Internal Family Systems Informed Eye Movement Desensitization and Reprocessing

An Integrative Technique for Treatment of Complex Posttraumatic Stress Disorder

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ABSTRACT

Complex Posttraumatic Stress Disorder (C-PTSD) is a diagnostic entity included in the International Classifications of Diseases, 11th revision (ICD-11). It denotes a severe form of posttraumatic stress disorder (PTSD) and is the result of prolonged and repeated trauma. C-PTSD is associated with a broad spectrum of psychopathological symptoms and transcends the typical diagnostic criteria for PTSD. C-PTSD is conceptualized as including the core elements of PTSD, such as re-experiencing, avoidance, and hypervigilance, with the additional symptoms of poor affect regulation, negative self-concept, and difficulties in establishing and maintaining healthy interpersonal relationships. Eye Movement Desensitization and Reprocessing (EMDR) and the Internal Family Systems (IFS) model share a common treatment approach, and their integration has been found to enhance the efficacy of both modalities in the treatment of complex trauma. This article explores IFS-informed EMDR (IFS-EMDR) for the treatment of C-PTSD. IFS-EMDR creates an integration of the contemporary practice of EMDR with the interweave of the IFS model for positive resourcing. This article will firstly provide an exploration of insecure attachment and relational trauma as diathetic factors to the development of C-PTSD. Subsequently, this article will review how trauma and the emergence of structural dissociation impact the development of the self through the lens of IFS. Finally, through the use of a composite case study, this paper will discuss the benefits of integrating IFS strategies and language into EMDR therapy, with particular attention to challenges and limitations.

Keywords: C-PTSD, Internal Family Systems, EMDR, Trauma, Complex Trauma

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> ***...the universal presence of an untarnished self exists within everyone...***

Our early experiences with attachment figures set a foundation for the development of our sense of self and our future relationships. Children make sense of the world by creating emotional maps to aid their understanding of who they should trust and how they will survive. When children's needs are adequately met, they will develop a secure attachment by believing that the world is an intrinsically benevolent place (Bowlby, 1973). Conversely, when children experience prolonged, repeated, interpersonal trauma, they will have difficulty establishing a sense of safety and maintaining healthy relationships later in life (Lee & Hankin, 2009; Main & Hesse, 1990; van Ijzendoorn, 1995). The negative effects of complex relational trauma, particularly due to childhood abuse and neglect, have long been recognized as contributors to the development of Complex Posttraumatic Stress Disorder (C-PTSD) (Cloitre *et al.*, 2011; van der Kolk *et al.*, 2005). Survivors of chronic traumatogenic childhoods develop great deficits in affect regu-

lation, and consequentially have difficulty exploring, accessing, and processing painful memories (Krauze & Gomez, 2013; Paulson, 2009). Eye Movement Desensitization and Reprocessing (EMDR) and the Internal Family System (IFS) model share a common approach, and their integration has been reported to enhance the efficacy of both modalities in the treatment of complex trauma (Twombly & Schwartz, 2008; Twombly, 2014; Krauze & Gomez, 2013).

The IFS model focuses on the network of internal relationships in which each ego state or part is embedded (Schwartz, 1995). This is reminiscent of how family therapy works, in that it is based on the assumption that for any one family member to change, the entire family system must change. IFS requires therapists to trust that a healing self-wisdom lies within each client. This is one of the commonalties that bridges the two powerful yet diverse modalities of IFS and EMDR, as therapists with a background in EMDR also utilize a client's innate healing abilities (Twombly & Schwartz, 2008). IFS-informed EMDR integrates the practice of EMDR with the IFS model to promote positive resourcing, cognitive interweaves, and the restoration of balance. The utilization of IFS language and principles can enhance the trauma survivor's capacity to establish trust, tolerate stabilization, and navigate a core sense of self (Forgash & Knipe, 2008; Lobenstein & Courtney, 2013; Twombly & Schwartz, 2008).

This current paper will first provide an exploration of insecure attachment and relational trauma as diathetic factors to the development of C-PTSD. Secondly, the ways in which trauma and the emergence of structural dissociation impact the development of the self will be reviewed through the lens of IFS. Subsequently, an overview of EMDR as a psychotherapeutic modality for treating complex trauma will be provided. A composite case will then be described to illustrate how IFS-informed EMDR is administered. Finally, reflections of the benefits and challenges of integrating IFS-psychotherapy into EMDR therapy will be discussed, including the existing limitations, and recommendations for guiding future practice.

Deconstructing C-PTSD
A Diathesis Stress Model Perspective

The diathesis stress model posits that when an individual is exposed to adverse life events in their formative years, they develop a negative self-schema (Slavich & Auerbach, 2018). This schema remains dormant until an individual experiences a traumatic life event that is reminiscent of the original stressor, at which point the preexisting schema or vulnerability becomes activated as a central negative cognition (Ingram & Price, 2001). Psychological diatheses are conceptualized as relatively stable individual differences (e.g., personality traits or cognitive styles) that increase one's vulnerability to stress and to the development of psychological disorders (Ingram & Price, 2001). According to the additive model, an individual with a significant diathesis might require only a minor stressor or adverse life experience for a disorder to develop (Rutter, 2007).

One particularly potent early life stressor is parental maltreatment. Parental maltreatment is a direct precursor to the development of disorganized attachment in children, and is associated with children displaying comfort seeking, trust difficulties, and fear of rejection, abandonment, or betrayal (Collins & Read, 1990; Granqvist *et al.*, 2017). Adverse or traumatic events in one's childhood can predispose them to psychopathology later in life, including C-PTSD (van der Kolk, 2015). C-PTSD is a diagnostic entity included in the International Classifications of Diseases, 11th revision (ICD-11), and denotes a severe form of PTSD as a result of prolonged and repeated trauma. Endorsement of the ICD-11 definition of C-PTSD will go into effect on January 1, 2022. C-PTSD transcends the typical diagnostic category of posttraumatic stress disorder (Herman, 1992) in that it includes the core elements of PTSD, such as re-experiencing, avoidance, and hypervigilance, in addition to symptoms of poor affect regulation, negative self-concept, and difficulties in establishing and maintaining healthy interpersonal relationships (Cloitre *et al.*, 2011; van der Kolk, 2015; van der Kolk *et al.*, 2005). Trauma informs identity not just through the development of maladaptive behaviors, such as hypervigilance and psychological reactivity to events, but also through the formation of shame-based cognition (Shapiro & Forrest, 2016). Many children adopt a moral defense as a coping strategy, blaming themselves for their parent's ineffective parenting. Fairbairn (1943) described the defense mechanism "The Moral Defense Against Bad Objects" as self-destructive, but also a desirable strategy for neglected children in order to remain attached to their needed objects. Fairbairn posits that children actively internalize the "badness" of their parental objects as a defensive strategy, which later causes them to feel deeply ashamed of themselves. Children who use the Moral Defense assume that their punishment or neglect is deserved, perhaps because of their own inadequacy (1943). The experience of trauma in the formative years and/or maltreatment by attachment figures creates a vulnerability to severe emotional dysregulation, along with intense feelings of despair, anxiety, shame, and mistrust of others later in life (Wesselmann *et al.*, 2012; Wesselman & Potter, 2009).

The psychological phenomenon of reenacting traumatic events and their circumstances has been coined the "repetition compulsion" (Freud, 1914). Repetition compulsion is attributed to both our predisposition to drift towards the familiar, and our desire to rewrite the past. This further demonstrates that the experience of attachment-based relational trauma in the formative years creates a vulnerability to severe emotional dysregulation along with intense feelings of despair, shame, and mistrust towards others later on in life.

Therefore, clients who meet the diagnostic criteria for C-PTSD are often actively re-experiencing aspects of their early relational trauma. If left unresolved, this attachment reenactment will likely impede individuals' progress over the course of clinical treatment.

Trauma and the Multiplicity of the Mind Through the Lens of IFS

Trauma survivors often present as fragmented in their sense of self (Janet, 1889; Siegel, 1999). Dissociative splitting is a natural part of trauma and allows the individual to survive in a precarious environment through the use of cognitive dissonance (Siegel, 1999; van der Hart *et al.*, 2006). Dissociative splitting enables trauma survivors to disown certain undesirable parts of the self that are related to shameful memories. Trauma-related spitting and compartmentalization creates a dissociative wall for relief from the painful remnants of the trauma, including implicit memories, intrusive thoughts, shame-based cognition, and night terrors (Shapiro, 2007). However, this dissociative splitting leads to a disowned part of the self through the application of selective attention, and thus, internal conflicts are left unresolved and implicit memories suppressed (van der Hart *et al.*, 2006). The central negative belief adopted by many trauma survivors is that the trauma is in some way their fault, and their burden to carry (Fairbairn, 1943; Shapiro, 2007). The disowned parts of the personality are reminiscent of isolated neural networks carrying maladaptive information (Siegel, 1999; van der Hart *et al.*, 2006). When disowned parts are activated, survivors of trauma re-experience the affect, negative cognitions, and behaviors stored in the unmetabolized traumatic memories, which contribute to the client's fragmented recollection of the trauma, maladaptive behaviors, and negative self-beliefs. There are many therapeutic modalities that work with ego states and schemas, including ego state therapy (Watkins & Watkins, 1997), Gestalt therapy (Perls, 1973) and Internal Family Systems (IFS) therapy (Schwartz, 1995).

Central to the IFS model is the belief that everyone has a self-leadership quality that, when accessed, allows for inherent healing and self-wisdom to emerge. The IFS model proposes that the universal presence of an untarnished self exists within everyone, and that this self, referred to as "self-energy," encompasses qualities of calmness, curiosity, compassion, confidence, courage, clarity, connectedness, and creativity (Schwartz, 2001; Schwartz & Sweezy, 2020). The IFS model posits that in addition to the self, there is an ecology of relatively discrete, autonomous parts, and that each contains a unique quality and holds a valuable role. IFS healing occurs in a series of methodical steps that include accessing the self, witnessing all parts, retrieval, unburdening, replacing burdens with positive qualities, and integration/reconfiguration of the system (Schwartz & Sweezy, 2020). The initial phase of the IFS treatment process is to differentiate parts from the self, or to unblend parts from the self, as the self can become blended with other parts. When parts become blended to the "self," the individual is not being "self-led." Once the self has been accessed and a part has been identified that is willing to work with the self, other parts are asked if they have any objections to the work. Once permission is earned and agreement is established, the process of compassionate "witnessing" can occur. During this time, it can become apparent that certain parts must be "retrieved." Retrieval is the process by which "the self" takes a part out of the past and into the present. The "self" is best equipped to lead the family system, and to heal the other parts of the mind. Initially, people may have limited access to the self; however, a clear connection to the self develops over time (Schwartz & Twombly, 2008). IFS provides an essential language to access and understand the parts, in addition to working through any unresolved internal conflicts. The IFS therapist works as an ally alongside the client's self, which eventually becomes the compassionate therapist and leader of the internal family system.

Trauma and attachment injuries may cause parts to become burdened by extreme negative beliefs and worries (Schwartz, 2001). Every part has positive intentions for the person, even if actions at times are perceived as resistant, dysfunctional, or maladaptive. The burdens that parts carry are what cause problems, and parts must be unburdened for deep healing to occur. "Managers" are protective parts that manage an individual's interactions within their external environment in order to protect them from pain or re-traumatization. In traditional psychodynamic therapy, the manager would be characterized as the defenses. Similar to parentified children, these manager parts protect more vulnerable parts in the system (Schwartz & Twombly, 2008). "Exiles" are disowned parts that are in active pain, shame, or fear. The exile represents the wounded inner child that resides within all of us. By accessing the inner child, we can pave the way for deeper healing, in addition to more profound behavioral and emotional change. Jung (1940/1958) proclaimed that within every adult exists an eternal child that is perpetually in a state of becoming more, and requires nurturing through unceasing care, attention, and education. Similarly, the IFS therapist will seek to affirm and unburden the exile.

Finally, "firefighters" are parts that emerge when managers become overwhelmed or exiles are exposed. The primary role of firefighters is to divert or suppress pain, which is usually achieved through ritualistic, compulsive, comfort-seeking behaviors. or risky action urges. Therefore, firefighters tend to be dominant in people who live with addiction (Schwartz, 2001). Schwartz (1995) states that there is never any reason to fight with, coerce, or try to eliminate a part, and, similarly, the IFS model promotes internal wholeness, balance, and harmony. The length of treatment in IFS is indexed to the systems level of trust for the self, and the level of po-

larization between parts, rather than the severity of the client's symptoms (Schwartz & Sweezy, 2020). Finding understanding for the different parts of the self can provide a remedy for negative symptoms, and eventually empower the trauma survivor. The IFS model creates a language for the trauma survivors to affirm and unburden their parts, allowing their self to lead the way.

EMDR and the Treatment of Complex Trauma

The efficacy of EMDR therapy in the treatment of PTSD has been well established in over 30 positive randomized, controlled studies during the past three decades (Ahmad *et al.*, 2007; Marcus *et al.*, 1997; Marcus *et al.*, 2004; Shapiro, 2014; Wilson *et al.*, 1997). Such research findings have led the World Health Organization (2013) to state that trauma-focused cognitive behavioral therapy and EMDR are the only psychotherapy modalities recommended for the treatment of children, adolescents, and adults who meet the diagnostic criteria for PTSD. It is important to note that most of these study participants differ from survivors of complex trauma with chronic abuse and neglect histories in terms of symptom presentation and capacity for tolerating trauma-focused work (Korn, 2009). The treatment of complex trauma should be phase-oriented, multimodal, and skill-focused, with a core emphasis on symptom relief and functional improvement (Briere & Scott, 2006; Courtois *et al.*, 2009; van der Kolk, 2015). In the treatment of complex trauma, the EMDR model is phase-oriented, highlighting the importance of resource development strategies that address the needs of patients with compromised affect tolerance and self-regulation (Korn, 2009). EMDR is a trauma resolution approach that involves a standard set of procedures and clinical protocols and includes specific types of bilateral sensory stimulation. Specific, focused strategies along with the bilateral stimulation help access the patient's dysfunctionally-stored memories and related affect. These approaches desensitize the emotions and physical sensations, enabling them to access adaptive material stored in the brain, and forge new, positive associations to the original event. EMDR classically involves eight phases, which include the following steps: (1) history-taking, (2) preparation and stabilization, (3) assessment, (4-7) desensitization, reprocessing, closure, and finally (8) reevaluation (Shapiro, 2007). Importantly, the efficacy of EMDR is challenged when presented with complex layered trauma and dissociation (Forgash & Copeley, 2008).

Akin to the IFS model, EMDR activates a healing process in many clients, in which scenes from the past are witnessed compassionately and parts are unburdened from guilt and shame (Twombly & Schwartz, 2008). EMDR incorporates the adaptive information processing (AIP) model, which posits that memories of distressing experiences are dysfunctionally stored in an unmetabolized state within the memory networks of the brain. These areas tend to keep hold of perceptions, negative beliefs, affect, and body sensations that arose during the initial experience (Shapiro, 2001). These unmetabolized memories, much like a "skipping disk," will replay the most distressing part of the memory, leading to intrusive thoughts, shame-based cognition, and psychological reactivity activated by sensitivity cues (Shapiro, 2001). Therefore, clients presenting with C-PTSD will have complex relationships with themselves and their attachment figures that must be approached compassionately by providing psychoeducation on dissociation and ego states. Shapiro (2001) further hypothesizes that "there is an innate, physiological system that is designed to transform disturbing input into an adaptive resolution and a psychologically healthy integration" (p. 54). Thus, EMDR therapists acknowledge the presence of an innate physiological healing system. EMDR therapists who understand how to sensitively and respectfully work with the inner ecosystem of clients' parts experience better outcomes and fewer complications when working with complex trauma (Forgash & Copeley, 2008; Twombly, 2000; Twombly & Schwartz, 2008).

IFS-Informed EMDR

EMDR is a modality that incorporates the brain and the body. The foundational steps of the EMDR process involve teaching affect regulation techniques to clients and providing them with an understanding of dissociation and trauma processing through psychoeducation. No healing from trauma can occur until a client experiences a sense of safety in their body (Levine, 1997). The preparatory steps of EMDR involve taking a comprehensive history and establishing an imagined "place of comfort" for the client before they can begin to identify, communicate, and work with their parts. For clients living with dissociative splitting, problems may arise if the standard EMDR procedures are used without additional measures to prepare the client to access painful material (Forgash & Copeley, 2008). IFS-informed EMDR provides a conceptual bridge between the two models, providing additional language and tools to enrich therapist-client communication when exploring the client's internal processes. Integrating IFS into the standard EMDR protocol provides additional perspective for the IFS-trained EMDR therapist in terms of ego states, defenses, and relational phenomena, which can cause blocking beliefs and resistance to trauma processing.

IFS-Informed EMDR
Adapted Protocol Phases 1 and 2

The initial phase of EMDR uses history taking as the foundation for treatment planning. History taking involves the therapist conscientiously observing and gathering information about the client's background information, while assessing their suitability for EMDR. In the initial phase of the history taking, the utilization

of IFS can be a valuable therapeutic tool for working with clients. Particularly, the use of IFS language during this initial phase of EMDR can help to titrate otherwise overwhelming material (Gomez & Krause, 2013). Highly dysregulated clients may find it overwhelming to access painful and traumatic material, which can have an impact on their affective states (Korn, 2009). Effective treatment of complex trauma requires a therapist to be experienced in working with dissociative parts. An IFS-trained EMDR therapist may begin to listen reflectively and use parts type language during the history-taking phase. For instance, they might say: "It sounds like there are multiple parts of you struggling here--one part that feels fearful, and also one that wants to numb out. Is that correct?" An IFS-trained EMDR therapist will contract with the part that emerges during this time, become curious about it, and learn about its unique function, role, and desire. The client's self will compassionately witness this part, ensuring it is unblended from the self. The client will then be encouraged to "go inside" and connect with their reactions to external triggers. During this phase, IFS helps stabilize the client by organizing the sense of self and making sense of the internal experience. This preparatory stage involves psychoeducation, self-exploration, and acceptance of the multiplicity of the mind, and is highly complementary to EMDR phases one and two.

The second of phase of the EMDR protocol focuses on preparation and provides clients with tools that will prepare them for EMDR readiness. This involves enhancing their capacity to independently tolerate positive affect regulation. IFS is a tool that can be used within the larger framework of a phase-oriented approach to the treatment of complex trauma and is therefore complementary to the history-taking and affect-regulation phases of EMDR. The self-states identified through IFS can assist with the identification of target development within EMDR. By focusing on befriending and hearing from parts, one can create the healing process of unburdening. However, there are times when protective parts block access to trauma wounds, which is when incorporating EMDR may be most effective. The gentle, affirmative language of IFS, combined with EMDR's focused strategies and bilateral stimulation, help access the client's dysfunctionally-stored memories so that deeper healing can occur (Twombly & Schwartz, 2008).

Case Study

The following case study is a composite case that contains elements and techniques derived from a number of sessions. Grant[1] is a 27-year-old Caucasian male with a diagnosis of C-PTSD. Grant presented to psychotherapy treatment with symptoms of anxiety and shame-based cognition due to a past history of emotional abuse, which was reported as prolonged exposure to domestic disputes and paternal aggression in childhood. This abuse was attributed to parental mental illness and the acrimonious divorce of his parents during his formative years. Grant described symptoms of cognitive hyperarousal, as well as avoidance and numbing, that were triggered during relational discord – specifically times when he reported that he felt "not in control." History taking revealed a pervasive negative cognition: "I am powerless." Grant responded well to imagined affect-regulation techniques, "place of comfort," and "container" during the stabilization phase. The following excerpt demonstrates introducing the IFS model to Grant; he is guided toward accessing the self while making sure to unblend it from a manager part. Subsequently, Grant's self is able to compassionately witness the part and perform a retrieval by letting the part know that it is in present time, and the risk of harm has passed.

T: I want to introduce you to a model of therapy that we will use together. It is based on the idea that we all have a core self that embodies our essence and all of our finest qualities, including calmness, curiosity, compassion, confidence, courage, clarity, connectedness, and creativity. We are born with these qualities; this is known as self-energy. However, we are also born with parts that help us relate to and survive in the world. You have heard the language, *"One part of me feels sad but another feels mad,"* or *"On the one hand, I want this, but on the other, I want that."* It will be helpful to get to know these different parts of the mosaic mind. Some of these parts take on the role of protectors, keeping us safe from harm. They may do this in an outwardly positive way; for example, counteracting feelings of inadequacy by overworking and becoming perfectionistic. However, the fears of this part may cause anxiety, exhaustion, and a lack of belief in one's intrinsic value. Other parts may protect us in ways that have a more negative effect. For example, a part may attempt to protect from painful thoughts or memories by using alcohol as a numbing agent. Though this can be used as a temporary way to avoid inner pain, the damage it causes to health, general wellbeing, and relationships is not helpful. Everyone has "parts" or facets of the self. All parts are welcome, and all parts are in some way attempting to be helpful. In this model, we develop a way to communicate with all the various parts of you, finding a way to hear from them so that they can heal rather than be pushed away. Our goal is to get to know them better, to earn their trust, and understand their underlying hurts. When we heal and unburden parts, they no longer feel the need to lead or be intense, because they begin to trust that you are now safe. You mentioned before that you have a particular part that seems to sabotage your relationships. Would you like to get to know this part better to see if we can help it?

1. A pseudonym has been used to preserve confidentiality.

C: *(nods)* Yes, I'd like that.

T: How does this part show up? Do you notice it in or around your body... or perhaps visually?

C: It's visual.

T: Can you tell who and what you see?

C: Yes, this part is a pacing detective. He looks pensive and highly anxious.

T: Are there words that go with this image?

C: Yes, the detective is shouting and cursing. He is so stressed and has no control. He is fearful.

T: It sounds like this is a fearful part; what shall we call it?

C: Yes, he is fearful... we can call it the fearful part for now.

T: How do you feel towards the fearful part?

C: I feel critical of this part. It's not a helpful response to have.

T: Can you ask the critical part to step back/relax for a moment?

C: No, it doesn't want to step back.

T: What is this part afraid would happen if it stepped back?

C: It would be too much to handle, possibly overwhelming.

T: If we could take just a few minutes to get to know and hear from the critical part, would that be okay?

C: Yes.

T: Thank you for creating the space to get to know this critical part. How do you feel towards this part?

C: It's been with me for a long time. It is fearful of getting hurt.

T: Oh, I see... tell me more.

C: It doesn't want me to get hurt again.

T: This part does not want you to get hurt again. How does this part serve you?

C: Yes, it protects me.

T: What shall we call this part?

C: The protective part.

T: How do you feel towards this protective part?

C: I appreciate it; I know it does not want me to be vulnerable or hurt.

T: Would it feel okay to send this part a signal of your appreciation?

C: Yes.

T: Is this part willing to give us permission to be with the fearful part?

C: Yes.

T: Okay, take a moment to thank this protective part, letting it know you will listen for and appreciate its guidance. And then, when you are ready, you can connect with the fearful part.

C: Okay, this part feels more appreciated. I will listen for it more.

T: How do you feel towards this fearful part?

C: I am interested in this part, but I don't like his energy – too much pacing.

T: Does this part know you are here with him?

C: No.

T: Would you like to send this part a signal of your curiosity and calmness?

C: Yes.

T: Does this part sense your presence?

C: Yes, but I am very far away.

T: Would it be okay to get closer to the part?

C: Yes, I approached him and placed a hand on his shoulder. He turned around and we are making eye contact.

T: What would you like to say to this part?

C: We are safe; you don't need to be afraid anymore.

T: Can you ask this part, *"What is this part afraid would happen if you did not listen to it?"*

C: He is afraid that I would feel vulnerable and hurt.

T: That's understandable; there have been many times when you have been made to feel this way in the past.

C: Yes, there have been. He is the protector of a younger me.

T: Do you want to tell this part about who you are now?

C: Yes, it's 2020 now, and I am strong, independent, and live in a peaceful home.

T: Does this part have a response?

C: This part was so busy protecting me, it did not know that so much time had passed. This part has worked so hard. He is exhausted.

T: Do you want to thank this part?

C: Thank you for being there for me, for protecting me. I have felt your presence. This part is focused and powerful.

T: Can we hear from this part?

C: This part is relieved, but tired, very tired.

T: I wonder if you would like to let this part know that you appreciate its value and that you will continue to visit it and build a relationship.

C: He would like that.

T: If you like, maybe you could let this part know that you will be listening for its guidance.

C: Yes, that feels good and right. I will check in on him when I feel anxious or fearful.

T: Let's take a moment to thank these parts for showing up today. In your own special and meaningful way, say goodbye to these parts, letting them know that you will continue to connect with and build a relationship with them.

C: Yes, that felt good.

T: This is your internal family system. All parts are welcome, and all parts are valuable. When we hear from these parts, we may learn of their core beliefs, fears, and burdens, and in time perhaps negotiate with them to harmonize and unburden them.

IFS-Informed EMDR
Phases 3-5

Within the parts work therapy, the IFS-trained EMDR therapist can begin to work towards achieving trauma resolution by recognizing parts and giving these parts a voice to express their needs within the internal family system. The objective is to support the client in developing an embodied sense of self that can compassionately hold all disparate emotions, vulnerable sensations, and young parts of self as they strive towards internal harmony. Furthermore, certain ego states can be utilized as positive interweaves when a client demonstrates resistance to processing and cognitive looping (Twombly & Schwartz, 2008). The IFS concept of self-leadership provides a valuable context for the resource installation and the cognitive interweaves utilized in EMDR. Identifying potential target memories for processing can be a very charged and sensitive time in the trauma treatment process. However, careful integration of the IFS-informed preparation and resource development can aid in the assessment and identification of specific targets and core components of memories (Twombly & Schwartz, 2008). From here, the client will develop a sense of readiness and self-energy as they work towards the phases of desensitization and installation. This development of self-energy, catalyzed by interweaving IFS into the EMDR process, increases the connection to positive cognitions and adaptive neural networks. Phases 3-5 of EMDR can be a crucial time for assessing a client's readiness to tolerate EMDR reprocessing. IFS can be applied to this pivotal process via the integration of parts type language to facilitate development of target memories, central cognitions or schemas, feelings, and the identification of somatic sensations (Twombly & Schwartz, 2008; Krauze & Gomez, 2013).

Even though a client may verbally express a sense of readiness to process the pain of the past, certain parts of self, such as firefighters or managers, may come to the surface and interfere with the process to protect the client. Twombly & Schwartz (2008) caution that EMDR can sometimes override managers and access exiles before systems have been prepared to handle them. Consequentially, managers and/or firefighters will punish the client and/or therapists for violating their rules. This sort of therapeutic backlash can result in the client distancing from therapy, disengaging, numbing out, dissociating, or activating firefighter-like behavior, such as increased alcohol use or risk-taking (Schwartz, 2001; van der Kolk, 2015). Sometimes, hypervigilant managers can become blended with the self. Within IFS, there is a direct access technique that may need to be applied if there is considerable self-energy available to the client, but a protective part is impeding the work (Schwartz, 2001). Direct access is an alternative approach to insight wherein the therapist's "self" speaks directly to the client's "parts." Direct access can be accomplished as an explicit intervention, or implicitly, if the therapist knows but does not reveal that they are speaking directly to the client's parts. This technique must come from self-energy, or it will exacerbate mistrust (Schwartz & Sweezy, 2020). Additionally, therapists must be mindful of their own affect, thought process, and countertransference. Before commencing with phases 3-5 in Grant's treatment, we worked through hearing from and negotiating with the part via direct access in order to obtain consent to process a memory of developmental trauma, which had previously been blocked by a protective part.

T: In our last session, you identified a target memory that you would be interested in reprocessing.

C: Yes, I am sitting at the old dining room table with my sister across from me. I am next to my mom in the kiddy corner. It's in the evening and it is very solemn. I want to process this memory; however, there is a part of me that questions what good can come from it?

T: Can I hear more from that part?

C: I don't think he wants to talk; he is just pacing.

T: Grant, remember all parts are welcome, and all parts serve a function. Can we be curious about what he has to say? Let's hear from him.

C: It's the detective *(the fearful part)*. He is anxious about going into this memory.

T: Tell me more.

C: In the other memories, I did not face my father. I trust you and have felt safe here before when working on the other memories. However sometimes when I think of my father, I feel a pressure in the back of my throat. It is a feeling of frustration, and a sort of despair.

T: I see. It sounds like this part is coming in to protect you.

C: Yes, he comes in when I feel that I am weak.

T: Can we hear from this part?

C: I work very hard to protect him. As far as intelligence and application go, I am doing my job.

T: You have done a wonderful job as Grant's protector. You served as his protector when no one else did, and you have been loyal to him for all of these years. I am grateful to you for that.

C: I am glad that you can see that.

T: You have worked very hard to protect. What are you protecting him from right now?

C: When he tries too hard, he gets hurt. Then he feels weak.

T: I understand; it sounds like you do not want him to get hurt or to feel weak.

C: Yes, my job is to protect him from pain.

T: You have done a great job of shielding Grant from pain and keeping him safe. Grant, do you have words for your protector, the detective?

C: Yes, I can see that the detective has been my protector for a long time. Growing up, I really did not have anyone who I could rely on, and his pacing and general distrust kept hurtful people away.

In the IFS-informed interweave, it becomes apparent that Grant's manager was protecting him from the pain of perceived failure. Consequentially, he is hesitant to access a memory involving developmental trauma via EMDR. Ultimately, this part revealed it would prefer for Grant to avoid and numb out his painful memories, as he had learned to do in his formative years. Trauma often involves numbing and avoidance of memories that are too painful to lean into or hold in the mind for a sustained period of time. This is reminiscent of a "jack-in-the-box motion" – a delicate dance of suppression and intrusion, which can be both pervasive and distressing. Suppression conceals the disowned parts; however, intrusive thoughts and memories can come to the surface and provoke feelings of fear and powerlessness in the trauma survivor. Finding a language and an understanding for the different parts of self can remedy these symptoms and empower the trauma survivor. Grant is guided towards appreciating and affirming that this part has been instrumental in ensuring his survival in a dysfunctional family home. The next step of this IFS-informed interweave involves negotiating with the protector part to obtain its permission to heal the parts that had been previously devastated by disappointment and perceived failure. This protective part believes that pain and suffering are pervasive themes in Grant's life. The idea of exploring painful feelings seems risky, considering that in his formative years, Grant was shamed and rejected for being "too emotional." The clients' distrusting protector monitors trustworthiness to reduce pain. Reconnecting with, honoring, and eventually unburdening that part are the turning points in IFS-EMDR therapy. A hallmark of IFS is the belief that beneath the surface of their parts, all clients have self-leadership. Through Grant's IFS journey, his self-energy has become more accessible.

T: The detective has done a wonderful job as a protector; I wonder if there is anything you would like to say to this part?

C: *(pauses thoughtfully)* Yes, you are doing well; the path should be clear to you now. You have done much of the hard work and preparation to make way for healing. I know you are drained. You have carried me through pain for a long time. You must push through this resistance and be okay with surrendering. In an earlier time, you felt fearful and powerless, but now you are strong and capable.

T: Thank you for reminding him that he is strong and powerful. Let's give him the space to respond.

C: I have always known, but sometimes I feel forgotten *(laughs a little)*. He is ready; I will still watch over him, but he is ready.

T: As the protector, you are forever balancing the duty of care versus the dignity of risk. You are his dutiful protector. However, the risk is to give him the wings to fly and a safe space to land. Are you ready to let him process this memory?

C: I am.

T: Let's take a moment to see if there are any parts of you that need to speak or weigh in on this important decision of processing a memory involving your father.

C: We are all ready.

IFS-Informed EMDR *Phases 6-8*

In the final stages of EMDR, the IFS-oriented psychoeducation and resourcing can continue to strengthen a client's positive resourcing and resilience. For instance, in phase 6 of the body scan, which is designed to bring awareness to the body and process any residual disturbances, the client can connect somatic sensations with certain parts. For example, the somatic symptom of tightness in the throat can indicate the sensations of choking back tears, or the words they never got to say. Therefore, a client may say, "Even though the memory has retreated to a lower level of distress, I continue to experience a tight sensation in the throat." This would prompt the IFS-trained EMDR therapist to ask, "Is there a part of you that we must hear from who needs a voice?" This gentle navigation of the mind-body relationship promotes closure by ensuring stability at the end of treatment. Once again, remnants of trauma are revisited in a monist perspective during the final stage of reevaluation using IFS-informed language. Furthermore, finding and nurturing the self can be utilized as a resource in both the EMDR processing and the installation stages. This creates a gentle, warm, and empathic integrative trauma approach to guide those suffering from trauma towards a place of healing and self-compassion.

Conclusion

EMDR is an effective and empirically-supported trauma modality that can benefit greatly from the integration of the IFS model. The IFS approach enables clients to recognize internal ego states, and to structure and control internal communication. Clients become aware of various parts and are able to identify alliances and conflicts among these parts. By exploring and compassionately connecting with different parts, clients can strengthen their "core self" and connect with their own inter-

nal guiding voice. IFS is a highly compatible adjunctive strategy to EMDR psychotherapy, as it capitalizes on a language optimized to understand the parts of the self in order to foster cooperation and self-energy. Furthermore, EMDR's adaptive information processing model promotes the development of the internal working model, scaffolding the client through a comprehensive understanding of the mechanisms causing them to unconsciously reenact their trauma. IFS-EMDR creates a unique blend of the contemporary practice of EMDR with the interweave of IFS for positive resourcing. This has been shown to enhance the trauma survivor's capacity to establish trust, tolerate stabilization, and navigate a core sense of self (Forgash & Knipe, 2008; Lobenstein & Courtney, 2013).

One primary aspect of this approach is the research-based knowledge that trauma is often accompanied by dissociation (van der Kolk *et al.*, 2005; van der Kolk, 2015; Korn, 2009). Importantly, dissociation psychoeducation and affect-regulation techniques are standard strategies in treating complex trauma through psychotherapy. As discussed previously, dissociation is best understood as parts through the perspective of an ego state tradition. An IFS relational approach asserts the need for parts and provides the client with language to engage in a dialogue that facilitates self-compassion and positive resourcing. The ultimate goal of IFS work is to transform the internal dialogue between the parts of the self from disjointed chaos to a smooth, harmonic symphony. The parts are interwoven into the EMDR protocol and work collaboratively toward trauma healing. Consequently, in the healing of past painful events and the negative self-concept, clients are guided through a journey of positive self-energy and empowerment. As EMDR can successfully reprocess maladaptively-stored distressing memories and create new, adaptive associations in the brain, targeting early attachment-related memories with EMDR should have a positive impact on the individual's internal working model. The IFS model depathologizes trauma-related splitting and empowers the client to ensure that deeper healing can occur. By applying concepts and methods from the structure, strategies, and narrative of family therapy and subpersonalities, the IFS model provides a language necessary to understand one's parts and work through unresolved internal conflicts. Chronic traumatization can lead to internalized shame and negative cognitions. However, by compassionately hearing from different parts of self and developing self-energy, one can reprocess trauma and become unburdened from feelings of shame, thereby paving the way for trauma healing and self-leadership.

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