

Individuals in Conflict: An Internal Family Systems Approach

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Multiple models of therapy are available in the mental health profession to help couples cope with the psychological and interpersonal difficulties associated with marriage. Internal Family Systems (IFS) is one such theoretical paradigm that juxtaposes concepts of healing broken attachments and counseling premarital couples within a preventative context to bolster marital satisfaction. IFS therapy is an approach that treats couples, partners, and intimates by exposing vulnerable emotions between individuals and providing a dynamic method of communicating interpersonal wounds with the ultimate therapeutic goal of reparation. Marriage and family therapists are uniquely positioned to assist couples in the inherent struggles associated with matrimony by using IFS therapy. This article explores the application of IFS therapy to individuals by providing a case study to highlight its impact on repairing a conflictual marriage.

Keywords: *internal family systems therapy; marriage and family counseling; cognitive therapy; Jungian approach; individuation*

In Western culture, marriage is defined generally as the legal conjugal union between two individuals (Schwartz, 1995) that involves an intimate and fulfilling relationship. For psychoanalysts Freud and Erikson, love and work were key components to achieving a happy, healthy, and well-adjusted life. According to Sternberg (1986), love contains the elements of passion, intimacy, and commitment, all of which can be developed and nurtured in a healthy marriage. Research shows that successful marriages promote mental, physical, and family health (Broderick & Blewitt, 2006; Waite & Joyner, 2001). Married people experience lower rates of mental illness, substance abuse problems, and physical maladies than those individuals who are unmarried. Additionally, married persons typically report higher levels of sexual and emotional satisfaction.

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The National Center for Health Statistics reports that the U.S. divorce rate, as of 2001, averaged 40%, with a “divorce divide” between college graduates (25%) and noncollege graduates (50%) (Hurley, 2005). Although the divorce rate appears to be decreasing since its peak at 50% in the late 1980s, researchers indicate that the quality of marriage may still be diminishing. Research reveals that marital distress can be a significant mental health hazard for adults and children within family units (Hicks, McWey, Benson, & West, 2004). Conflicted and unstable marriages sabotage individuals’ well-being and incur large social and financial costs, as adults must redefine and shift their allocation of mental energies, often draining valuable resources within the community.

Attachments in Marriages

Broderick and Blewitt (2006) observed that interpersonal models in the marriage and family literature draw on theories of attachment and personality, which emphasize the contribution of one’s personal history or temperament to the success or failure of relationships. Moreover, the type of attachment that one experiences as a child has an impact on the type of attachments one will have as an adult. A number of longitudinal studies have now demonstrated that an infant’s attachment behavior reliably predicts the same individual’s secure or insecure responses on the Adolescent Alienation Index in adolescence or adulthood.

The ability for an individual to relate empathically to another individual is an example of a skill that can be acquired through secure attachment and oftentimes contributes to strengthening a marital relationship. Cordova, Gee, and Warren (2005) stated that emotional skills, primarily consisting of the ability to identify and communicate empathically, affect the quality of a marriage because of the facilitative role they play in the intimacy process. Empathy is the ability of an individual to capture another individual’s inner, emotional state and accurately convey that understanding verbally. The implication of using empathy is that marital quality correlates positively to the level of intimacy that couples achieve as partners. The degree of intimacy

relies on the emotional skills that partners have available and bring forth to their relationship. If spouses exhibit open communicational patterns and strive to create a positive climate through empathic responding, they increase their chances of marital satisfaction. Overall, the quality of the marital interaction, whether empathic and open in communication or hostile and negative, positively correlates to an enjoyable union or the opposite—marital discord and possible dissolution of the relationship (Matthews, Wickrama, & Conger, 1996).

To strengthen the bond of a quality union, premarital counseling programs are used with couples who desire the knowledge, skills, and dispositions for a successful and emotionally healthy marriage. In an effort to reduce the current rates of marital stress and divorce, scholars and educators have advocated for the development and implementation of premarital counseling programs. Premarital counseling, a preventative rather than reactive form of therapy, teaches couples how to nurture and sustain relationships, especially when the relationships begin to fracture. Programs, such as Relationship Enhancement (Guernsey, 1977; Ridley, Avery, Harrell, Haynes-Clements, & McCunney, 1981) and the Premarital Education and Training Sequence (Bagarozzi, Bagarozzi, Anderson, & Pollane, 1984), are primarily educational in nature and are content specific. Their primary goal is to create an awareness of potential problems and give the couple information and resources to solve those problems should they arise. The average participant in a premarital program experiences approximately a 30% increase in measures of outcome success. People who participate in premarital counseling and education programs have stronger marriages with improved interpersonal skills (Carroll & Doherty, 2003).

Researchers have demonstrated opportunities for the clinician to help couples struggling with unsatisfactory relationships to create strong marriages by healing old attachment wounds and fostering more secure attachments with each other, thereby learning to support and nurture each other (Carroll & Doherty, 2003; Markman, Floyd, Stanley, & Storaasli, 1988; Stahmann & Salts, 1993). In the next section, the authors will describe the Internal Family Systems (IFS) model of therapy, which draws on both the concepts of healing previously unresolved and conflicted attachments and using preventative programs to bolster marital unions.

THE IFS THERAPY MODEL

IFS is a fairly new model of psychotherapy developed by Richard Schwartz that was designed primarily to counsel premarital and marital couples. It is rooted in the concept of multiplicity of the psyche and its inherent substructures, and essentially, it advocates for the therapist to meet the client where he or she is developmentally, emotionally, and cognitively (Schwartz, 1995). Certain psychological models have recognized the existence of multiplicity as a natural

characteristic of the personalities of human beings. Most notably, Freud (1960) wrote of the id, ego, and superego. Each represented a different aspect of the individual's personality, and Freud's theory recognized that some aspects were conscious and others unconscious. Carl Jung spoke of archetypes and complexes (Jung, 1968). Jung's (1968) theories included recognition of subpersonalities that could influence the individual either consciously or unconsciously. Cognitive Therapy (CT) and Rational Emotive Behavioral Therapy (REBT) teach participants to tune into and attempt to change "automatic thoughts" and "irrational beliefs" (Beck, 1995; Ellis & Harper, 1960). For the purposes of the current discussion, these features of CT and REBT are relevant in that they represent these models' recognition of internal dialogues that are a natural, normal part of the human psyche. The theoretical basis of IFS seeks to understand and explain these subpersonalities and their "communications" with each other. Schwartz (1995), similar to Freud's codification of the unconscious and Jung's deconstruction of the personality, described the existence within each individual of an internal system of "parts" or "subpersonalities" or "inner figures" whose interactions create the individual's inner world.

The Role of Parts/Inner Figures in the IFS Model

In the theoretical underpinnings of the IFS model lie subpersonalities that exist from birth in the form of one's various potentials for mental development. These subpersonalities, or parts, become distinct entities as a result of life experiences (Goulding & Schwartz, 1995). Although parts are temporary emotional states, they represent discrete mental systems for experiencing and reacting to the external world. The inner voice of an achiever, who may engage in positive self talk such as "You can do it," is one example of a "part." Parts are the recognition of an internalized system that uses distinctive styles of expression, motivation, and contributions to the phenomenological world view of the individual's personality.

The IFS model also postulates the existence of a Self, which embodies inner resources of compassion, confidence, kindness, creativity, leadership, and characteristics that lead an individual to a life that is balanced and harmonious. Jung (1968) discussed the concept of the Self extensively as the central archetype. The Self becomes only fully realized at individuation when one's personality becomes integrated so that the ego, shadow, and other identifying archetypal patterns—representative of the individual's inherent make-up—become unified into a central state of coherent existence. In IFS theory, an individual's mental health is contingent on the extent to which the individual attains Self-leadership—a state in which there is harmonious balance between and among the collection of subpersonalities through the mediation of the Self.

As conceptualized by Schwartz (1995) in IFS, mental health issues may arise when parts carry the burden of extreme beliefs that may have served the internal system successfully in the past as a buffer to difficult life experiences. In current

psychological functioning, these parts represent unrealistic, extreme, or irrational reactions to present life situations. For example, an adult who was humiliated by his teacher as a child during a class presentation may have an internal child part that lives by the extreme belief, “Never speak in public.” If that individual is in a profession that requires public speaking, the burden carried by this child part may manifest itself as an anxiety disorder that is triggered by public speaking or even the thought of public speaking. Whenever the individual gets up to speak, the child part, consciously or unconsciously, may be whispering, “We are going to be humiliated again. Never speak in public.”

In IFS theory, all parts are attempting to regulate the internal system—by adopting behaviors or rules for behavior that protect themselves or other parts from hurt or that attempt to gain benefits for the individual. Some parts may be slightly misguided or take on extreme roles that may have served previously to protect or benefit the individual but are dysfunctional in the individual’s current situation. Inner parts need to be updated and given support so they understand that they are not alone and that they have the capacity to relinquish archaic messages. For example, in the case of the child part described earlier that carried the burden of a rule, “Never speak in public,” and inflicted extreme anxiety on the adult subject, the IFS therapist would guide the subject back to the memory of humiliation that created the burden initially. The therapist would encourage a dialogue between the Self of the client and the hurt part. This part would be guided to realize that (a) the individual is no longer a vulnerable child, (b) is no longer without resources to cope with the possibility of humiliation, and (c) is now a competent adult whose Self can lend guidance through any difficult situation that might arise. When subpersonalities relinquish their rigid roles, they exist more freely and discover alternate, healthier roles (Dolbier, Soderstrom, & Steinhardt, 2001). Again, in the earlier example, the child part in the course of the internal dialogue with the Self may agree to just be a lookout for danger and to mitigate the frenzy of its warnings or might even give up its protective role entirely to the Self and just express a desire to play.

In IFS therapy, the client, with the guidance of the therapist, becomes aware of his or her inner resources related to the Self and recognizes that accessing the Self and allowing it to lead the internal system can yield an external life of balance and harmony. The Self is the source of inner wisdom that provides the leadership needed and gives all of the parts guidance, love, and support. IFS therapy helps the inner subpersonalities of a client become aware of the existence and love of the Self so he or she can relax, be himself or herself comfortably and genuinely, understand his or her internal world, and relate to the Self and to others in a psychologically healthier way (Goulding & Schwartz, 1995; Schwartz, 1995). When the Self leads, individuals describe feeling centered and calm and experience a loss of self-consciousness or a domination of the ego.

Parts/Inner Figures Categorized

IFS inner figures, or parts, are broadly categorized as (a) managers, (b) exiles, or (c) firefighters. Managers tend to be protective, controlling, and interested in the individual succeeding in day-to-day living. When there is a challenge posed to an individual, it is likely that a manager subpersonality will come forward to direct and manage the person’s reaction to the challenge. Most people would recognize a manager part as their internal voice that says, “Come on. It’s time to get our work done. If we don’t we’ll never get ahead. Let’s go!” Also in the example above, it is likely the individual would have a manager part whose job it was in any public speaking situation to push down the fears of the child part and somehow plow through the experience. It would be the part urging, “Don’t be a baby! It’s just a little presentation. We can do it.” Individuals with a highly influential manager part (a) excel in leadership positions, (b) thrive when managing individuals in corporate or academic environments, and (c) typically are perceived as highly motivated and sometimes self-aggrandizing.

Exiles are parts that are either protected or suppressed by managers and represent sensitive, emotionally pained parts that carry memories of past experiences of fear, shame, or guilt. In IFS theory, a substantive portion of an individual’s psychic energy can be consumed by efforts to suppress these emotions and feelings so that the system will not be overwhelmed by them. In the fear of public speaking example given earlier, the child part (being berated by the manager as a child) is a good example of an exile—a part that was influenced in its beliefs by an experience of hurt and that now is capable of flooding the individual’s system with memories of that hurt. One classic manager job is to push down the exiled feelings of hurt and shame. It would also be possible that instead the person might have a different type of manager part that instead operated to protect the exiled child part from being triggered. Such a part might devise a way to get out of the public speaking assignment—to prevent the triggering of the flood of fear in the child part. Exile parts appear most often in individuals through dreams, fantasies, and symbols/images of the unconscious.

Firefighters comprise the reactive parts. When an individual’s internal system fails to keep the painful feelings of an exile bottled up, a firefighter rushes in impulsively and takes the necessary steps to put out the fire before the exiled part overwhelms the system. Firefighter parts may insist on addictive or dangerous behaviors as means to distract from exiled pain (Schwartz, 1995). Again in the public speaking example, if the person’s reaction to the prospect of being expected to give a speech was to go out and get drunk and “forget” to show up for the speech, that would be classic firefighter behavior. Having been unable to suppress the overwhelming feelings of fear of the exiled child part, the firefighter part literally takes any steps necessary to douse the flames. Firefighter parts are capable of immense healing and precarious damage simultaneously; hence, individuals

with substance abuse addictions, or those who are grappling with escapism, may be steeped in their firefighter figures.

IFS therapy uses the natural healing and self-stabilizing instincts that exist within each individual's interior to assist in attaining mental health in the form of a balanced, Self-led internal system. The next section will examine the process of IFS and how the model operationalizes the numinous energies of the Self.

The Process of IFS Therapy

The process of IFS therapy begins with the client entering a quasi-meditative or nonordinary state under the guidance of a therapist. A quasi-meditative state is when an individual is no longer mentally in the present moment's physical space but perhaps somewhere inside his mind and most often in a perceived different place and time. The therapist typically asks the client to close his or her eyes and focus on a physical sensation, feeling, or image that was activated during the course of the psychotherapy. As the client relaxes, the therapist asks him or her to imagine and/or feel the presence of the part. After the image, and more importantly, the feeling associated with the image, is captured, the therapist asks the client to communicate with the part. The client attempts, with the therapist's assistance, to separate from the parts to gain access to the Self—the inner source of wisdom and strength. The therapist leads the client through a conscious process of asking the client's parts to detach from the client's seat of consciousness, so that the part may be perceived as separated from the client. Sometimes, parts are blended with the clients, meaning they have been inextricably fused with their ego or seat of consciousness. They believe that they are that part and are unaware of other parts of themselves or of their Self. In that situation, the blended part is so overwhelmed with emotion that it feels it has to take control of the Self.

The therapist and client will need to spend some time helping that part to separate so that the client can better hear the story of the part, provide empathy and understanding, and hopefully help it to release some of the burdens or old messages about itself or the situation that it carries. The client repeats the sequence of separating internal figures from the conscious personality until he or she reports being able to experience the part(s) with feelings of openness, compassion, understanding, and acceptance. In IFS theory, the Self is what remains after all parts have been placed away from the seat of consciousness. The Self, similar to Jung's (1968) view, comprises the totality of all possibilities within the human personality, where the ego and personality align. The separating of parts from the personality, as described in IFS, and the accessing of inner resources, allows an individual to experience a broader perspective of intrapsychic conflicts, or internalized problems, in a manner very similar to that discussed in the mindfulness literature (Kabat-Zinn, 1990; Segal, Williams, & Teasdale, 2002).

RESEARCH SUPPORT FOR IFS

IFS's effectiveness in therapeutic practice has been explored in various clinical populations (Breunlin, Schwartz, & Kune-Karrer, 1992; Goulding & Schwartz, 1995; Jayson & Schwartz, 2000). Although the author was unable to locate data from experimental research to explicitly demonstrate the effectiveness of IFS, Schwartz has reported his anecdotal clinical experience effectively treating hundreds of clients using IFS. To date, only a couple of studies have examined and confirmed the concept of Self leadership as expostulated by IFS and enhanced physical health and mental well-being (Dolbier et al., 2001). Another empirical study by Robinson, Flowers, and Burris (2006) examined the relationship between Self leadership and reductions in workaholic behaviors, finding that Self leadership as characterized by IFS reduced frantic workaholic behaviors. There has also been anecdotal support via case reports of the successful use of IFS in the treatment of migraines by a French neurologist who received training in IFS (Le Doze, 2006).

The model was originally developed in a population predominantly representing clients with eating disorders but has since been broadened and, again anecdotally, been deemed to have produced successful outcomes in a wide range of clients, including treatment for depression, anxiety, and other mood disorders. Schwartz (2004) has also reported great success using the model as a treatment for trauma survivors. Adherents of the model have founded an organization called the Center for Self Leadership. This center has recently established a nonprofit foundation with goals to obtain funding for IFS research. The Center for Self Leadership has trained dozens of therapists in the use of model, and IFS therapy is now actively practiced across the nation, as well as in Europe, with dozens of therapists reporting successful outcomes for clients. The next section explores the use of IFS therapy with couples.

INCORPORATING IFS WITH COUPLES IN COUNSELING

As IFS clients become more Self aware, they can also build stronger relationships with others; thus, IFS has been used with individuals, couples, and families to successfully build positive relationships. Couples therapy, using IFS, allows partners to understand themselves and each other in a more intimate and honest way that makes for a more natural and fulfilling relationship. If each partner in a relationship becomes familiar with his or her internal world and learns how to lead that world with Self energy, he or she becomes capable of nurturing and caring in a way that permits the attainment of support and love from another without becoming overly dependent. The individual can be made available to support and love a partner in a healthy way.

Each person becomes his or her own primary caretaker, and his or her spouse becomes a secondary caretaker. Basically, one learns to care for oneself first. If a part needs love and attention, the Self can take care of that part instead of trying to get what the part needs from his or her spouse who may be busy, unavailable, or tending to her or his own parts. There is less resentment and less confusion around what is needed from one another. A partner can certainly help provide support to the needy part of a partner, but a dependent relationship is not created. Because individuals are unashamed or unafraid of their vulnerable parts, they can expose themselves to their partner, not expecting their partner to take care of them, but instead for the joy of being fully known and understood. Being understood by a nonjudgmental partner engenders a stronger and more fulfilling relationship for couples. The case study that follows provides an illustration of the use of IFS therapy with couples and how to bridge the gap between theory and practice.

The Case Study: Greta and Jay

Greta and Jay are in their late 50s and have been married for 22 years in a rural portion of Louisiana. Jay is a manager of a pharmacy, and Greta works at a cellular phone company as a marketing associate. The couple has two biological children who are 16 and 17 years old, and they have an adopted child who is 15. Greta grew up in a home where both parents abused alcohol, and Jay's father possessed narcissistic traits involving extreme egotism and the consistent devaluation of his children's opinions and feelings as inferior and insignificant.

The couple sought therapy because of ongoing battles with each other that rendered them emotionally confused and wounded. They stated that they love each other and feel deeply connected, but they are stuck in a pattern in which one of them is triggered by an event or a comment made by the other that sets off a painful interaction and argument that sometimes last several days. The therapist counseled Jay individually for several months using IFS therapy, and Jay began to understand his Self and uncover the complexities within his internal system. Jay continued to express concerns regarding his dysfunctional communication patterns with Greta. Therefore, the therapist advocated for couples therapy, to which both Jay and Greta consented.

During the first session, the therapist asked Greta to recall her perceptions of the marriage and the recent issues that brought them into marriage and family therapy. Greta stated that Jay was verbally attacking her and she felt emotionally unsafe in the marriage. She believed that Jay was not responding to her requests for change. She reiterated that she would not be able to remain married if the circumstances did not improve drastically.

After Greta's introductory statement, the therapist asked Jay to discuss how his parts were reacting to her statements. Jay acknowledged that there was a problem, but he did not conceptualize it grievously. He was hurt by her description

of the problem and saw it as an attack on him, as he did not believe that he was abusive. The therapist asked Jay to relax by taking slow, deep breaths. Next, the therapist directed Jay to let his thoughts resonate internally and conjure images of his parts activated during therapy and the feelings associated with those images. The therapist then conducted an IFS session while Greta observed.

Jay revealed an angry protective part of himself who did not understand why Greta saw him as a threat. He also connected to another part of himself, a little boy figure, who was being hurt during the arguments and was afraid of being abandoned and losing his relationship with Greta. He was able to get the angry part to relax by telling him that he was there to protect and comfort the little boy, and he let him know that he would take care of him. When Jay exited his quasi-meditative state and returned to the present moment in the therapist's office, he was feeling more relaxed. His parts had diffused some of their anxiety, so he was able to access more Self energy.

The therapist asked Greta about her reaction while witnessing the session. Greta stated that she was emotionally captivated by the scene, and she felt compassion and understanding for Jay and his parts. She also felt some relief in knowing that Jay could calm his angry part and take care of his little boy part and that she was not responsible for doing that herself. She felt a greater connection with Jay as the session ended. Consequently, Jay stated that he felt closer to Greta because of her newfound compassion for him.

Over the next several months, Greta and Jay attended weekly IFS sessions as changes were occurring between the couple. Additionally, the therapist began counseling Greta individually, while Jay continued his individual sessions. They began to get to know and understand not only their own internal systems but each other's as well. In the beginning, Greta left many joint sessions feeling angry, scared, and unsettled. She observed some of Jay's internal work and felt hopeful; however, she was exposed to some parts of Jay that she found threatening. Additionally, their marriage was still unstable as they continued to argue and engage in maladaptive communication patterns. As Greta became more knowledgeable of Jay's inner parts and grew in her frustration and anger, Jay became more self-aware and intentional with his communications with his wife.

Because Greta had an alcoholic father who was emotionally neglectful and abusive, whenever Jay was critical or angry, a terrified child subpersonality would blend with her personality. She would retreat or a protective part would retaliate against Jay. In either case, her response to Jay was intense.

Jay blended often with his little boy part, who felt unheard and abandoned, and a protective part of him would put more pressure on Greta to respond to him. Greta and Jay's negative feelings were reinforced by each other and would escalate to the point of terror and panic. They were both fused with protector parts of themselves, and neither of

them could relax these parts because of the threat of exposing their wounded exile parts to even more pain.

After several hours or sometimes days, the couple's volatile parts would deescalate and separate enough from their conscious personality that they could remember they cared for each other deeply. The argument would be resolved, but they articulated a belief that permanent damage to the relationship had occurred. The parts of them that were hoping for protection, care, and attention that they did not get from their parents were met with abuse and pain, and they learned that it was unsafe to trust each other. Against the advice of their therapist, they tried to use the IFS theory and terminology outside of their counseling sessions, and this resulted in more wounding because the vulnerability they had exposed in sessions was used against each other by protective parts.

In their individual work, however, both Jay and Greta were making progress. As they worked with their wounded parts, they were each able to heal many of them and restore more Self energy to their systems. In addition, they were beginning to understand what their roles in the arguments were and that they actually had more power in those situations than they realized. They became aware when they were overwhelmed with emotion that they were actually blended with parts, and they began to be able to separate their parts from their Selves. Recognizing their Self energy and being able to access it at times when they felt threatened allowed them to feel less out of control and vulnerable. They also were able to develop more compassion for each other, even during difficult moments, because they were getting to know each other's parts. Over time, the couple was able to stay in Self energy during their arguments, and they argued less frequently and virulently. They discovered that if one of them could stay in Self energy by being aware of the dialogue going on within, the other's most reactive parts would not activate. Therefore, they could relax more easily so the argument could be resolved.

Greta and Jay terminated joint therapy sessions after approximately 8 months, but they continued with their individual therapy. They learned that the deep painful interactions between them were not only about problems within their relationship but also about their unhealed childhood wounds. As Greta learned how to take care of her own exiles, Jay learned how to use Greta's firefighter parts as secondary caretakers of his exile parts. Ultimately, the couple has been able to heal the relationship and use their newfound knowledge of inner figures and how to communicate with them to help each other on the journey of healing their internal systems.

Summary of Case Study

Greta and Jay's experience with IFS couples therapy was powerful and healing. Although they had a strong relationship and a dedicated mutual desire to create and maintain a successful marriage before their experience with IFS therapy,

they had many wounded parts that were triggered regularly. One of them would be blended with a protective or wounded part that would lash out at the other because of a perceived threat. The other would respond with his or her hurt parts, and they engaged in dysfunctional communication from which neither one benefited. Although it would sometimes take several hours for Greta and Jay to separate from their parts and tap into their Self energy, they learned the skills, through IFS, to acknowledge compassion for each other and move toward psychic healing.

IFS therapy allowed this couple to understand and break the painful patterns that had developed in their relationship. Schwartz (2004) stated that it is the capacity to repair the inevitable ruptures with those we love that constitutes successful intimacy and relationship. IFS gave the couple helpful tools to understand themselves and each other so that they can repair ruptures. When one of them is blended with a part, frequently the other has enough Self energy to realize what is occurring and can support the other while he or she works out the issue and regains Self energy. When both are triggered, they can usually step back and see that they are both blended. This recognition gives them enough space to remember to be compassionate and caring with each other while they work on the hurt or anger that they are facing. The experience of IFS has given this couple the opportunity to acknowledge that they both brought emotional wounds to the marriage. They realized that they could help each other to heal, instead of continually recreating the cycle of pain and anger.

Future Research Directions

Although the IFS model has been validated anecdotally by Schwartz (1995), no controlled, empirical studies of its effectiveness have been located in the literature. Future research directions may include rigorous studies to validate the effectiveness of IFS. Another future research direction for IFS, suggested by current trends in studies on mindfulness and CT, would be to answer the question, "What is happening in the brains of subjects who are healed by IFS?" In *The Neuroscience of Psychotherapy*, Cozolino (2002) points out that science is at the threshold finally of attaining the ability to fulfill the dream of Sigmund Freud. His dream consists of understanding the mechanisms by which the structures and operation of the brain and nervous system influence and are influenced by the conscious and unconscious processes witnessed and studied in psychotherapy. Freud (1960) abandoned his ideals for a psychology based on an understanding of the workings of the brain when he accepted that the necessary technology did not exist. It is likely that future models of psychotherapy will use functional brain imaging to diagnose and predict treatment responses in cases of psychological dysfunction (Evans, Dougherty, Pollack, & Rauch, 2006). Another area of interest in further research in IFS would be applying IFS therapy to ethnically diverse individuals and couples to gauge its effectiveness outside the European American population.

CONCLUSION

IFS is a mental health model that allows individuals and couples to disclose, share, and understand their deepest and most terrifying emotions with a therapist and/or each other. When people are encouraged to listen to and disclose their vulnerable emotions and feel understood by themselves or others, they intrinsically heal themselves (Schwartz & Jayson, 2000). As the clinical vignette in this article illustrated, individuals must learn to (a) access their painful affect, (b) expose their vulnerable parts, and (c) heal their fractured relationship by healing themselves first. Throughout the process of IFS therapy, as couples observe and assist one another in the healing process, it is possible to strengthen feelings of intimacy, connection, and commitment. IFS can be a powerful tool to create, maintain, and enrich a healthy and fulfilling marital relationship.

REFERENCES

- Bagarozzi, D., Bagarozzi, J., Anderson, S., & Pollane, L. (1984). Premarital education and training sequence (PETS): A 3-year follow-up of an experimental study. *Journal of Counseling and Development, 63*, 91-100.
- Beck, J. S. (1995). *Cognitive therapy: Basics and beyond*. New York: Guilford.
- Breunlin, D. C., Schwartz, R. C., & Kune-Karrer, B. M. (1992). *Metaframeworks: Transcending the model of family therapy*. New York: Guilford.
- Broderick, P. C., & Blewitt, P. (2006). *The life span: Human development for helping professionals* (2nd ed.). Upper Saddle River, NJ: Pearson.
- Carroll, J. S., & Doherty, W. J. (2003). Evaluating the effectiveness of premarital prevention programs: A meta-analytic review of outcome research. *Family Relations, 52*(2), 105-119.
- Cordova, J. V., Gee, C. B., & Warren, L. Z. (2005). Emotional skillfulness in marriage: Intimacy as a mediator of the relationship between emotional skillfulness and marital satisfaction. *Journal of Social and Clinical Psychology, 24*(2), 218-235.
- Cozolino, L. J. (2002). *The neuroscience of psychotherapy*. New York: W.W. Norton and Company.
- Dolbier, C. L., Soderstrom, M., & Steinhardt, M. A. (2001). The relationships between self-leadership and enhanced psychological, health, and work outcomes. *The Journal of Psychology, 135*(5), 469-485.
- Ellis, A., & Harper, R. (1960). *A guide to rational living*. Hollywood, CA: The Wilshire Book Company.
- Evans, K., Dougherty, D., Pollack, M., & Rauch, S. (2006). Using neuroimaging to predict treatment response in mood and anxiety disorders. *Annals of Clinical Psychiatry, 18*(1), 33-42.
- Freud, S. (1960). *The ego and the id*. New York: Norton.
- Goulding, R. A., & Schwartz, R. C. (1995). *The mosaic mind: Empowering the tormented selves of child abuse survivors*. New York: Norton.
- Guernsey, G., Jr. (Ed.). (1977). *Relationship enhancement*. San Francisco: Jossey-Bass.
- Hicks, M. W., McWey, L. M., Benson, K. E., & West, S. H. (2004). Using what premarital couples already know to inform marriage education: Integration of a Gottman model perspective. *Contemporary Family Therapy, 26*(1), 97-113.
- Hurley, D. (2005, April 19). Divorce rate: It's not as high as you think. *The New York Times*. Retrieved December 5, 2007, from <http://www.divorcereform.org/nyt05.html>
- Jayson, L., & Schwartz, R. C. (2000). Internal family systems work with children and families. In C. E. Bailey (Ed.), *Children in therapy: Using the family as a resource* (pp. 73-111). New York: Norton.
- Jung, C. G. (1968). *The collected works of C.G. Jung: The archetypes and the collective unconscious* (H. Read, M. Fordham, & G. Adler, Eds.; R. F. C. Hull, Trans.; Vol. 9.1, 2nd ed.). Princeton, NJ: Princeton University Press.
- Kabat-Zinn, J. (1990). *Full catastrophe living: Using the wisdom of your body and mind to face stress, pain, and illness*. New York: Dell Publishing.
- Le Doze, F. (2006). IFS applied to migraine management: Two case reports. *The Journal of Self Leadership, 2*, 37-43.
- Markman, H. J., Floyd, E. J., Stanley, S. M., & Storaasli, R. D. (1988). Prevention of marital distress: A longitudinal investigation. *Journal of Consulting and Clinical Psychology, 56*, 210-217.
- Matthews, L. S., Wickrama, A. S., & Conger, R. D. (1996). Predicting marital instability from spouse and observer reports of marital interaction. *Journal of Marriage and the Family, 58*, 641-655.
- Ridley, C., Avery, A., Harrell, J., Haynes-Clements, L., & McCunney, N. (1981). Mutual problem-solving skills training for premarital couples: A six month follow-up. *Journal of Applied Developmental Psychology, 2*, 178-188.
- Robinson, B., Flowers, C., & Burris, C. (2006). An empirical study of the relationship between self-leadership and workaholism "firefighter" behaviors. *The Journal of Self Leadership, 2*, 29-36.
- Schwartz, R. C. (1995). *Internal family systems therapy*. New York: Guilford.
- Schwartz, R. C. (2004, May/June). The larger self: Discovering the core within our multiplicity. *Psychotherapy Networker, 2*, 34-43.
- Schwartz, R. C., & Jayson, S. M. (2000). Does couple and family therapy have emotional intelligence? *Family Process, 39*(1), 29-33.
- Segal, Z. V., Williams, J. M. G., & Teasdale, J. D. (2002). *Mindfulness-based cognitive therapy for depression*. New York: Guilford.
- Stahmann, R. F., & Salts, C. J. (1993). Educating for marriage and intimate relationships. In M. E. Arcus, J. D. Schvaneveldt, & J. J. Moss (Eds.), *The handbook for family life education* (Vol. 2, pp. 33-61). Newbury Park, CA: Sage.
- Sternberg, R. J. (1986). A triangular theory of love. *Psychological Review, 93*, 119-135.
- Waite, L. J., & Joyner, K. (2001). Emotional satisfaction and physical pleasure in sexual unions: Time horizon, sexual behavior, and sexual exclusivity. *Journal of Marriage and the Family, 63*, 247-264.

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