

# Moving From Acceptance Toward Transformation With Internal Family Systems Therapy (IFS)

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Clients come to psychotherapy intent on changing, rather than accepting, their unwanted behaviors, emotions, or thoughts. The problem often is, however, that their lack of self-acceptance is the primary obstacle to change. This article describes how one approach, the Internal Family Systems (IFS) model, fosters clients' acceptance of all parts of themselves no matter how destructive, and how that acceptance can lead to the transformation of those parts and, in turn, of other people. © 2013 Wiley Periodicals, Inc. *J. Clin. Psychol. In Session* 69:805–816, 2013.

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In the history of psychotherapy, the goal of helping clients increase their acceptance of themselves or of others has risen and fallen over the years. This uneven course is understandable when we consider that the focus of the therapy has been to create changes in emotions, beliefs, or relationships rather than to accept them as they are. The acceptance of previously unacceptable parts of oneself and others is a central element of the psychotherapy described in this article, Internal Family Systems (IFS) Therapy. Perhaps paradoxically, IFS therapists find that the more clients accept those parts, the more they change. In fact, in many cases, it is the lack of acceptance (in the form of striving for change) that becomes their biggest obstacle.

Our clients come to us in various states of judgment about themselves and others. Many are critical of their appearance or performance. Others berate themselves over the fact that they can't control their symptoms—their depressed mood, their eating disorder, their anxiety. Some also find themselves easily triggered by the people they live or work with, constantly finding fault with the behavior or appearance of those around them. Most of these clients believe that they should be more accepting and forgiving. They have heard that message from therapists, spiritual leaders, and family members. The fact that they can't curb the continuous flow of derogatory comments toward themselves and others only adds to their sense of failure and self loathing.

IFS Therapy is designed to reverse these binds of inner and outer polarization and judgment. Through a process of inner focus and dialogue, clients learn that the aspects of themselves they have hated or feared actually have been trying to protect them and are often frozen in time during earlier traumas or attachment injuries. Rather than fight with and try to exile these parts of them, they come to accept and have compassion for them, as one might for suffering inner beings. As they achieve more inner acceptance and peace, they are less inclined to judge other people when those people behave in ways that resemble the parts of them they hated.

The field of psychology has long held that acceptance, particularly self-acceptance, is a key to psychological health. In their excellent review article, Williams and Lynn (2011) trace this assumption from its psychoanalytic roots in the early 20th century through the mid-century humanistic movement, in particular the influence of Carl Rogers, and then to the more recent emergence of approaches that are based at least in part on the meditative process called mindfulness. These include the work of Jon Kabat-Zinn (mindfulness-based stress reduction), Marsha Linehan (dialectical behavior therapy [DBT]), and Steven Hayes (acceptance and commitment therapy [ACT]). Williams and Lynn also discuss the substantial body of research linking self-acceptance to psychological and emotional health, and nonacceptance to psychopathology;

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then they review the negative effects of specific forms of nonacceptance, including thought suppression, experiential avoidance, and emotional nonacceptance. In addition, they explore the importance of acceptance in the ancient Buddhist traditions from which mindfulness practice emerged.

### *Mindfulness in Psychotherapy*

As therapists increasingly incorporate mindfulness into their work, they're discovering what Buddhists have known for centuries: everyone (even those with severe inner turmoil) can access a state of spacious well-being by beginning to notice their more turbulent thoughts and feelings rather than becoming swallowed up by them. As people relate to their disturbing inner experiences from this calm, mindful place, not only are they less overwhelmed, but they also become more accepting of the aspects of themselves with which they've been struggling. Still, the question remains of how best to incorporate mindfulness into psychotherapy.

Many therapeutic attempts to integrate mindfulness have adopted what I'll call the passive-observer form of mindfulness—a client is helped to notice thoughts and emotions from a place of separation and extend acceptance toward them. The emphasis isn't on trying to change or replace irrational cognitions, but on noticing them and then acting in ways that the observing self considers more adaptive or functional. As an illustration, let's consider how more traditional therapeutic approaches contrast with more mindfulness-based methods in helping a client dealing with the mundane challenge of feeling nervous about going to a party. A cognitive-behavioral therapy (CBT) intervention might begin by identifying the self-statements that are generating anxiety—a part of the person that says, in effect, "Don't go because no one likes you and you'll be rejected." The client might then be instructed to dispute these thoughts by saying, "It's not true that no one likes me" and naming some people who do. A clinician trained in a mindfulness-based approach like ACT might have the client notice the extreme thoughts about rejection without trying to change them, and then go to the party anyway, despite the continued presence of the irrational beliefs. As this example shows, mindfulness allows you to no longer be fused or blended with the irrational beliefs, releasing your observing self with the perspective and courage to act in positive ways.

This shift from struggling to correct or override cognitive distortions to noticing and accepting them is revolutionary in a field that's been so dominated by CBT. There's a large body of research from ACT, from Jon Kabat-Zinn's mindfulness-based stress reduction, and from the groundbreaking work of Marsha Linehan's DBT with borderline personality disorder, suggesting that the shift is a powerful one. Clearly, learning to mindfully witness inner experiences helps clients a great deal, even those with diagnoses previously considered intractable.

A vivid cinematic example of this witnessing process can be found in the Academy Award-winning film *A Beautiful Mind*, in which we're given a sense of what it's like to be awash in an irrational thought system. In the beginning of the movie, the disturbed math genius John Nash (played by Russell Crowe) is so identified with the paranoid part of him (a black-suited FBI agent played by Ed Harris) that we, the viewers, are drawn into his scary world with him. Gradually, Nash is able to separate from his paranoia, to observe his inner FBI agent with some distance and objectivity, rather than believing his conspiratorial rantings. With this mindful separation comes greater peace of mind and the ability to function in his life. But while diminished in their intensity and their power to control his behavior, at the end of the film we see that Nash's voices continue to reside in him. He's simply learned to live with his extreme beliefs and emotions without being enslaved by them. But what if it were possible to transform this inner drama, rather than just keep it at arm's length by taking mindfulness one step further?

### *The Second Step*

As a therapist, I've worked with clients who've come to me after having seen therapists who'd helped them to be more mindful of their impulses to cut themselves, binge on food or drugs, or commit suicide. Although those impulses remained in their lives, these clients were no longer losing their battles with them, nor were they ashamed or afraid of them any longer. The clients'

functioning had improved remarkably. The goal of the therapeutic approach that I use, IFS, is to build on this important first step of separating from and accepting these impulses, and then take a second step of helping clients transform them.

### IFS Therapy

IFS represents a synthesis of three paradigms. One of these is called the normal multiplicity of the mind—the idea that we all contain many different subminds. The second is known as systems thinking. The third has been called many things by different therapies and spiritual traditions (e.g., the spirit, Buddha Nature, or soul), but here will be called Self-leadership. I will briefly introduce the basic principles of IFS and then discuss how the model relates to mindfulness and acceptance.

IFS is a well-established approach with training programs throughout the United States, six European countries, and Israel. The trainings are coordinated by the Center for Self Leadership (selfleadership.org), which sets standards for certification and organizes an annual conference.

#### *Multiplicity of the Mind*

IFS views the mind as a dynamic system comprising many subminds, called parts. Freud (1923/1961) opened the door for exploration of multiplicity with his descriptions of the id, ego, and superego. Various post-Freudian theorists have moved beyond his tripartite model and discussed a range of inner entities. Perhaps the most influential of these is object relations theory, which, since Melanie Klein in the 1940s, has asserted that our internal experience is shaped by introjected “objects,” representations of significant people in our lives (Gunthrip, 1971; Klein, 1948).

Jung (1935/1968, 1963, 1968, 1969), in his discussion of archetypes and complexes, took the notion that we contain many minds a step further, considering them as more than just introjects. In 1935, Jung described a complex as having the “tendency to form a little personality of itself. It has a sort of body, a certain amount of its own physiology. It can upset the stomach, it upsets the breathing, it disturbs the heart—in short, it behaves like a partial personality . . . I hold that our personal unconscious . . . consists of an indefinite, because unknown, number of complexes or fragmentary personalities” (pp. 80–81).

Jung’s younger contemporary, Roberto Assagioli (1973, 1965/1975; Ferrucci, 1982), also posited that we are a collection of subpersonalities. Since Assagioli, a large number of theorists have recognized our natural multiplicity; in exploring this territory, they have made observations that are remarkably similar to one another. A more detailed history of the recognition of multiplicity is available in the book *Subpersonalities* (Rowan, 1990) and the more recent book *Multiplicity* (Carter, 2008).

Regardless of orientation, most theorists who have explored intrapsychic process have described the mind as having some degree of multiplicity. Scanning the currently influential psychotherapies, we find that object relations describes internal objects (Klein, 1948; Gunthrip, 1971; Fairbairn, 1952; Kernberg, 1976; Winnicott, 1958, 1971); self psychology speaks of grandiose selves versus idealizing selves (Kohut, 1971, 1977); and cognitive-behavioral therapists describe a variety of schemata and possible selves (Dryden & Golden, 1986; Markus & Nurius, 1987; Young Klosko, & Weishaar, 2003). Although these theories vary regarding the degree to which the inner entities are viewed as autonomous and possessing a full complement of emotions and cognitions, as opposed to being interdependent, unidimensional, specialized mental units, they all suggest that the mind is far from unitary.

Theories of psychological trauma theory that undergird the literature on dissociative identity disorder (DID) view them as fragments of a potentially unitary personality. Experts on DID recognize the multiplicity of their patients; however, they view these personalities as the result of early trauma and abuse, which forced the person to split off many “alter” personalities (Bliss, 1986; Kluft, 1985; Putnam, 1989; Nijenhuis, Van der Hart, & Steele, 2002).

Regardless of the theorized source of inner entities (learning, trauma, introjection, the collective unconscious, or the mind’s natural state), some of these theorists view them as complete

personalities. They share a belief that these internal entities are more than clusters of thoughts or feelings, or mere states of mind. Instead, they are seen as distinct personalities, of different ages, temperaments, talents, and even genders, and each with a full range of emotion and desire. The DID theorists hold this view, although they limit it to highly traumatized people. Jung's later writing describes archetypes and complexes in ways that approach full-personality multiplicity, as does a Jungian derivative called voice dialogue (Stone & Winkelman, 1985). In addition, ego state therapy, developed by hypnotherapists John and Helen Watkins (Watkins, 1978; Watkins & Johnson, 1982) and Assagioli's psychosynthesis subscribe to full-personality multiplicity.

Many trauma therapies propose that the existence of subpersonalities is a sign of pathology—a consequence of the fragmentation of the psyche by traumatic experiences. In contrast, like Jung, psychosynthesis, Ego State Therapy, and Voice Dialogue, the IFS model sees all parts as innately valuable components of a healthy mind. In fact, according to IFS, a fully functioning inner system requires these subminds, each with their different perspectives, talents, and resources, to function well. Trauma does not create these parts, but instead forces many of them out of their naturally valuable functions and healthy states into protective and/or extreme roles and makes them lose trust in the leadership of the Self, which is the undamaged essence of a person that manifests qualities like acceptance, compassion, and clarity. The goal then becomes not to eliminate parts but instead to help them relax into the knowledge that they no longer have to be so protective. The work assists them in realizing that they are no longer under the same level of threat and that there exists a natural inner leader who they can trust. In this way, IFS brings family systems thinking to this internal family, understanding distressed parts in their context, just as family therapists do with problem children, and restoring inner leadership in a way that parallels the creation of secure attachments between parents and children.

IFS distinguishes between two basic categories of parts: protectors and exiles. Exiles are the highly vulnerable, sensitive parts of us that were most hurt by emotional injuries in the past. Because these parts remain frozen in time, still holding the dreadful emotions and beliefs from those experiences, people try to disconnect from them so as to never reexperience the painful emotions and memories they carry—hence the name exiles.

Exiles carry the affect that clients try to regulate through strategies mentioned above like thought suppression, experiential avoidance, and emotional nonacceptance. It is the protector parts that use those strategies and others to control the person's inner environment, internally keeping the person away from the exiles, and to control the person's external world so that the exiles are never triggered by people or events.

### *The Self, Mindfulness, and No-Self*

When a client begins the IFS process, she selects an emotion or belief that is interfering in her life that she would like to get to know or change. Ann, for example, wanted to work with her shyness. I had her focus on the inhibited feeling she gets around people and see if she could locate it in her body. She noticed a pressure in her chest making it harder to breathe. I asked her how she felt toward that shy part of her and in a tense voice she replied that she hated it because it had made her freeze in so many social settings. I then asked Ann to find the parts of her that hate her shyness and ask them to open space inside so she could begin to get to know the shyness. Ann said she could sense an internal shift toward more spaciousness. I asked her how she felt toward the shyness now and she replied that she felt curious about why it was so timid.

This simple process, which usually takes a minute or two, begins to help the client's Self to emerge. By focusing on her shyness and finding it in her body, Ann was separating from it—clearly there was someone named Ann who was noticing the shyness as a separate part of her. This is similar to what people do in mindfulness meditation—they notice their thoughts and emotions rather than being identified or blended with them.

The question I asked her once she had located her shyness, "How do you feel toward it?", is the hallmark question of IFS because in answering it she is letting me know how much of her Self is present versus other parts that are polarized with it.

When she says she hates it, I know her Self wasn't answering because her Self only feels such states as curiosity, compassion, and acceptance. So I help her further unblend from her parts by having her ask the ones who hate the shyness to separate. Once they do, I ask the how-do-you-feel-toward-the-part question again and now she answers in a calm, confident tone that she is curious about it. Suddenly, she has shifted from detesting her shyness to being open to it and potentially willing to accept it. Very quickly she has accessed the mindful state that people meditate to achieve—not by practicing skills I teach her but instead by simply noticing a part and then asking the ones that hate it to separate. When those parts are willing to unblend, it is like the confident person who was covered over by them is released and emerges with a wisdom regarding how to relate to parts in a kind, healing way.

In contrast to the generally held belief that qualities like the sisters covered in this journal issue—compassion, loving-kindness, acceptance, forgiveness, and gratitude—are mental capacities that need to be cultivated or strengthened through practice, like developing a muscle through exercise, we find that clients, even those who have been traumatized, often can access those qualities in early sessions. IFS posits the inherent existence of a spacious essence in each person that, when accessed spontaneously, manifests leadership qualities that include mindfulness, loving kindness, and compassion. This essence is also characterized by a profound sense of calm, confidence, clarity, connectedness, and creativity. IFS calls this the Self because, in the early 1980s, when clients entered that state and I asked which part that was, they said some version of, “that’s not a part, that’s my Self—who I really am.” Ironically, what I am calling Self corresponds to what in Zen is known as no-self. As Buddhist scholar Jack Engler and Paul Fulton (2013) recently described, both no-self and Self are the spacious states of awareness that exist when there are no parts—the emptiness that is so full when parts separate:

“In a state of no-self, I’m also likely to discover that positive qualities flow more spontaneously within me. I don’t actually become compassionate and peaceful, for example; I discover that compassion and peace are already there. I discover that wholesome qualities don’t come from anyone or anything outside myself either—from a therapist, for instance. They are the same wholesome, healing, and creative qualities that manifest in everyone when we unblend from the parts of ourselves that have unwittingly held us hostage to limited self-images and beliefs.

IFS uses a mnemonic of eight C’s to identify a core group of wholesome qualities: calmness, clarity or wisdom, curiosity, compassion, confidence, courage, creativity, and connectedness (Schwartz, 2001). But IFS points to additional positive qualities as well: joy, humor, acceptance, forgiveness, and gratitude (Schwartz, 1995). Note that these qualities are similar to those identified in Buddhist psychology as the “perfections” (paramis) or “factors of Enlightenment” (bojjhngas): mindfulness, investigation, energy, joy, tranquility, concentration, and equanimity. These are the qualities of mind considered necessary for awakening and for truly wise action (Nyanatil-oka, 1972). They are like the sun—ever shining. I can add nothing to this state; take nothing away. The problem is only the cloud cover. Part the clouds and I will see the sun. When there is an opening—when I can help a part that has taken me over to step back—the sunlight of anatta begins to pour through. At this point, even the sense of being an observing witness drops away. There is just witnessing, just awareness, just connection with these qualities streaming through”.

As Engler and Fulton imply, most of us have little access to our Self (or no-self) in our daily lives because it is obscured by the protective parts that dominate us. When clients’ parts trust that it is safe to allow their Self to manifest, they immediately display many of those qualities without having meditated or practiced any particular skills.

From this perspective, then, mindfulness meditation is very valuable for cultivating these qualities, but not because people are learning new habits or skills. Instead the mindfulness practice releases or accesses these inherent qualities of Self, and reminds protective parts that when they release their grip and let Self lead in daily life, many things are better. In other words, from the perspective of IFS, meditations can be viewed as practice sessions for helping parts become familiar with and trust Self-leadership—for remembering that the sun is still there and that it’s safe to let it shine more.

In this way, therapy and meditation complement and feed each other. I’ve encouraged many of my clients to practice the observer type of mindfulness meditation between sessions, and have

found that their progress is hugely accelerated. The healing done in therapy, in turn, allows for deeper and less interrupted meditations. As clients become increasingly able to notice, rather than blend with, the wounded parts of themselves that are triggered as they go through their daily lives, they become clearer about what needs attention in therapy sessions.

In some Buddhist traditions and mindfulness-based psychotherapies, people are taught to witness their thoughts and emotions from a place of acceptance, but not necessarily to actively engage with them (see Schwartz, 2011; Sparks, 2011). The following is an example of this kind of instruction: “Recognize fear when it arises, observe the feeling of it in your body, watch it try to convince you that you should be alarmed, see it change and move on. . . . Notice how the awareness which contains fear is itself never fearful. Keep separating from the fear; settle back into the vast space of awareness through which fear passes like a cloud” (Hanson, 2009, pp. 89–90). What Hanson is calling the vast space of awareness, which is itself never fearful, is what IFS calls Self and Buddhism calls no-self. The practice is to separate from the fearful part and watch it pass by like a cloud without interacting with it.

In IFS, when clients access Self, often they spontaneously want to get to know the part. For example:

Therapist : (after the client separated from some parts that didn't like the fear): How do you feel toward the fear now?

Client : I want to know why it's so scared.

Therapist : Go ahead and ask it.

Client : (after a minute of silence) It says that if it doesn't make me afraid, I'll take some big risks with people and get hurt.

Therapist : Ask if it protects parts of you that were hurt in the past.

Client : It said yes.

Therapist : How do you feel toward it as you hear that?

Client : I can see that it's been trying to keep me safe and I appreciate that. I also feel sorry for it that it has to stay in such a scared state all the time.

Therapist : Let it know both of those things.

As they get to know their parts clients naturally begin to not only accept them but also convey love and appreciation to them, even to parts they had hated or dreaded much of their lives. This happens organically, without having to practice acceptance or gratitude, for two reasons. First, those are qualities of Self and will manifest increasingly as Self increasingly emerges. Second, it's natural to accept and appreciate your parts once you get to know them because they are never what they seem. When protectors, even the ones like rage, bingeing, suicide, or panic attacks that have plagued clients' lives, are finally given a chance to tell how they got into the protective role they are in, clients open their hearts to them. The same is true when exiles (often manifesting as the shame, grief, pain, or terror that clients strive to avoid) are able to convey how they were hurt in the past.

Thus, one's ability to accept oneself is highly related to how one conceives of one's mind. Even when you are in a mindful state it's harder to be accepting of extreme beliefs and emotions if you think that that is all they are, or if you think of them as the clinging ego or “monkey mind.” When you access the mindful state, and then, instead of just observing thoughts and emotions, you take the time to listen inside and learn from them, you find that they are quite acceptable—they are coming from parts of you that are hurting or have been trying to keep you safe, albeit sometimes in a misguided way. In addition, as these parts feel heard and finally understood by you, they often become less extreme, which makes them easier to accept. All this brings to mind the words of Longfellow, who said, “If we could read the secret history of our enemies, we should find in each man's life sorrow and suffering enough to disarm all hostility.” This applies not just to outer enemies but inner ones too. All parts are welcome.

You will also find that these parts you meet are not temporary or ephemeral, but have a long history with you and will continue to be with you, such that if you were to focus on them again months later you would find they were still there. This means that clients can create new, ongoing inner relationships with their parts that are concrete and lasting. Achieving self-acceptance is easier when you have specific subpersonalities to relate to and accept. Trying to be accepting of vague thoughts and feelings is more difficult.

*Nonacceptance as Polarization*

If what I am asserting about Self is true, then when a client is nonaccepting of an emotion or thought, by definition it means that there is another part of the client that doesn't like the original one—that there exists an internal polarization between two or more parts. So when, as the therapist, you have the client focus on the emotion emanating from one part, the ones who are polarized with it immediately blend with the client and influence the client's view of it. In the earlier example, when Ann focused on her shyness, the parts that hated it answered when I asked how she felt toward it. Sometimes the polarization is so intense that when the client asks the ones who hate (or fear, want to get rid of, or deny, etc.) it to separate or relax, they won't and the client will remain in an extreme state relative to the target emotion. What if Ann asked the part that hated the shyness to separate and then I asked again how she felt toward it and she said, "I still hate it"? Then this means that the polarized part is refusing to separate.

When this is the case, it is generally futile to have the client converse with the target part because just like when polarized people fight, the hostility will increase the extremity of the positions of each side. There is an absence of acceptance that feels toxic to both sides. Instead of doing that, IFS therapists have the client shift focus to the part who won't separate and ask it about its fears—what it's afraid would happen if it did relax and let the client's Self get to know the other part. Just like in families or companies, when each polarized side trusts that they will get a turn to be heard by the leadership, they are more able to not interfere while the other side is talking.

Therapist : Ann, focus on the part that hates your shyness and ask it what it's afraid would happen if it separated from you.

Ann : It says the shyness would take over even more and I'd never go out.

Therapist : Let it know that we understand that fear, but that we going to get to know the shyness—not to have it take over more but instead to try to help it not be so scared. Also let this part know that we'll check with it afterwards to get its views.

Ann : It seems to have relaxed and is willing to step back.

Therapist : Then let's go back to the shyness. How do you feel toward it now?

Ann : Interested.

Each side of a polarization in human systems at all levels is convinced that the other side's beliefs, emotions, or impulses are dangerous. Both sides fear the consequences to the larger system or themselves if the other side takes over. This is no different in intrapsychic systems. Polarized parts fight for influence and as one becomes more extreme in one direction, the other will counter in the opposite direction. As we have found in our country's politics, in such a system there is little acceptance to be found.

So acceptance requires de-polarization and parts or people rarely de-polarize on their own. Instead, they need the comforting presence of a third party who can help each side see that they have mutual interests and have distorted images of each other. In IFS, the client's Self plays this role by interviewing each side from a place of pure curiosity, without agenda, while the other side watches. As is true in external human systems, when this happens both sides begin to relax and realize the other isn't so bad—that both are trying their best to protect the system but in opposite ways. They become more accepting of each other.

The following case description illustrates some ways that IFS helps clients become more self-accepting.

### Presenting Problem and Client Description

Will, a husky Irish Catholic 37 year old with no prior therapy experience, came to IFS therapy at the insistence of his wife Tammy, who was extremely worried about her husband's preoccupation with sports and sports memorabilia. Will did not perceive his "hobby" to be a problem but agreed to an intake interview when Tammy issued an ultimatum.

In that intake, Will described how he grew up in a middle-class suburb of Boston and was an only child. His father, a salesman, was a gregarious, "larger than life" kind of man who liked to socialize. His mother, a teacher, was described as more introverted and conservative. Will

idolized his father and joined him in his love of sports. The two watched sports and attended baseball, football, and basketball games together. When they weren't playing or watching sports, they spent time reading about sports and collecting sports memorabilia. His father's baseball card collection was a source of family pride.

Will's father died suddenly of a heart attack when he was 13. His mother, who had few family members close by, became seriously depressed in the months following his death. Will did the best he could to take care of his mother but often struggled with guilt when she would spend nights home alone. She encouraged him to spend time with his friends and attended as many of his sports games as she could.

Will met Tammy in college. They both shared an enthusiasm for spending Sundays tailgating at the university's sporting events. Tammy was popular, attractive, and smart. They moved in together after graduation and married 2 years later. Three years after that they had their first daughter. Their second followed 18 months later.

Will eagerly shared his interest in his sports collection with his older daughter, who was a tomboy. His younger daughter was more interested in stereotypical feminine activities like dolls and ballet. The family did many things together including visiting Will's mom, who lived close by. His eldest enjoyed these visits, where she and Will would spend hours rummaging through his father's sports collections.

Will said that Tammy was becoming increasingly distressed over his "obsession" with sports. She said his collections took up too much space and spent too much time on the computer or watching TV. He admitted that he was surprised when she showed him how much credit card debt he'd accrued in the last year supplementing his collections and participating in fantasy leagues and sporting events. In a recent argument, she related being embarrassed to have friends over because the house was becoming unmanageably cluttered.

In subsequent sessions the severity of Will's hoarding became clear. The family was in significant debt, considerable amounts of money were being spent on tickets to events, and there was a massive number of newspaper clippings, articles, and sports magazines in the house.

### Case Formulation

Will's symptoms could qualify him for diagnoses like obsessive-compulsive or compulsive hoarding disorders. In IFS, diagnoses like those are descriptions of how a client's internal system has organized itself—which parts are dominating him, which ones are exiled, and how they relate to one another. I speculated that the sports-obsessed, hoarding part was protecting him from parts that held grief around losing his father at such a young age. In general, however, I try not to do much speculation before working with a client for two reasons. First, it is not necessary with IFS because as clients listen inside, their parts tell them the reasons for their extremes, which are often far removed from my initial speculations. Second, when helping clients explore their inner systems, it is important that I not bias the work with my own hypotheses.

It is a relief for many therapists to not have to figure out what is going on for clients and get them to understand it, and instead trust that the salient information will emerge as the work progresses. As I'll discuss later, the therapist's primary job is to remain mindfully and compassionately present, accepting of the client's parts—which helps the client accept them—and to provide some navigational guidance while the client is focused inside.

### Course of Treatment

Over the course of about 7 months I met with Will individually and sporadically brought in Tammy for conjoint sessions. In the first session after the intake, Will was defensive.

Will : I don't know why she's making me do this. She used to enjoy all the sports stuff and did it with me. Now all she does is complain and tell me "enough already!"

Schwartz : So I get that part of you doesn't think you need my help and resents Tammy's pressuring you and criticizing your hobby. And maybe another part misses the old days when she was with you in it, and all that makes sense. I want you to know that



I'm not here to pressure you about it or force anything on you. You're the boss of what we do here.

Will : (in a softer voice): Well, I don't want to lose my marriage and I do think she's fed up. And sometimes I think that it's ridiculous for this to take up so much of my life.

Schwartz : So it sounds like there are other parts of you that are scared that you'll lose your wife over this hobby and criticize you for it. Is that right?

Will : Yeah. I can be pretty hard on myself sometimes.

Will leads with the parts that protect his compulsion and polarizes with anyone who hints that he shouldn't do it. By my accepting those parts, rather than challenging them, they can relax a bit, which allows Will access to other parts that are not so thrilled with his hobby. I listen reflectively, but by adding the phrase "so part of you feels. . ." to each of my reflecting statements, I begin the process of helping him identify key inner players and understand that it's not all of him that feels these different ways.

In a short period of time he has revealed that different sets of parts of him are polarized over his compulsion. There is always the temptation for the therapist to want to side with and strengthen the parts that want change, but that will merely increase the polarization, as the other side counters even more rigidly. Plus, doing that is not in the spirit of mindfulness or Self-leadership, which infuses the therapist with a pure curiosity about the parts on both sides, assuming that both have good, albeit sometimes outdated, reasons for their positions. From the beginning, in my responses to his parts, I am conveying an acceptance and respect that can become contagious. It's the same stance that a good mediator takes in conflict resolution situations and this calm, confident, curious and accepting presence is de-polarizing in and of itself.

Schwartz : (toward the end of that session) So you've told me about a handful of different parts of you today. There are the ones who don't want to give up your hobby and resent the pressure to do so. Then you have parts that fear the consequences of continuing to do it and think it's more serious than just a hobby, and a part that beats you up for not stopping. And then there's the part that does the hobby.

Will : Okay, sounds right. I guess I'm a mess, huh Doc?

Schwartz : No, not a mess— just conflicted inside like most of us. You may have noticed that I've been using the phrase *part of you* a lot as we talk about your feelings. That's because I believe that we all have different parts that push us to do or think different things, fight with each other inside, and can get in our way at times. I'm good at helping people get to know their parts and helping them change if they want to and I'm happy to do that with you if you're interested.

Will : By change do you mean give up my hobby?

Schwartz : Not necessarily. It could mean helping the ones who criticize you for it to lighten up. Mainly, I help people have more peace inside so they can decide how to live their lives without being bombarded by parts on either side. It involves focusing inside and getting to know and helping each of these parts of you. Interested?

Will : I'm interested enough to come back next week.

Schwartz : Great.

The next session I asked Will which part he'd like to start with and he chose the one that attacks him for not being able to control his sports activities. I had him focus on his sense of that part and find where it seemed to be broadcasting from. He closed his eyes and said it was like a carping voice in his head. I asked how he felt toward it and he said he was mixed—he agreed that he should reduce the sports stuff but he also hated the critical droning. It made him feeling pathetic, like a loser. I had him ask both the one who hates it and the one who agrees with it to relax and separate, so we could just get to know the critic and he said they did. When I asked again how he felt toward it, he said he wondered why it was so hard on him. I told him to ask it that.

The critic told Will that it feared that he would wind up alone if he kept angering Tammy. It was protecting parts of him that were stuck back in the time when his father died and his mother collapsed and he felt totally alone. It didn't know how to get him to stop other than to call him names. I asked Will how he felt toward it after learning this and he said compassionate—that he

got how hard it worked to keep him from that fate. The part was grateful for the compassion but said it couldn't let up until he had gotten more control over his sports hobby, which was only getting stronger. I asked Will what he wanted to call his compulsion and he said "the hobby part." I asked Will if he wanted to get to know the hobby part the next session and he thought that was a good idea.

I'm convinced that Will's willingness to explore this compulsive part of himself so soon after coming in highly defensive about it was related to his sensing that I had no agenda other than helping him get to know it. And it was true that I had no other agenda because I trust that as he gets to know and accepts his parts and they get to know his Self, the right things will happen.

Predictably, Will was suspicious the next session. He wanted to be sure that I wasn't pushing him to get rid of his hobby. I assured him again that I just wanted to help him understand it. He relaxed and focused on the impulse and found it in his chest, above his heart. When I asked how he felt toward it, he heard from the critic who agreed to step back and then he said he really liked it. I told him to let it know that and see what it wanted him to know about itself. It told him that it tried to make him feel good by keeping him focused on the things he used to do with his dad. I had him ask it what it was afraid would happen if it didn't do that for him all the time. The part told Will that it feared he would be overcome by grief, panic, and loneliness—the way his mother had at that time. It went on to say that when his father died, the loss was so sudden, shocking, and huge that it scrambled to find a way to keep Will connected to his dad—in a way, to deny that he was gone.

I had Will ask the part if it would let Will go to the parts that it protected him from—the exiles that carried the grief and loneliness—so that we could get them out of where they were stuck in the past and release the emotions and beliefs they carried. I helped Will reassure this hobby part that if it allowed that to happen, those exiles would feel much better and the protector wouldn't have to work so hard to keep him away from them. There is a process in IFS that is beyond the scope of this paper by which a client's Self can witness compassionately what happened to himself in traumatic scenes in the past and release the parts that are frozen there, which allows them to transform (for a description of that process, see Schwartz, 1995). When these highly vulnerable and suffering parts of clients are healed this way, the ones that protect them are released from that responsibility and can find other roles.

Over the next several sessions, Will and I negotiated with the hobby part to get its permission for Will to go to the parts that were frozen at the time of his father's death. In IFS we discourage clients from going to exiles without permission from the parts that protect them, so it is incumbent on the therapist to help the client convince protectors that it is safe to do that. In this case, we had to address the protector's fears that Will would be overwhelmed by the exiles' intense emotions and not be able to function.

Ultimately, Will received permission, tearfully witnessed what it was like for him as a 13-year-old to lose his father to death and his mother to depression, and entered the scene in his mind's eye and helped that 13-year-old leave that time period. Will took the boy to a beach where the boy was able to release the emotions he'd been carrying as well as the belief that the world isn't safe because terrible things happen suddenly.

Then Will returned to the hobby part and said that it seemed more relaxed. He asked it if it was now willing to lighten up with all the sports activities. It said that there were still other parts it protected him from and so it couldn't change yet.

In the next several sessions, Will learned that the hobby part also kept him from another exile who was stuck during the period after his father's death, when he was desperately trying to cheer his mother up and take care of all the arrangements because she was incapacitated—spending much of her time locked in her bedroom, keening. This boy felt overwhelmed with responsibility and like he couldn't cry or grieve because he didn't want to further upset his mother. He also believed he was a failure because he couldn't make her feel better. Will was able to retrieve this boy also from those dreadful scenes and the boy then unloaded those beliefs and emotions.

Will came in to the next session saying he'd had a realization during the week. He had always been a caretaker—first of his mom, then of Tammy and the kids. She had said that that was one of the things that drew her to him—that he was so responsible and solicitous—because she had a wild side and was prone to forgetting things she needed to do. He had never understood why

he worked so hard to take care of people and make sure they didn't get sad or upset. Now that Tammy had become so depressed over his compulsion, it felt like he was back worrying about his mom and again feeling like a failure, this time because he couldn't help Tammy by stopping the collecting and other activities. He better understood why he became so panicked about her depression, why his inner critic tried to push him so hard to change, and why he had been feeling so terrible about himself.

This kind of insight often spontaneously accompanies the internal work and is welcomed because it helps clients not only better understand their predicaments but also gain compassion and acceptance for themselves. Because they come to these realizations themselves and have a clear map to continue to work on themselves, clients feel empowered and less dependent on therapist interpretation or wisdom.

In the subsequent session, Will reported that his compulsion had lessened and that he had even given away tickets to a basketball game—something he ordinarily would never do. I had him revisit the hobby part and he said it seemed to be resting, almost asleep. I had him ask if it was ready to try out a new role—to do something different with all its energy. It said it wanted to just keep resting—it was very tired—but could use his help to remind it since it was so used to doing its job. Will said he would be happy to do that. I asked Will to bring Tammy with him for the next session.

Tammy was happy to report that she had seen changes in both Will's hoarding and his compulsive sports activities and felt hopeful for the first time in many years. I invited Will to share with Tammy the inner work that he had done and the insights he'd arrived at. Tammy was quite moved by Will's description of the two 13-year-olds and said that the compulsive activity made more sense given how much it was sitting on. It also helped her understand why he reacted so frantically to her being upset with him. She said that she wasn't sure she was totally ready for him to stop caretaking and he assured her that it wouldn't totally go away.

In a subsequent session, Will was able to speak to her for some of his parts rather than from them. This is an IFS process used in couples therapy, where partners are encouraged to listen inside before they speak to the other and try to talk from their open-hearted Self about what their parts feel (Schwartz, 2008). Will said that parts of him still felt stung by her disparaging remarks and name-calling during the worst of their struggles around his behavior. This was new behavior for Will, whose usual MO was to withdraw to his collections when he felt hurt. Tammy apologized for being so hard on him and said she just didn't know how else to get him to stop. Will said, "That's funny because there's a part of me that said the same thing."

Will was also able to apologize sincerely, as opposed to the compliant or guilt-ridden apologies he had issued earlier. He said that as his protectors relaxed and didn't have to minimize anymore, he could see how his compulsion would be not only aggravating but also terrifying because it was taking them deep into debt. He understood how powerless Tammy must have felt to stop him and how lonely she must have been because he was so unavailable.

As Will became less polarized and vulnerable inside he was better able to be accepting of all his parts and of his wife's parts. When your partner acts like a part of you that you hate (in this example, Tammy was acting like Will's critic), the parts that protect you from it will react the same way to your partner. So it's all parallel. Acceptance inside leads to acceptance outside and vice versa.

I continued to work with Will and Tammy as a couple for a few more sessions and then they decided to stop because things had gotten much better at home. Will's compulsions had diminished considerably, but not only that, they were both more accepting of them. The inner and outer polarizations had abated and they lived more peacefully.

Years ago, Carl Rogers observed, "The curious paradox is that when I accept myself just as I am, then I can change." That paradox is a tough one because it flies in the face of common sense. Acceptance is so often equated with surrender, acquiescence, and indulgence. In our culture of striving, acceptance is thought to mean learning to live with the things that drive you crazy—giving in to them. My translation of Rogers' aphorism is that the parts in us (and around us) that so pressure us to change and judge us for not changing generally achieve the opposite.

When those parts are willing to relax (give up to a higher power, perhaps?) and let the warm acceptance of Self shine on the problematic ones, those parts will admit that they don't like their protective or polarized roles and want to change, and will reveal the roadmap for that to happen.

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