

## **Bonus 12**

# **Advanced Master Program on the Treatment of Trauma**

## **Using IFS to Rewire Unhealthy Relationship Patterns in Trauma Survivors**

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## How IFS Can Explain Why Patients May Reenact Past Relationships

**Dr. Buczynski:** In Bonus 9, Deb Dana got into one reason why intimate relationships in particular can be so triggering for people who have experienced trauma.

Now, let's look at how the Internal Family Systems model helps to explain this . . .

**Dr. Schwartz:** When we have a bunch of these exiled parts, especially when they carry what I call the burden of worthlessness, which you get when your caretaker treated you like you weren't valuable, then these parts and also some of these Protectors have the drive to change that. There's this terror that comes with a feeling that you're worthless. So whenever a caretaker gives us that message that we're not valuable, that brings up that terror and a kind of drive to be redeemed, a drive to get the caretaker to change their mind somehow. And so lots of trauma survivors leave their families with that curse of worthlessness and the drive for redemption, and they have a specific profile of the redeemer who resembles the caretaker that gave them the worthlessness.

So you get infatuated or elated when you run into that profiled person because finally, because this person is valuing you and liking you and loving you, that's going to lift that burden of worthlessness and you're going to survive. For these Exiles, they feel like, "Okay, finally I'm going to be protected and I'm going to be loved and I'm not going to feel constantly worthless." Unfortunately, most of the time, that person does

resemble the original caretaker in a lot of ways and will hurt you in a similar way. And when that happens, it's a big explosion with all your Protectors. And you will either try to change the person back through yelling at them or criticizing, or through changing yourself. So all your Protectors' change attempts and criticism either goes toward your partner, or it goes to yourself to try and get the person to come back. So, "If I could just lose weight, or if I just quit yelling . . ." Then they'll be the redeemer again.

And at some point, if all that fails, then you'll give up on that partner – he wasn't really the redeemer – and you'll go looking for another one. Or give up on a person to be that and instead just throw yourself into work or something. So that's the dilemma that a lot of couples are in. One partner's in one project of those and another is in another protective project, and

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that accounts for the patterns that they bring you. So that's part of why it's so hard. There are just so many triggers that trauma survivors have. And as they reel in the designated redeemer, and that person gets close enough to trigger their Exiles, then their Protectors go into high alert. And so it's that kind of battle because there are parts that are desperate for that person to be close and then other parts that are determined to never let that person close. And so the partner of such a trauma survivor is getting that double message all the time.

**Dr. Buczynski:** So a parts approach can help to explain why patients who have endured trauma often reenact past relationships.

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So now let's look at a case study that can help you get a more concrete sense of how to use a parts approach to help patients when past trauma is triggering problems in their intimate relationships . . .

**Dr. Sweezy:** I was working with a woman who was molested by a very charming uncle. And she had a very mixed relationship with him. She had parts that were very attached to him because he was the only one that paid attention to her. And she had parts who were terribly afraid of him and enraged with him. So then, she

married a very charming man who was not her uncle, he wasn't an abuser, but he was very charming. And he had grown up in a family where being entertaining and funny and smart was his ticket to getting attention. So he had parts that were very attached to that way of being in those parts.

And she had parts who were immediately attached to that and glommed onto those parts and parts who were terrified of his power over her and hated that and punished him. And he had parts that were explosively angry. He was a caretaker until he wasn't, and he would have these explosive rage fits. So they were repeating all this stuff from their childhood with each other. But they weren't those people, they weren't the same people either. They weren't able to see that that wasn't necessary today, that he was not an abuser, that she could be safe with him.

## A Step-by-Step Approach to Help Patients Separate Their Internal Parts

**Dr. Buczynski:** So how do we help patients break this cycle of seeking love and acceptance by reenacting past traumatic relationships?

**Dr. Sweezy:** I first get them to unblend. Track back and forth between, “When she says this, what happens inside of you?” Then, “How do you respond and what do you say?” And then back to her. “And when he says that, what happens inside of you?” So we're sort of just trying to establish how they're affecting each other to begin with.

And then we're getting people, both of them, to separate from their parts who are bringing this template forward so that they can understand what's driving this, all this reactivity, and get them to get a bird's eye view of how their parts are taking over behaving with each other, reinforcing old ideas. You want to get a lot more space in this system and a lot more vision on what's going on for all the parts.

“Most of the time, they come in with protective parts that are focused on the other person and how the other person needs to change.”

**Dr. Buczynski:** The next step is to help your patients shift their focus inward to address their vulnerable, traumatized parts instead of projecting that pain onto their partner. So let's turn back to Dr. Richard Schwartz to look at another case study.

**Dr. Schwartz:** The couple comes in and I'll ask about the problems that brought them in. And they'll describe the problem and then we attempt in interviewing them thereafter to achieve what I'm going to call a U-turn in each partner's focus. Because much of the time, they come in with protective parts that are focused on the other person and how the other person needs to change.

So as they're describing the problem, I will say to one and then the other, "And when this happens, what happens inside of you?" And they'll say, "Well, when he says this, that makes me say this in an angry way. I get really angry." Okay. And then I'll go to him and say, "When she says this, what happens inside of you when she responds so angrily?" "Well, I say inside, 'I don't have to put up with that.'" And I'll say, "Okay, so one part of you says, 'I don't have to put up with that.' Anything else happen in there?" "Yeah, I kind of get scared that we're going

off the rails again and it's going to another five days of coldness." "Oh, so another part starts to say, 'Slow down because it's heading south.' Is that right?" "Yeah, that's right." "Anything else happen in there?"

And ideally, I'll stay with it until they reveal an Exile. "Yes, it makes a part of me feel really worthless or really, really sad that we're getting into this again," or some version of that, that's vulnerable. And then I'll go back to the other partner and explore even more about the parts of them that are connected to this pattern. And in maybe ten minutes, we usually can get maybe three, four parts of each partner on the table that way.

“When couples come in, you don’t see much of their Exiles. You see it’s parts wars. It’s Protector wars.”

**Dr. Buczynski:** So as Richard just illustrated, to help bring a patient’s vulnerable parts to the surface, we first want to help them peel back the layers of protective parts that they’ve built up.

Here’s another way you might go about untangling your patient’s parts . . .

**Dr. Schwartz:** So another way to find different parts in each partner is through just watching. And it's

pretty evident as you get good at this that there are very common, very angry Protectors. And then there are parts that make one partner just shut down and not talk often. Or, there are Protectors that will escalate. And then some partners just get very frightened and so you're watching all of that. And part of IFS is that there is a place in both people that's different than these parts and that does know how to get along with their partner and also knows how to take care of these parts as an internal leader. And we call that the “Self,” with a capital “S.” So basically, when I see a partner doing anything that isn't “Self,” then I know that that's a part. And there's just a whole wide variety of different kinds of Protectors. There might be a denying part, or very defensive part; a part that is taking on all the blame themselves, a part that won't let them ever get angry or have a voice in the relationship.

So all of those are pretty evident as people are doing this and I've been describing mainly Protector parts. Because mainly, when couples come in, you don't see much of their Exiles. You see it’s parts wars. It's Protector wars, basically. There's not much of what I call “Self” in the room, and there's lots of these big-time Protectors. And so part of my job is to create enough safety that each partner's Protectors trust it's safe to drop their weapons and reveal more about their Exiles and also access more of their “Self.”

## The Importance of Helping Couples Develop Self-to-Self Communication

**Dr. Buczynski:** Now uncovering this “Self” is a key step toward helping couples mend their relationship, because . . .

**Dr. Schwartz:** One of the goals is to achieve what we call Self-to-Self communication rather than parts-driven communication. And to do that, I'll say early on in the session, "I don't really want to sit and watch your usual patterns because that's not working for you, and it's not going to get us anywhere, either. So if you give me permission to be the parts detector, then when I see you in a part, I'm going to blow the whistle. And I'm going to stop everything and ask each of you to go inside and notice what's happening inside of you. And don't come back out until you can speak for those parts from your ‘Self.’"

“One of the goals is to achieve what we call Self-to-Self communication rather than parts-driven communication.”

So, say, instead of, "I hate it when you do that," say, “Stop, go inside, find the part that said that.” They do that. “Come back when you can represent what it was trying to say from an open-hearted place.” So they come back and they say, "You know, when you said that thing, it really triggered this angry part of me. And as I stayed in there, I noticed it was protecting this part that felt really hurt by what you said." It's a totally different message than, “I hate when you do that.” So just through their agreeing to let me be the parts detector, I'm slowing everything down, we're identifying more and more parts, and they're getting practice at not letting their parts take over and speaking for them instead.

### How to Identify the Eight Key Signs of Self-Leadership

**Dr. Buczynski:** But how do you get your patients to “be in Self” and speak to their partner from this compassionate, open-minded place?

**Dr. Schwartz:** Over the years of doing this, I now know that that “Self” is inside of everybody and can be accessed fairly quickly, if parts will open space for it.

And it's the same “Self” that people meditate to get to. It's just by calming down and quieting the mind you automatically access that. But through IFS, there's a more concrete way to do it, which simply involves asking these parts to open space inside or to step back. And as they do, spontaneously, this other person shows up who's pretty universal. It's sort of the same person in the other partner and will show up with certain qualities that are pretty universal.

“Nobody’s ever in total ‘Self,’ in pure ‘Self.’ We’re just trying to get enough to get the ball rolling in a good way.”

**Dr. Buczynski:** Now these universal qualities of the “Self” – there are eight of them, and according to Richard, they all combine to make the “Self” such a wise, powerful resource for healing.

**Dr. Schwartz:** So we have what we call the eight Cs of Self-leadership because oddly enough, they all begin with the letter “C.” So when I access curiosity in a client or in a couples session that's pure – that's not manipulative curiosity – but they're just really interested in their partner and why their partner's

upset. That's a sign that now we have some “Self” in the room. Or when they're calmer and they're more peaceful and they're not agitated, then that's another C-word. When they're confident instead of being intimidated. When they are compassionate – compassion is a hallmark of “Self.” When they are courageous, when they have the courage to actually tackle directly some of the issues they've been avoiding. When they have creativity in how they relate to each other rather than the in the box ways that parts make you relate, now you're out of the box. And clarity. So there's lots of problems with partners because these Protectors have a lot of, what's called in psychotherapy, transference towards the other person, and they can distort your image.

So when a certain kind of angry Protector of mine takes over, my wife looks a lot uglier than she really does ordinarily. And it's quite remarkable when that part recedes and relaxes, she looks beautiful again. So clarity is another aspect of this “Self.” And then connectedness. So when you're in “Self,” you feel the connection to your partner, whereas these parts have the ability to cut that connection. So those are the eight Cs of Self-leadership as it applies to couples work. And also those Cs, we help people bring to their own parts so that the “Self” becomes an internal healer, in a sense.



So as I'm watching couples interact and I'm catching their parts – I'm doing the parts detecting – and I'm saying, "Okay, come back when you can speak from 'Self' for the part." I'm watching their facial expression, I'm listening to their tone of voice, and I'm listening to the content of what they're saying, which all are clues to how much "Self" is present. So how many of those C-words are they speaking from? And nobody's ever in total "Self," in pure "Self." We're just trying to get enough to get the ball rolling in a good way. Ultimately, the goal in interacting with each other is Self-to-Self communication rather than parts-based communication.

**Dr. Buczynski:** So when trying to help your patient access the "Self," it can help to encourage your patient to embody these traits – what Richard calls the eight C's of Self-Leadership.

I hope you've found these bonus sessions useful, and I hope they've given you many more strategies to use in your work with patients who've experienced trauma.

Because as I've said throughout the program – all the training in the world won't make a difference if you don't put it into practice.

Thank you again for watching.