

## February 2010: Richard Schwartz

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Richard Schwartz earned his Ph.D. in Marriage and Family Therapy from Purdue University, after which he began a long association with the *Institute for Juvenile Research* at the University of Illinois at Chicago, and more recently at *The Family Institute* at Northwestern University. He is coauthor, with Michael Nichols, of *Family Therapy: Concepts and Methods*, the most widely used family therapy text in the United States.

Dr. Schwartz developed *Internal Family Systems* (IFS) in response to clients' descriptions of experiencing various parts within themselves. He saw these parts as forming an "internal family" within an individual, and started to work with the parts from a systems perspective. He noticed that addressing the parts' concerns reduced disruptions. This helps the client to accede to the wise leadership of what Dr. Schwartz came to call the "Self." In 2000, Richard Schwartz founded *The Center for Self Leadership* in Oak Park, Illinois. Dr. Schwartz has published four books and over fifty articles about IFS.

The following is a transcript of the original audio, which is part of the Somatic Perspectives series ([www.SomaticPerspectives.com](http://www.SomaticPerspectives.com)). Please note that this conversation was meant to be a spontaneous exchange, not an edited piece. For better or worse, the transcript retains the unedited quality of the conversation.

*Serge Prengel: I'm with Richard Schwartz.  
Hi. Dick.*

Richard Schwartz: Hi, Serge.

*S P: So your work is called Internal Family Systems. So you want to say a little bit about that.*

R S: Yes, I'll try to give you the elevator version. It's a way of working with parts of people. Some personalities use systems thinking to understand how to relate to each other. It's also to understand how to bring the "self" in a client so they can become an internal leader of these parts. Over years of doing this, I found ways to help parts out of the extreme roles. They're forced into it by whatever happens in people's lives.

*S P: So in other words, taking each person and, within each person, considering the various parts we have is some kind of a family and approaching the dialog and the interactions inside this family in a systems*

*move the same way you would approach family therapy.*

R S: Exactly. I'm trained as a family therapist, I have a PhD in that, and I stumbled into this world with clients in the early 80's. What I was frustrated with was not being able to get the results I wanted in an outcome study with just the external family therapy. And I began in a blind way, asking clients why they kept doing what they did. In this case it was bulimia, and they basically taught it to me, and they talked a lot about these different parts and how these parts are related to each other in some way. As I listen to all that it sounded like a family structure inside; there were parts and roles that corresponded in some ways, some of the kinds of families that I was working with. I began to just explore what would happen if I tried to understand these inner parts as systems and also tried to use some family therapy techniques to intervene into them.

*SP: So if it's okay, maybe we can start with an example with somebody who does something like bulimia or another example, because you're talking about this inner conflict that's experienced as different parts fighting against each other.*

R S: Yea well when I was interviewing the bulimic kids, they would explain that when something bad happened in the outside world, it would trigger this inner critic who would attack them and call them names, and then that would trigger a part that would make them feel totally worthless, young, and empty. That experience was so dreadful that it would become the binge part to rescue to try to get them out of that field. But the act of the binge itself would trigger a critic again and that would bring up that worthless feeling again. So it sounded like these circular sequences of interaction that I've been studying in families. In the beginning, because I made the mistake that most psychotherapists make, I tried to encourage my clients to fight against the critics, control the binge parts and found that this only made them stronger. So it was through trial and error like that when we learned the best way to work with these parts is to try to understand them and help them out of the roles that they're stuck in. I found also that a lot of the troublesome parts are protecting other very vulnerable parts of the clients.

*SP: So I want to just go a little slower, for people who are not accustomed to this kind of work because there is a lot in that, what you're saying is what most of us almost do instinctively is that when we detect an inner critic in the client, we try to help the client fight against this inner critic. Instead of that, using the model is pragmatic while we are working with clients, but in a way fits the model of working in a system with, say, a couple. You're not using one part against the other, you're not trying to silence one person, but you're trying to understand the roles.*

R S: I'll tell you a case that turned my head around about the whole phenomenon; I was

working with a bulimic kid who also cut herself because she was sexually abused, and I was getting the cutting part to stop doing that. I was working on a part and I had her working and badgering to just stop cutting her. Finally, on part she agreed to do it on one session. And, of course, I open the door for the next session and she's got a big gash in the middle of her face. And I just collapsed at that point and said, "I can't beat you with this. I just give up." And the part softened and shifted, and it said that it didn't want to beat me and I became curious about the way that did it. And once I was curious and the part wasn't threatened, it proceeded to tell me how important it was when she was being abused to get her out of her body in order to contain the rage that would have hurt her and gotten her more abused. So I shifted once again from that, just being curious and now having kind of appreciation and compassion for this part and heroic relative that played an important role in her life. Then they proceed to tell me how it couldn't stop cutting her as long as those other parts were still so vulnerable and it was protecting her in different ways. So it began clear that for it to change we had to do some other things first. That's the systems idea – just like a kid in a family can't change unless you change some of the relationships that it's caught up in. The same is true for these parts. So with a lot of parts like that, we don't go to them expecting them to change. We go learn what they're protecting and get permission to go to that and heal that.

*SP: And it's an almost dizzying series of realizations you just described where that part was actually protecting, actually saw itself as protecting, was able to connect with you and explain that it was no longer threatened.*

R S: Through experiences like that over and over, we've learned now that we don't fight any parts and we really just try to get to know them and learn their secret histories. Most of them are frozen in time – they're kind of stuck in the past – and they act as if

what happened then is still happening. So they live in this “edge of the seat” kind of existence. So we’ve also learned now that it’s important to witness what happened and then have the client go in and get the parts back out of where they’re stuck at. So the other big discovery is that, as I was fooling around like this and as I got certain parts to separate, clients would automatically enter a state in which they could do a lot of the stuff that I just was talking about on their own or in my presence but I didn’t have to lead or guide them. And they would manifest spontaneously and often suddenly, simply by getting other parts to settle down and cooperate with whoever was left, they would manifest these great qualities like pure curiosity, compassion, or calmness, all these “c” word qualities, confidence. When I would ask about “Who is that? what part is that?” they would say that’s not really a part. “That’s who I really am.” So in this model, not only would we get to know parts, we first try to get this person in the state that we now call the Self with a capital S, and have them be the ones to interview the parts and have the parts come to trust them as a leader. In most cases, these parts don’t really believe they exist.

*S P: Right, so in a way it’s almost literally getting the parts to stand in the own person’s way, in order to find who this Self truly is.*

R S: It would get them to step out of the person’s way, to separate.

*S P: Yes, to separate,*

R S: To step aside, right. Once they do, Self spontaneously emerges in everybody, even your most severely disturbed clients, as parts separate. That’s the magic of the discovery – that it’s in everybody, and it’s just beneath the surface of these wild parts. And the parts themselves aren’t what they seem; they can’t carry what I call burdens, which are extreme emotions, and beliefs that they accumulated their way through life experiences. Those burdens are what drive their extremes, and

once they feel really witnessed, in terms of where they got the burdens, and retrieve from where they’re stuck in the past. They can actually unload these extreme beliefs and emotions, and they transform into their naturally valued state. It’s the Self who does the witnessing primarily at interfaces with the parts.

*S P: So not only are you not trying to get rid of the supposedly bad parts, but you are not actually so much interacting with them as preparing and making it possibly for the Self to deal with them from that calm, compassionate place.*

R S: Exactly, once in a while I’ll talk directly to a part but most of the time, it’s my client self talking to the parts. The reason we emphasize that is because it only involves a couple of different processes, one of which is the release of these burdens, which I call emotions release on energies. And the moment of some of the models of the body center kinds of motive on burden sometimes. But I think that IFS models is one of the best, achieves a second kind of healing the direct way, which for me I call the restoration of trust in Self leadership. The parts come to trust that they don’t have to do everything now because there is this great leader inside that can run things.

*S P: And so that’s very related to sense, like what caused the parts in the first part, in the first instance, is a sense that they had a burden to carry because they were needed and there is maybe a sense of protectiveness, a sense of need to do something, that’s well intentioned.*

R S: Exactly. So we’re trying to relieve them of their responsibility, of their protectors, in a way. The other class of parts are what we call exiles, who are the very, very vulnerable parts that often carry, or are the most hurt by whatever trauma or attachment issues suffered and because they carry all the memory sensations of emotions and beliefs from those experiences. We tend to lock them away, and try not to ever re-

experience any of that. So we all have these exile parts that are stuck in these scenes that we don't have to think about ever again or recall and carry all this toxic stuff. We are afraid of being contaminated by them.

*S P: So for instance, what would that be? What would such an exile be?*

R S: Well I happen to work with survivors of severe sex abuse. Many of my clients have parts that are locked in those kinds of scenes, and carry all the shame and the terror and the sense of worthlessness from all of that. But that's an extreme example. We've all had humiliations in our life to change our lives and have bad relationships with parents. So the parts that are most hurt by those experiences are often the ones that will lock away. The protectors' goal is to keep our lives on a course that never touches those parts, so that nothing that happened before will happen to us again. So they're often trying to control our mind and control our bodies too. At some point we should talk about the body first. They're trying to control how much we are going to feel and they're trying to control how we look and how we perform and how close we get to anybody and so on. Those critics are often parts that are trying to look at the body and keep us safe in different ways. This is a classic example we call classic managers – they are trying to manage our lives so that our exiles would never get hurt and never explode with all the emotions that they carry.

*S P: So the exile carries the feeling of somebody that carries you who is exiled from consciousness because it would be too painful to deal with. And the manager is actually the well intentioned part that does that to spare the pain that the consciousness would have survived in feeling.*

R S: And despite the spider managers best efforts, exiles still get triggered. There's another set of parts that go into action immediately to find a way to contain the fire of emotion or to dissociate the person from

it and let the fire burn itself out, and so we call those firefighters. They tend to be the reactive, impulsive, frantic parts that characterize things like addiction and dissociation and anything that is an impulsive reaction to getting triggered any of the worthlessness that the exiles carry.

*S P: And so again here the ambiguity, the double meaning of the term of how we tend to think of addiction as thinking that's really bad, or any of these other impulsive, compulsive behaviors but in this context, they are really the heroes who are saving people, fighting the fire.*

R S: Yes, exactly. That's why I use the term, because it counters the negative connotation that you would have for these kinds of parts. So that's the system in a nutshell, and how it relates to body. Some years ago, actually in the fairly early days of the work, in the late 80's, I connected with Ron Kurtz and Greg Johansson of the Hakomi community and began to explore my personal view in terms of evolving this work and becoming more aware of how this work affect the body. So since then, the model has become so much of a body focus of mine in a number of different ways. First I borrowed from them, the question that we always ask, is ask the client as they focus on a part, where they find it in their body, around the body, and most client will find a specific space and specific location, where the part seems to be broadcasting from, and that then can serve as an anchor at that point as we do the work. So many clients will come back to that place of the body to listen to the part actually notice how it's shifting in their body. And many parts, when they go to witness, go to tell you their story, want to move the body in different ways. So we encourage that. Or they might want to give body sensations that relate to what happened when they were being hurt or the original place of the past I want to take the client to, so we do all that.

*S P: So the very strong anchoring in the body in terms of body sensation and in terms of locating that part, that specific area of the*

*body and coming back to it as you work on the part.*

R S: And also what I was saying is letting the part tell its story, the part through the body. All these parts want to be witnessed in terms of what happened. Like I said, some clients are moving their bodies all the time through the witnessing point. When I do my body work, my body is doing all kinds of strange things. Also, it's just conveying how bad it was or the different sensations and emotions through the body, so we're spending a lot of time, especially in the witnessing process, encouraging clients to focus on all of that.

*S P: So from the very beginning of the work, it starts being embodied.*

R S: Along the terms of the word embodied, I found that trauma survivors, especially, and their Self are not very embodied. It turns out that when people are going to be traumatized, their parts try to protect the Self by pushing it out of the body, which is why you get these reports of people watching themselves from the ceiling or being in a kind of limbo state. When Self is not embodied, it can't lead very well, so a lot of the work is designed to help parts trust that it's safe to open space again, and, in the body, to allow Self to come back in. People will start to feel a very distinct shift in their bodies when that starts to happen.

*S P: So I just want to emphasize again what I'm hearing is something that has to do with safety and trust, and as a result of that, the integration comes up.*

R S: That's right, and so when I train therapists, most of our training is designed for therapists to hold this place of Self when they're working with somebody because that seems to be crucial to the ceiling process. So a lot of the work is designed so that the therapist can know the way parts affect their bodies, to know when their body is full of parts, to know when self is embodied, to know the difference, and to be able to tell

very quickly when they're reading their bodies how much Self is present. And if it's not much present, then ask the parts to open more space. So that's another way that it's tied into body work.

*S P: So that there is the work that the therapist is trained to be conscious, that the healing, the work itself is only going to occur to the extent that as a therapist they're present in themselves as those get scattered in their parts and to recognize the presence in a body wait.*

R S: And to notice in a bodyweight when the part is taking over.

*S P: So what would be an example to notice in a body weight that a part is taking over?*

R S: Well for myself, there are several different things that I check to see if there are parts are around. There are common places I can check my body to see how much my parts are there versus myself. So I've got these little managers that spend a lot of time on my forehead and they strive and push, and there's a distinct feeling in my forehead of tension and pressure. So before I go to work with somebody, I just check to see that they're there and if I notice them in a big way. I'll notice that, and spend a little more time before I was asking them to relax a little bit, got some more managers to spend time with my shoulders and so on. I just do kind of a body scan to see who's present.

*S P: Yes, so it comes from the familiarity with the parts and they filtered your body, so that the body scanned automatically gives you that information as to what's happening.*

R S: Other protectors have the ability to close my heart up, so I'll often check how my heart is doing when I'm with somebody. Most therapists learn both what kind of parts there are, what parts are doing to their bodies, what typical protectors there are, and how to quickly get them to relax and have the Self come back in.

*SP: I want to maybe just point out how there is a nature of having both very powerful images like protectors and firefighters in that context to the parts that are identified by the role, but also very simple and down to earth body sensations and signal to you when it's happening or not.*

R S: Exactly. Then the other way that it ties into the body is that the parts have the ability to affect people's bodies in a very profound way, for their own purposes. So we've taken the model a lot lately into medical circles to work a lot with physical problems, medical problems, and find that you can often find parts that are connected to these symptoms. Once you heal those symptoms they will fade a lot. Actually, in the middle of our outcome study out of Harvard with 34 severe rheumatoid arthritis patients who were getting 9 months of IFS therapy as compared to a control group. We have to preliminary results after the first three months of it, the results are very exciting because we are getting substantial changes in the disease process itself, not just with the emotions associated with it. I'm not surprised with that, because I've done a lot of Hakomi footprints very successfully with this work.

*SP: So this is the area where there is already a sense of these illness being affected by psychosomatic factors and very specifically how IFS is acting on the psychosomatic factors to affect the illness.*

R S: You don't know in advance what parts are connected to any particular syndrome, so we just get the client in the state of Self, to be curious about it and go inside and ask, and sometimes you might ask the symptoms itself or you might have the client to just ask generally if they have their parts in there that don't know anything about. The symptoms are involved in it. You would be amazed to the kind of answers you get. And sometimes it's an exile, trying to get its story heard, and because the person's story keeps pushing it back, it has no choice, but to get the person's

attention to get it back the body somehow. Sometimes, though, it's the firefighter punishing the person for getting close to the exiles, punishing the for taking some risk that they don't think they should do, or is polarized with some other part for punishing the person trying to get them away from that. Sometimes, it a manager finding a way to numb the body and control it some way. There are some managers who want to sabotage your ability to do things or will give you some kind of symptom for that reason.

*SP: So it's not a simple relationship, this is what managers do; it's the conflict itself that's creating it.*

R S: Yes, it could be a conflict between the parts. Different parts will affect you in different ways. You don't ever really presume what's going on. The good news is that all you need to do is help clients focus on what's inside and ask them these questions, and then the answers will come.

*SP: So in the study of rheumatoid arthritis, you're asking the client the part. "I'm curious about what stage this is happening." Is there a long time of creating some sense of trust to do more conventional work before you ask these questions? Is this something that comes early on in the work?*

R S: It varies across clients – none of these patient knew anything about IFS when they joined they study. After 3 months of work, we're getting these very dramatic results, so it didn't take too long to go inside and focus. For most of these people, it's the last place they want to be, but the pain that they suffered is mostly out of their bodies. But they don't want to spend any time listening to their bodies, so in that sense, it's hard to sell. They have these very stoic parts, but they are also very interested in getting some help and having less pain. So anyway, the answer, I guess, is – no, it doesn't take a long time in most situations to convince people to start doing this work.

*SP: And it's actually possible to convince those people who have been focusing their efforts on getting out of their body to be able to listen to the body.*

R S: It's hard in the beginning. What's really helped is that, in addition to individual work these people are each getting, there is also some group work with other arthritis patients. So as one of them does the work, the others say the value in it, and it's not as scary as they thought, so that seems to help a lot too.

*SP: So Dick, as we're coming to an end of this conversation, I want to see if there is*

*something else that you might want to add to conclude this.*

R S: I think I've covered most of what I had in mind. I want to emphasize my gratitude to the various teachers that I've had that have made me much more body focused in this work and enrich the work a great deal so that it is a very focus body psychotherapy.

*SP: Thanks, Dick.*

R S: Thank you, Serge.

*This is part of USABP's "Somatic Perspectives" series, edited by Serge Prengel.  
Transcribed by Yuliya Kaziyeva.*

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