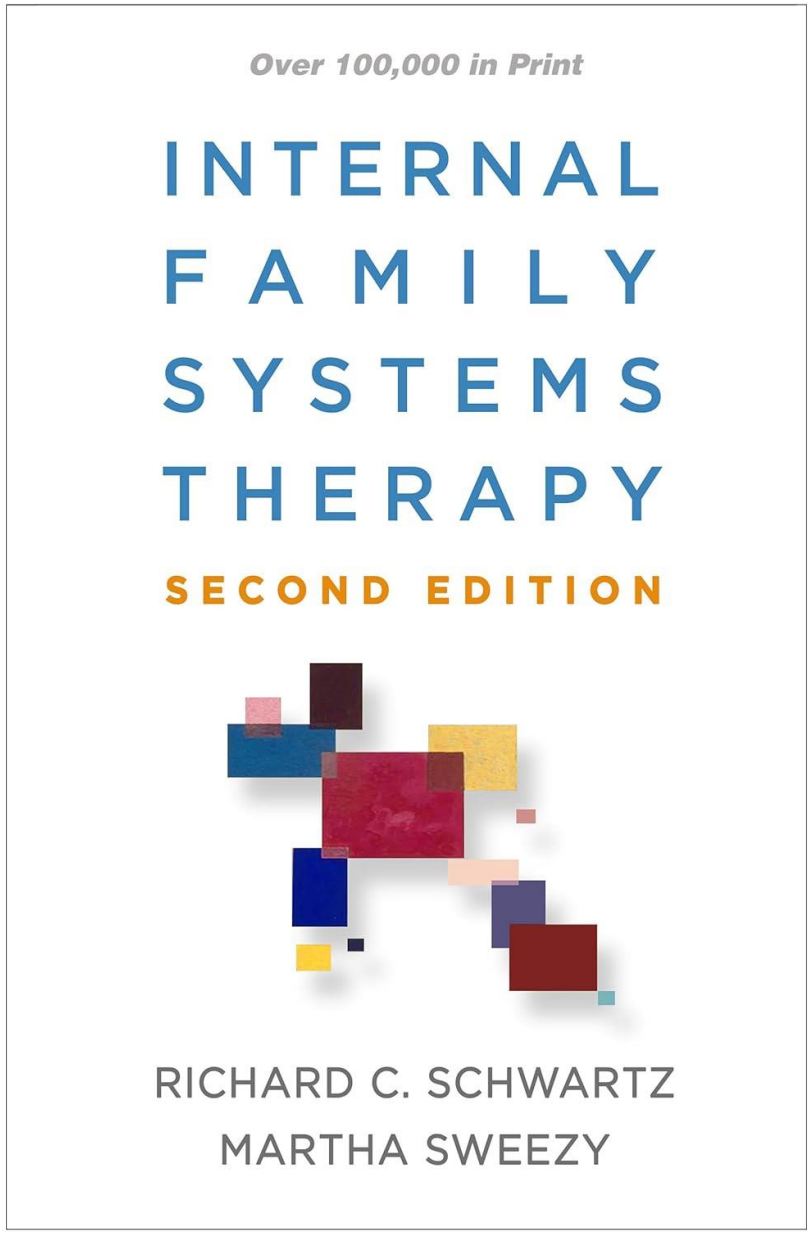


IDIFSA

History of
Internal Family Systems

Darla Trent, LCPC



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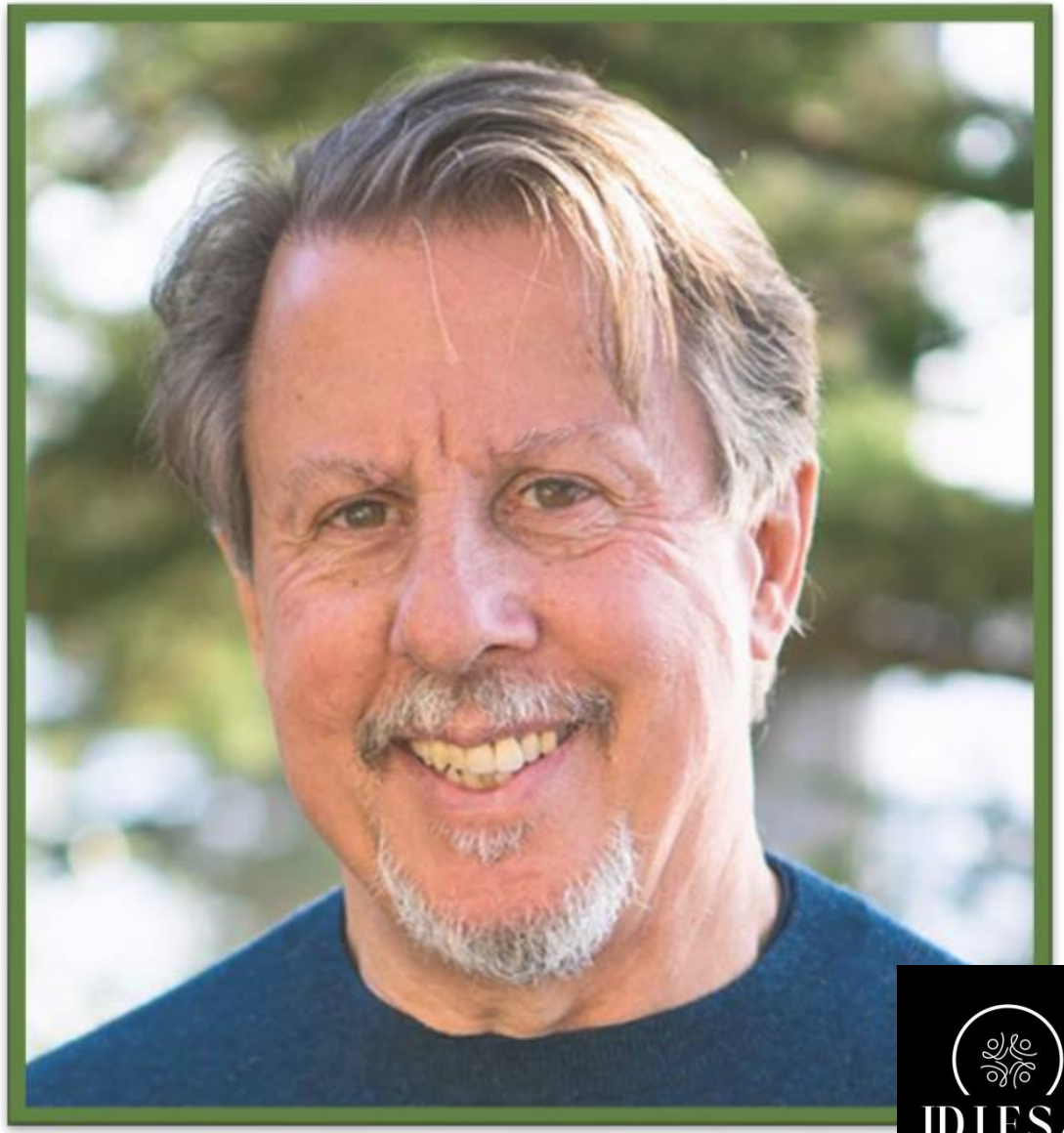
Resource:

***Internal Family Systems Therapy 2nd Edition*, The Origins of Internal Family Systems Therapy, Richard C. Schwartz and Martha Sweezy, 2020.**

Richard C. Schwartz

Developer of Internal Family Systems



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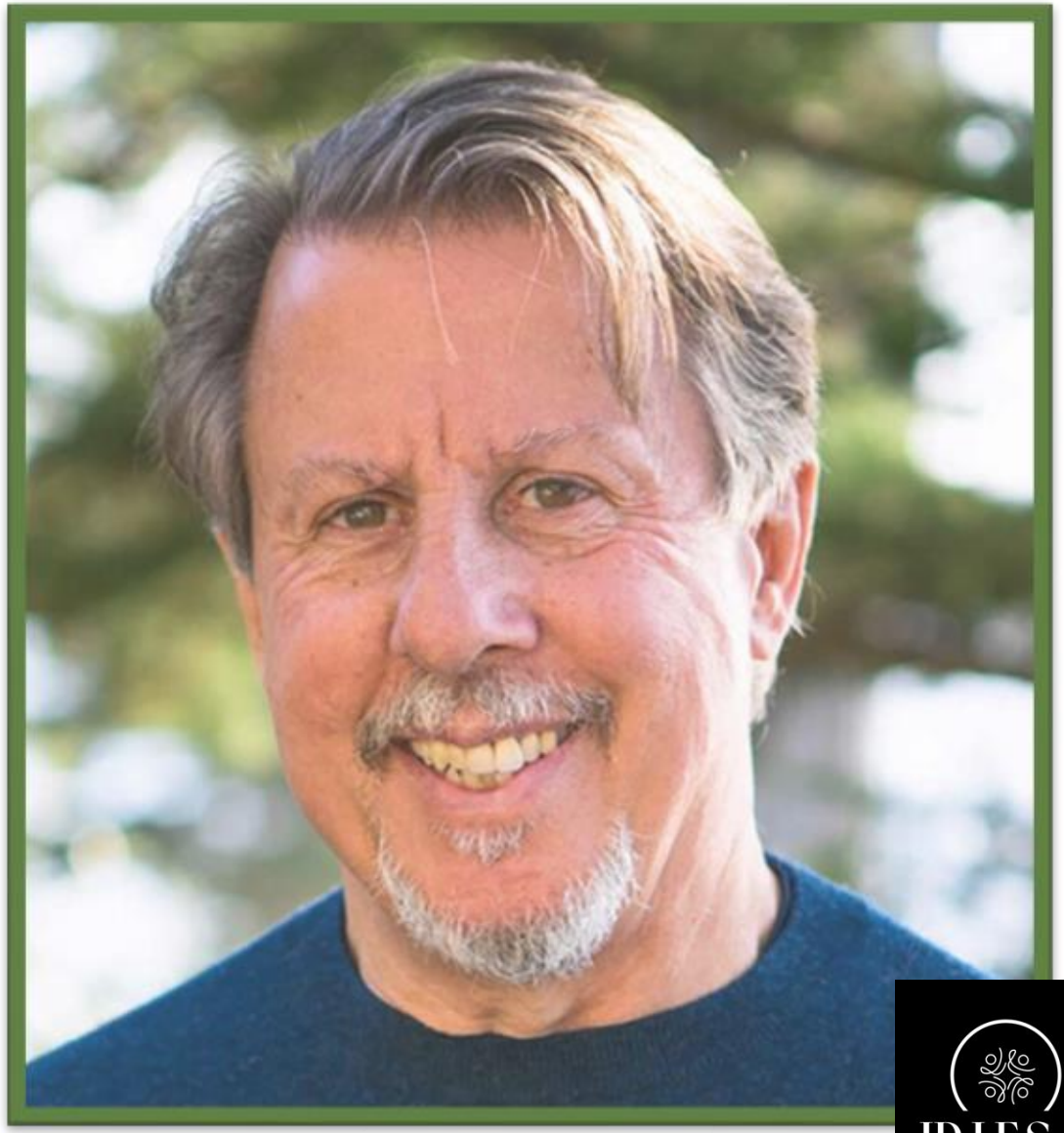
Background

- Born September 14, 1949, to Genevieve and Ted Schwartz
- Oldest of 6 boys
- Father was a highly successful academic physician and head of medicine at a big medical center. His father expected his sons to follow him into medicine.
- Schwartz states he did not have a “head for hard science” and was not interested in school, which angered his father.



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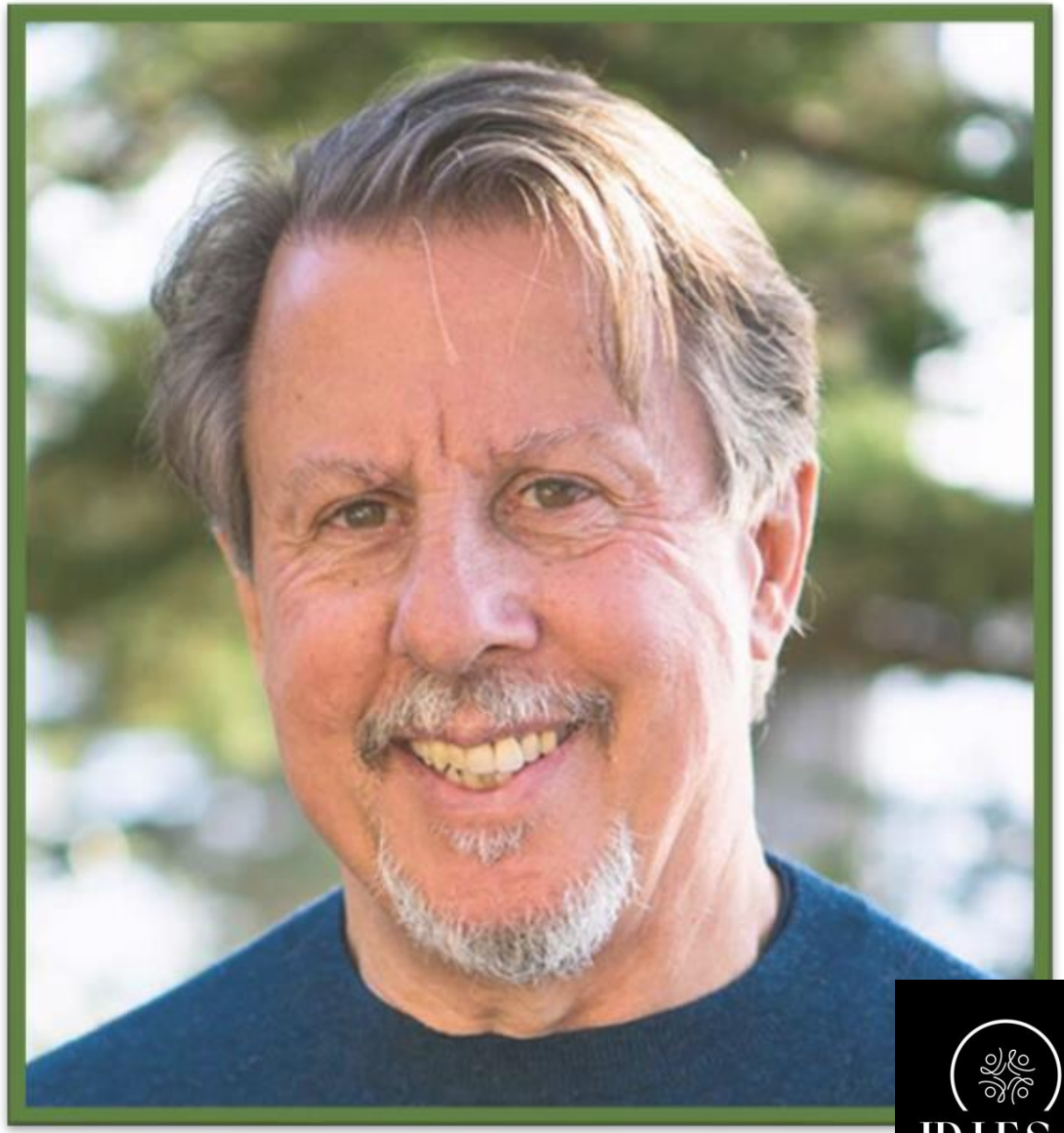
How it Began

- His father got Schwartz a summer Job as an aide in the adolescent psychiatric unit at his hospital.
- Gained firsthand experience.
- Stated “I can do things better.”



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Forging a Path

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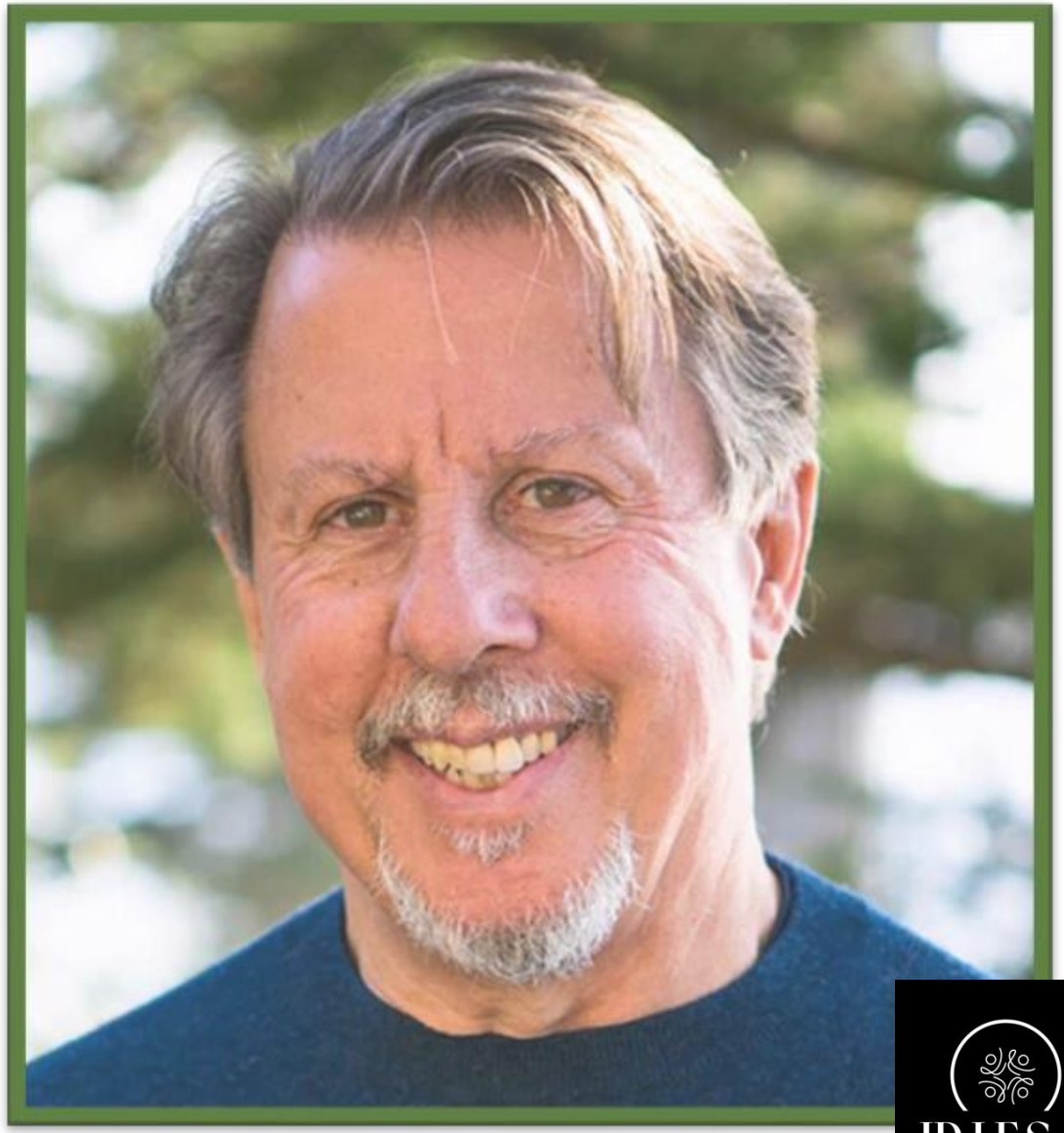

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Early Experiences

- **Undergrad Psychology class:** Carl Rogers (empathetic approach) and Fritz Perls (Emotions fully expressed and experienced; “empty Chair technique” first exposure to an internal conversation.
    - Ludwig Von Bertalanffy (General Systems Theory) and Gregory Bateson (systems theory to human behavior, communication, culture),
- **Masters Program at Northern Illinois University**- professor, Earl Goodman teaching Family Therapy. Had a Few successes- stopped focusing on psychoanalytic approach.
    - Books by Salvador Minuchin and Paul Watzlawick; Work by Jay Haley contributed to focus on external contents.
- Back to **Department of Psychiatry at Chicago hospital**, work with family of pain patients… few successes, but mostly not. Decided to go back to school.

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More Experiences

- Doctoral program- **Purdue University in West Lafayette, Indiana**. Studied with Doug Sprenkle; learned about Murray Bowen (self-differentiation) and Virginia Satir (self-esteem and communication) – "experience of individuals within families."
    - Wrote dissertation about couples' communication and self-esteem; Original results promising; follow up results- not so promising. Dropped Satir.
- **Institute for Juvenile Research** in Chicago- family therapist trainer and researcher. Lots of opportunities; prove to father not a failure; change the world at same time.
    - Began a study with a colleague for families of women with bulimia using a structural/strategic model. Success applying the model to the family setting, but results were not as expected.

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Questions to Think About

- What have my Beginnings in my career been like? How about in IFS?
- How do they compare to Richard C. Schwartz's?

Questions to Ponder

As we explore some specific examples of how Richard Schwartz's experiences shaped his development of IFS, I want you to ask yourself these questions:

- Are my experiences similar/different to Richard C. Schwartz's? How?
- What can I learn from Richard Schwartz's experiences? And how might his experiences influence my current/future understanding of IFS?

Experience 1: Quinn

- Bulimia patient; family in study for over a year
- Family responded well to study. Able to reorganize roles within family successfully. Eating disorder “waxed and waned.”
- Quinn moving out on own. Expected disorder to disappear, but they did not.
- In desperation, went inward. Awareness of ”warring parts” emerged.
  - Distinct voices, autonomous, non-unitary, relational. Identified as their “parts” by clients.
  - New perspective gained as clients observed their parts. Clients became less overwhelmed and intimidated.
- Challenging beliefs: Family therapy- stick with the externals; Multiplicity equals pathology; Clients are nothing more than their behaviors (needy, hostile, nurturing, overinvolved, etc.).

Experience 2: Roxanne

- Acceptance of the paradigm of multiplicity but belief parts are one dimensional, and only as they present. (i.e., a critical part might be an internalization of parent's behaviors and binging is just an out-of-control impulse). Also takes the stance that clients should use managerial tasks to "ignore, control, or do battle with their parts."
- Roxanne was a bulimia patient; sexually abused; and a cutter.
- Empty chair technique; speaks to part directly (direct access); part responds in disdain "client bad and deserves to be hurt." Argues until part backs down. Backlash from part between sessions. Feelings of powerlessness with surprising results.
- New understandings- Genuine interest and curiosity important; parts have good intentions; parts don't like having extreme roles; Some Parts live in the past.
- Curiosities: Are inner world of parts like the outer world of families? Can we help parts with their fears, liberate them from their extreme roles, assist them in using their energy for positive purposes?

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- Focus on direct communication, better boundaries, new roles, appropriate hierarchies and leadership. Clients focus inward, have “feelings toward, thoughts about, and conversations with” parts and then relay the answers.
    - Noticing of inward chaos and conflict and inability to always engage with parts.
- In one session with an eating disorder patient, many parts were showing up. Focused on a pessimistic part who answered. Client began to shout angrily, telling the pessimistic part to leave.
- Awareness of parts speaking. Asked to “step back” and part did.
- Client attitude switched; CaIm and caring voice emerged. Description given from clients, “that’s not a part … that’s who I really am, that’s my self.”

Experience 3: Cora

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- Exploration of inner world and relationships between parts and Self.
- Development of Internal Family Systems
- Personal and professional growth
- Over 50 articles and books devoted to the theory
- Dedication of teaching and growing the model

Continuing the Legacy

IFS