FLIGHT/FIGHT Sympathetic II (SNS II)	HYPERTENSIVE Sympathetic III (SNS III)	HYPOTENSIVE 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 Mouth: Variable	Dry	Moist	Increased sweat	Increased sweat, may be cold	Cold sweat
HANDS & FEET (TEMPERATURE)	May be warm or cool	Warm	Less moist	Cool	Dry	Dry
DIGESTION	Variable	Increase	Decrease	Stops	Evacuate bowel & bladder	Stopped
EMOTIONS (LIKELY)	Grief, sadness, shame, disgust	Calm, pleasure, love, sexual arousal, "good" grief	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 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 ▶	
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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
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CONTACT WITH SELF & OTHERS	Withdrawn	Probable	Possible	Limited	Not likely	Impossible
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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

RESILIENCE

## 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](https://www.youtube.com/watch?v=deqxDq9Xw6g&ab_channel=geoffreyholsclaw)



Dr. Tori Olds

[https://www.youtube.com/watch?v=tNA5qTTxFFA&ab\\_channel=Dr.ToriOlds](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](https://www.youtube.com/watch?v=Ji7bk3JfEmk&ab_channel=KennyDennis)