Internal family systems therapy, or IFS, is widely recognized as one of the most compassionate and comprehensive psychotherapies available. Its nonpathologizing approach to behavior, consciousness and personality have been adopted by clinicians around the world, but with the exception of Richard Schwartz’s foundational introductory text, few texts give clinicians the information they need on adapting the IFS framework to patients’ complex and diverse needs and circumstances. Internal Family Systems Therapy: New Dimensions changes that. The chapters focus on topics common in therapists’ practice, and each provides both a refreshing approach to sometimes thorny issues, and clear, practical guidance for how best to explore them in treatment. For any practitioner interested in learning about this vital, vibrant form of therapy, Internal Family Systems Therapy: New Dimensions is the perfect introduction. For clinicians already a part of the IFS community, this book is bound to become one of the most essential tools in their toolbox.

Martha Sweezy, PhD, is the associate director and director of training for the dialectical behavioral therapy (DBT) program at the Cambridge Health Alliance, a lecturer on psychiatry at Cambridge Health Alliance, Harvard Medical School, and assists at IFS trainings. She is the author of two articles on IFS, “Treating Trauma After Dialectical Behavioral Therapy” in the Journal of Psychotherapy Integration (2011, Vol. 21, No. 1, pp. 90–102) and “The Teenager’s Confession: Regulating Shame in Internal Family Systems Therapy” in the American Journal of Psychotherapy (2011, Vol. 65, No. 2, pp. 179–188). She also has a therapy and consultation practice in Northampton, Massachusetts.

Ellen L. Ziskind, LICSW, has been affiliated with Harvard Medical School at Cambridge Hospital, Beth Israel Deaconess Medical Center, Boston Institute for Psychotherapy and Two Brattle Center, leading staff groups and doing group consultation. Currently she is on the faculty at Northeastern Society for Group Psychotherapy. IFS is an integral part of her work with individuals, couples and groups. She has a private practice in Brookline, Massachusetts.

CE credit is available to purchasers of this book at www.mensanapublications.com.
To my sine qua non, Rob and Theo.
—Martha Sweezy

To Maggie, friend and sister—the best of each.
—Ellen L. Ziskind
CONTENTS

About the Contributors ix

Foreword xiii
Richard C. Schwartz

Acknowledgments xv

An Introduction to IFS xvii
Jack Engler

1 The Therapist–Client Relationship and the Transformative Power of Self 1
Richard C. Schwartz

2 Emotional Cannibalism: Shame in Action 24
Martha Sweezy

3 IFS with Children and Adolescents 35
Pamela K. Krause

4 Self in Relationship: An Introduction to IFS Couple Therapy 55
Toni Herbine-Blank

5 Integrating IFS with Phase-Oriented Treatment of Clients with Dissociative Disorder 72
Joanne H. Twombly
6  Embodying the Internal Family  
Susan McConnell  
90

7  “Who’s Taking What?” Connecting Neuroscience, Psychopharmacology and Internal Family Systems for Trauma  
Frank Guastella Anderson  
107

8  The Internal Family System and Adult Health: Changing the Course of Chronic Illness  
Nancy Sowell  
127

9  IFS and Health Coaching: A New Model of Behavior Change and Medical Decision Making  
John B. Livingstone and Joanne Gaffney  
143

10  Treating Pornography Addiction with IFS  
Nancy Wonder  
159

11  Welcoming All Erotic Parts: Our Reactions to the Sexual and Using Polarities to Enhance Erotic Excitement  
Lawrence G. Rosenberg  
166

Glossary  
187
Index  
191
Frank Guastella Anderson, MD, has spoken extensively on the psychopharmacology of posttraumatic stress disorder and dissociation, and has integrated IFS with neuroscience in relation to trauma. There are two video productions of his work, “Psychiatric Medications Through a Trauma Lens” (2008) and “Psychopharmacologic Approaches to Complex Trauma” (2012), available at www.traumacenter.org. In addition to IFS, Frank is trained in EMDR and sensorimotor psychotherapy. He is affiliated with the Center for Self Leadership as well as the Trauma Center in Boston and maintains a private practice in Concord, Massachusetts.

Jack Engler, PhD, is an instructor in psychology at Harvard Medical School where he teaches and supervises psychotherapy in the department of psychiatry at the Cambridge Health Alliance. He helped found the Insight Meditation Society and the Barre Center for Buddhist Studies, where he taught for many years. He has written and spoken extensively on the integration of meditation and psychotherapy, and eastern and western approaches to health and healing. He coauthored Transformations of Consciousness with Ken Wilbur, PhD, and Daniel Brown, PhD, and A Consumer’s Guide to Psychotherapy with Daniel Goleman, PhD. He has a full-time private practice in Cambridge, Massachusetts.

Joanne Gaffney, RN, LICSW, is trained in a broad range of psychotherapeutic methods and is certified in IFS, EMDR and Rubenfeld Synergy (mind/body). She has studied health behavior change and medical decision-making processes and designed new training programs in health coaching for midcareer nurse health coaches at Health Dialog, Inc. She has a private,
IFS-informed psychotherapy and consulting practice for individuals and couples in Provincetown, Massachusetts. Contact: www.gaffney-livingstone.com

**Toni Herbine-Blank, MS, RN, Cs-P**, is a psychiatric clinical nurse specialist. As a senior lead trainer for the Center for Self Leadership, she developed curricula for both basic and advanced trainings. She also developed the concepts and created the curriculum for her own training program in IFS couple therapy, *Intimacy from the Inside Out*. Toni has a private practice in Durango, Colorado, where she lives with her husband, Jordan, and a menagerie of animals.

**Pamela K. Krause, LCSW**, has worked inpatient and outpatient with children and adolescents and, as a board member of two nonprofit organizations, has helped develop programs for at-risk youth. Pamela is a senior lead trainer for the Center for Self Leadership, where she teaches Levels 1 and 2 of the IFS trainings. In addition, she developed and teaches workshops on using IFS with children and adolescents. Pamela maintains a private practice near Harrisburg, Pennsylvania, with children, adolescents and adults.

**John B. Livingstone, MD**, is a chaired assistant clinical professor in psychiatry, Harvard Medical School at McLean Hospital, where he founded Children’s Outpatient Services and Team Clinic. He has a long-standing commitment to improving medical care and preventing illness. His most recent project involves adapting the IFS model to the processes of health behavior change and decision making. He spent three years designing and researching an updated training program for midcareer nurse health coaches at Health Dialog, Inc. His clinical practice in Provincetown, Massachusetts, with children, parents and couples is heavily informed by his training in IFS. Contact: www.gaffney-livingstone.com

**Susan McConnell, MA**, senior lead trainer for the Center for Self Leadership (CSL), teaches IFS therapy in the United States and Europe. Her involvement with CSL includes developing training curricula, training the IFS training staff and designing and leading retreats and seminars. Susan’s master’s degree emphasized somatic psychotherapy. She developed, uses and teaches a somatic application of IFS, and has a private clinical practice in Chicago, Illinois.

**Lawrence G. Rosenberg, PhD**, is a specialist in human sexuality and brings an integrative perspective to psychotherapy. He has taught and published on themes pertaining to gay/lesbian/bisexual/transgender development, power dynamics in sexual relationships, erotic fantasy and compulsive sexual behavior. He presents IFS workshops and assists at IFS trainings. Larry is an instructor in psychology at Cambridge Health Alliance, Harvard Medical School, and has a clinical and consultation practice for individuals and couples in Cambridge, Massachusetts.
Richard C. Schwartz, PhD, began his career as a systemic family therapist and an academic at the University of Illinois and at Northwestern University. Grounded in systems thinking, Dr. Schwartz developed the Internal Family Systems model (IFS) in response to clients’ descriptions of various parts within themselves. In 2000, he founded the Center for Self Leadership (www.selfleadership.org), which offers three levels of trainings and workshops in IFS for professionals and the general public, both in this country and abroad. A featured speaker for national professional organizations, Dr. Schwartz has published five books and over fifty articles about IFS.

Nancy Sowell, LICSW, is a trainer for the Center for Self Leadership. She consults and teaches IFS in the United States and Europe and runs workshops to train clinicians in the use of IFS with medical problems. Specializing in the use of IFS to promote health, she developed a treatment program for medical patients in a research study at Brigham and Women’s Hospital in Boston and coauthored its IFS research treatment protocol. Nancy is a teaching associate at Harvard Medical School and maintains a private practice on Cape Cod as well as in Newton, Massachusetts.

Joanne H. Twombly, LICSW, specializes in treating complex posttraumatic stress disorder and dissociative disorders. She provides training and consultation in IFS, EMDR and hypnosis, and has written articles and chapters on diagnosis and treatment of dissociative disorders, the use of EMDR in treating dissociative disorders, EMDR and IFS. She is a past board member for the International Society for the Study of Trauma and Dissociation, where she received a Distinguished Achievement Award, and the past president of the New England Society for the Treatment of Trauma and Dissociation. She is in private practice in Waltham, Massachusetts.

Nancy Wonder, PhD, is an assistant trainer with the Center for Self Leadership. She has focused on sexual addiction, sexual offending and sexual abuse in her individual, group and consulting work and has used IFS to enhance therapy for sexual concerns. She has presented nationally on pornography addiction, couples and victim empathy with juveniles who commit sexual offenses. She has a private practice in Tallahassee, Florida.
Whenever I think about this book, the part who drove me to birth IFS relaxes a little. Here is concrete evidence that I’m no longer alone on this journey. These chapters contain the accumulated wisdom of 12 highly respected therapists who have been using IFS for many years in their respective specialties. In doing so, they have taken the model places I never could while broadening and deepening it.

They are making my inner life easier in other ways as well. As I’ve presented IFS over the last three decades, someone has invariably asked, “How do you use it with children?” “What do you think about medication?” “What about transference and countertransference?” “How does it work with DID, couples, medical symptoms, sex addiction?” and so forth. I would give a couple of sentences in answer to those questions based on my limited experience but a part of me would feel ashamed, thinking, “If this model were substantial, experts would be writing about these topics.” Now that I can proudly say, “Read chapter X in *Internal Family Systems Therapy: New Dimensions*,” that part, too, has begun to relax.

In addition to helping ease some of my burdens, this book is a major contribution to the literature on IFS, and, in turn, to the movement in psychotherapy and medicine toward a more collaborative, nonpathologizing, empowering approach. Each of the contributors is not only well versed in IFS but is also an authority on the topic about which they write. Martha and Ellen, the editors, took their jobs seriously. They selected key topics that fill holes in the IFS literature, chose authors who know the material and provided exceptional editorial support. I’m honored to be a part of this volume as it represents a large step forward in the history of IFS.

—Richard C. Schwartz
ACKNOWLEDGMENTS

MARTHA’S ACKNOWLEDGMENT OF ELLEN

On the certainty that multiplicity in human realms is a good thing, I wanted two editors for this project. So, with intuition as my guide, I invited Ellen to join me. Along the way I learned that I could not have done it without her. In addition to being smart, kind, insightful and an excellent editor, Ellen has been my anchor in hard moments and the partner who made this project fun and exciting week after week, day by day, e-mail after e-mail. I am deeply grateful.

ELLEN’S ACKNOWLEDGMENT OF MARTHA

When Martha asked me to join her as coeditor, I was surprised because we did not know each other well, and excited by the prospect of collaborating with someone I held in high regard on a project of such interest to me. I knew her to be a person with integrity and perspective. And I sensed in her a steadfast spirit full of playfulness and ingenuity. How right I was. Martha has been, without exaggeration, a dream of a partner: gracious, openhearted, generous and supremely capable. My only regret is that our work has come to an end.

OTHER ACKNOWLEDGMENTS

We thank Patricia Papernow for introducing us to Anna Moore, our editor at Routledge, who has been a gentle guide, genuine collaborator and supportive
presence from start to finish. We also thank Sam Rosenthal, Anna’s editorial assistant, who answered all our questions with reassurance and alacrity. And we thank Susan Callaghan, Director of Marketing and Communications at Boston College Graduate School of Social Work, for her beautiful cover design.

We particularly thank our authors, from whom we have learned so much, for their deep commitment to expanding the boundaries of the IFS model. Our editorial parts have been the happy recipients of their patience and gracious good humor. We thank Dick Schwartz for his masterful clinical work, his leadership in developing the model and his generosity in contributing both the Foreword for this book and a seminal chapter on the evolution of his thinking about the relational aspects of IFS.

We also thank the following people: Maggie Brenner, who offered invaluable perspective and insight on both content and process throughout book; and Lisa Ferentz, Matt Leeds and Janna Smith, who gave their time and expertise by reading and supporting our book proposal.
BEGINNINGS

Ironically, I was introduced to one of the newest and fastest growing therapies in the United States in the First Parish Church of Cambridge, one of the oldest public buildings in the Boston area, on a cold, wet winter afternoon in 2005. I have come to view this as fitting because IFS has affinities with some of the world’s great spiritual traditions. Although Boston has become the epicenter of growth for IFS, at the time it was an eastern outpost hosting a workshop given by the founder, Richard Schwartz.

I had been practicing psychodynamic psychotherapy in Cambridge for 25 years, so initially I wasn’t all that enthusiastic about learning a new system. But this first exposure to IFS turned out to be compelling. I was impressed by Dr. Schwartz’ presentation, by the basic concepts and structure of the IFS model, and by his description of how IFS emerged from a paradox he encountered while doing structural family therapy: “A family would make the structural changes the theory said should help them function better,” I recall him saying, “but when I began to ask individual family members about their actual subjective experience of the changes the family had made, they would often say they didn’t feel any better than before.”

PARTS AND THE MULTIPLICITY OF MIND

Exploring this paradox eventually led him to discover an internal family system similarly composed of separate components in complex relationships with each other, very much like members of the external family.
That is, the mind is not a singular entity or self, but is multiple, composed of parts. This principle of multiplicity is at the core of the IFS model. Each of our parts, Dr. Schwartz found, has its own history, outlook and approach, its own idiosyncratic beliefs, characteristic moods and feelings, and its own relationships with other parts. More important, each part has its own distinct role or function within the internal system. A part, in other words, is not just a temporary emotional state or habitual thought pattern; it is a discrete and autonomous mental system with its own unique range of emotion, style of expression, set of abilities, desires and view of the world (Schwartz, 1995: 34). IFS views this multiplicity of mind as normal. In fact, we talk this way about ourselves all the time. We say, for instance, “A part of me wanted to do it. A part of me didn’t.” Assagioli’s (1976) notion of “subpersonality,” Jung’s idea of “complexes” (1969) and Perls’s (1969) gestalt therapy all capture something of this idea of multiplicity. As psychoanalytic thinking has become more relational, it too has wrestled with the question of whether the self is singular or multiple (Mitchell, 1993; Engler, 2003). Although the idea that the mind is multiple is very old, the concept runs against our preferred way of representing ourselves to ourselves as a separate, autonomous self, an “I” or “me” whom we view as an independent center of consciousness and initiative. This idea of a separate, singular self is actually quite modern and western, only three or four hundred years old, a product of the European enlightenment (Taylor, 1989). So though Schwartz described arriving at his conceptualization independently, largely from asking clients a set of questions that were new to family therapists, IFS has distinguished antecedents.

Parts, as understood by IFS, cluster into three groups, each with a different function. The first is a protective group of parts called managers. These strategic, task-oriented parts strive to keep us organized and safe. They may push perfectionism, worry obsessively, exhaust with caretaking, or more passively avoid, deny, discourage and devalue. Ironically, as they become extreme in the pursuit of safety and exile our injured parts to protect the system, they inflict more harm. The injured parts who get exiled are invariably burdened with emotional pain and dysfunctional beliefs about their worth and lovability that threaten the equilibrium protectors crave. When exiles override managers with emotional pain, they take us over, literally become us. IFS says they are now blended with us. Before we realize it, we identify with our exiles and take them to be who we are. We see ourselves and the world through their eyes and believe it is “the” world. In this state it won’t occur to us that we have been hijacked.

When exiles blend with us, another set of protective parts called firefghters are activated. Their role is to put out the emotional fire at any cost, often by starting backfires. This is the heavy artillery: alcohol, drugs, eating disorders, promiscuous sex, pornography, self-mutilation and suicidality, exacting a steep cost in collateral damage. Exiles, managers and firefighters are the trio we
encounter in symptomatic behavior. Although exiles have been forced into a position not of their own choosing, protectors are volunteers who have often been playing their part since early in life, sometimes since infancy, to keep the system functioning.

From the point of view of IFS, therefore, many behaviors typically viewed as symptoms of underlying psychiatric disorders are actually strategies of protection. Common examples include anxiety-related symptoms such as obsessions, compulsions, phobias and panic attacks; or depression-related symptoms like passivity, withdrawal or insomnia and somatic complaints; or more self-destructive behaviors like eating disorders, self-harm and suicide. The IFS conceptualization of parts appealed to me because it is experience-near and nonpathologizing. Behaviors seem less entrenched and intimidating, more workable and open to change.

How are these parts actually experienced? Some experience them as internal people, though this may be the least common. More frequently they are experienced as internal “voices,” images or sensations. Contact with a part can be made through any mode of perception, including imagery, memory or physical sensation. They may manifest differently at different times, and be experienced as more or less distinct. But this doesn’t prevent connection with them, or make the work less effective. The key is approaching every part with genuine interest and respect.

Sooner or later most practitioners wonder what type of reality parts have. This question remains unresolved because IFS has developed, as with most psychotherapies, phenomenologically. Dr. Schwartz deliberately deferred the process of grounding IFS in theory and research until later to make IFS immediately available to clinicians. Research is now beginning, as are attempts to approach philosophical issues like the nature of parts.

SELF

Dr. Schwartz introduced another finding in the introductory workshop that I have come to feel is the most important and innovative aspect of the entire IFS model: the notion of Self. This term Self (capital S) can be controversial because it carries certain connotations and invites associations with other therapeutic and spiritual systems that use the same term. Beginning with Freud, psychoanalysis has felt compelled to find a place for the concept of self. In fact it has become the most debated notion in contemporary analytic thinking (Mitchell, 1993). Long before IFS, I was familiar with a similar discussion in the great spiritual traditions, for which the term is central. “Self” in the Upanishads or Vedanta, for instance, points to Ultimate Reality, Absolute Being, our innermost being behind all transient appearances and outside space and time. But there is no agreed upon meaning. The term is used inconsistently
within the therapeutic and spiritual traditions themselves. Buddhism, for instance, uses the diametrically opposite term “No-Self” for what is arguably the same reality (Engler & Fulton, 2012). But although certainly aware of its usage in the spiritual traditions (Schwartz, 2001, 29ff), Dr. Schwartz said he discovered what he came to call Self by listening closely to his clients.

He attempted to anchor this term, too, in direct experience. When a part steps back and releases its grip on us so that we no longer take it to be part of our core identity, what do we discover? First of all, a state of pure, open receptive awareness and acceptance without judgment or agendas. Self is what remains when parts are willing to unblend from us. When we relax into being that which is not any of our parts, IFS says we find our core, our essence, our true nature. Our natural state is a state of wholeness and completeness.

And from that core, uncontrived state, we discover that basic wholesome qualities emanate spontaneously. For instance, we don’t become compassionate and kind. Kindness and compassion are already there, as are many other positive attributes. We cannot acquire or generate them, and we don’t need to because they are innate. They are not transient states of consciousness that come and go, but timeless qualities of being. Self is like a beam of light that refracts into all the colors of the rainbow as it passes through a prism and illuminates our parts and external objects in the world. Interestingly, these “colors” overlap with many of the same qualities that all the Great Traditions identify. Dr. Schwartz used a mnemonic of Cs to identify eight of them, though this list is not exhaustive: calmness, clarity (or wisdom), curiosity, compassion, confidence, courage, creativity and connectedness. This is the same group of qualities that Buddhist teaching has long called paramis, or “perfections,” qualities of mind considered essential to awakening. IFS uses the term “Self” for this unblended state. The term Self-energy is also useful to designate the flow of feeling from Self to parts, and to recognize the different degrees to which a part is blended.

Two things about the notion of Self as described by Dr. Schwartz struck me as original. First, unlike most of the Great Traditions, which typically assume that years of disciplined practice are necessary to access Self-energy, practitioners of IFS find that any time a part becomes willing to unblend, we will experience some degree of inherent wisdom and compassion, some sense of freedom, lucidity and connection. At the same time, IFS recognizes the reality that our parts are seldom completely unblended from us. The part we are working with may need to stay partially blended to feel safe enough for interaction with us. Moreover, as one part unblends we may still be blended or partially blended with others. This means we are seldom completely “in Self.” Instead we move into Self by degrees. This idea may be original with IFS and is crucial in working with parts.

Second, the description Dr. Schwartz gave of Self playing an interactive role with parts was new and stimulating to me. In his conceptualization, Self doesn’t only witness or passively observe as in some meditation traditions; it
has an active leadership role. One of his metaphors likens Self to the conductor of an orchestra, helping parts find new roles and function more harmoniously resulting in a symphony rather than a cacophony. From Self, curiosity, compassion and wisdom arise spontaneously, helping us to get to know and care for our parts. More surprising still was the idea that if we are even somewhat unblended, we are capable of providing the leadership our parts need. The assumption—repeatedly borne out in my experience since—is that only Self-led leadership is trustworthy and effective. That which is whole and complete, aware and awake in us, is very unlike parts. It is unbiased, impartial and does not need things to be “this” way or “that” but instead expresses interest, concern, care and compassion. Parts have agendas. Self does not.

This was the overall view of IFS that Dr. Schwartz presented on that cold, wet winter weekend in Cambridge. I liked the experience—near conceptualizations and language. I also had been trying for some time to formulate a notion of self as both singular and multiple from the perspectives of psychoanalytic and Buddhist psychology (Engler, 2003). In addition, I was looking for fresh inspiration in my clinical work. I found it all that weekend.

As intrigued as I was with IFS theory at that workshop, what I remember most was a video of Dr. Schwartz working with a 21-year-old woman diagnosed with borderline personality disorder, a notoriously hard-to-treat set of symptoms. In the video she sat stiff and unmoving in an overstuffed chair, staring ahead, barely able to speak. An enraged suicidal part had vowed she would not live past 21 and this was her 21st birthday. The videotape showed Dr. Schwartz working with the client to get the suicidal part to unblend, help the exile it had been protecting to feel safe and heard and then, implausibly to me at the time, help the suicidal part actually find a different and less destructive role within her internal family. As I watched, I realized this work went to a level and used a skill set with which I was not familiar. I have since learned that after this session the young woman stopped self-mutilating and ceased to be suicidal.

THE CAPE COD INSTITUTE: UNBURDENING

That summer of 2005, I attended a weeklong seminar that Dr. Schwartz offers annually at the Cape Cod Summer Institute. This seminar introduced me to unburdening, a process that may be unique to IFS. The notion that we accumulate burdens in the form of extreme ideas or feelings seemed self-evident to me. However, the notion that burdens are not intrinsic to parts and can be released was not. For unburdening to occur, both client and therapist must first recognize that the burden is not the part’s essence, that it was imposed from the outside at some point in the individual’s life, and that it need not evoke guilt or shame. Next, the part needs to have some or all of its experiences witnessed and understood by the client’s Self. Only then will it
let the burden go. IFS offers a stepwise protocol for the release of burdens, in which parts are invited to choose their own rituals for letting go; on the other hand, unburdening often occurs spontaneously. Dr. Schwartz acknowledged that some clients find the concept too gimmicky and easy. Or else they have trouble believing that burdens can actually be released. For others, the idea flies in the face of their all-too-long struggle with burdened parts. Still others carry a secret (or unconscious) belief that there cannot really be an end to internal conflict and suffering. Even some IFS therapists have trouble believing unburdening is possible. Among those who accept the notion, there is controversy over whether an unburdening will hold over time or will have to be repeated. In my experience, if a part carries several different burdens, or has received the same burden from several sources, the process often does need to be repeated. My first unburdening, described below, was one and done, but I know from subsequent experience this is not always the case.

I returned to my room in late afternoon after a day at the seminar introducing the unburdening process. I had a couple of hours before supper and thought I’d use the time to practice what we’d been taught. I mostly wanted to see for myself whether and how it worked. Soon after starting, it became very real. When I went inside to see which parts were asking for attention, I quickly became aware of a continuous high-pitched scream of terror, which seemed to come from the back of my mind. I gradually realized that I had been hearing this screaming for as far back as I could remember. It was in the background of almost every state of consciousness. I invited the part who was screaming to come forward. It was a 7-year-old boy. I asked if there was something he wanted me to understand about his screaming.

At once a memory surfaced of a terrifying hospital experience in which this child was strapped to a gurney while strangers slowly lowered an ether mask over his face. His parents had disappeared. All he could see was the black, foul-smelling hole coming closer and closer to engulf and suffocate him. Whether his scream was out loud or only in his mind, he didn’t know, but he did suddenly know why he was screaming. I asked him if he felt ready. I asked if he wanted to come into the present to be with me and find a role in my current life. Again he said yes. I told him he could go ahead and release the burden and join me, which he did. I have not heard the screaming since.

INDIVIDUAL THERAPY

I didn’t have to wait long before discovering further applications of IFS. Later that fall of 2005, I was hit broadside while driving. Fortunately the collision was low impact. Neither of us seemed hurt. Two to three weeks later, however, I began to experience pain in my neck. Over the fall and winter the pain gradually radiated down my left side until it became unbearable. A series of imaging studies revealed problems in my cervical spine. After a series