

IFS & POLYVAGAL THEORY

Healing Through Compassionate Connection TM

Alexia Rothman, PhD
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Disclaimer

Materials that are included in this course may include interventions and modalities that are beyond the authorized practice of mental health professionals. As a licensed professional, you are responsible for reviewing the scope of practice, including activities that are defined in law as beyond the boundaries of practice in accordance with and in compliance with your profession’s standards.

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OBJECTIVES	1	How can understanding PVT help us implement IFS more safely and effectively?
	2	Basic principles of IFS and Polyvagal Theory
	3	Impact of the therapist’s internal state on clinical work and how clinicians can use this awareness to facilitate client regulation and healing.
	4	IFS strategies to shift clients’ nervous systems towards regulation and healing
	5	Helping clients foster attuned, trusting relationships with parts that live in and/or utilize adaptive survival states
	6	Video Example
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BASICS OF IFS THEORY	
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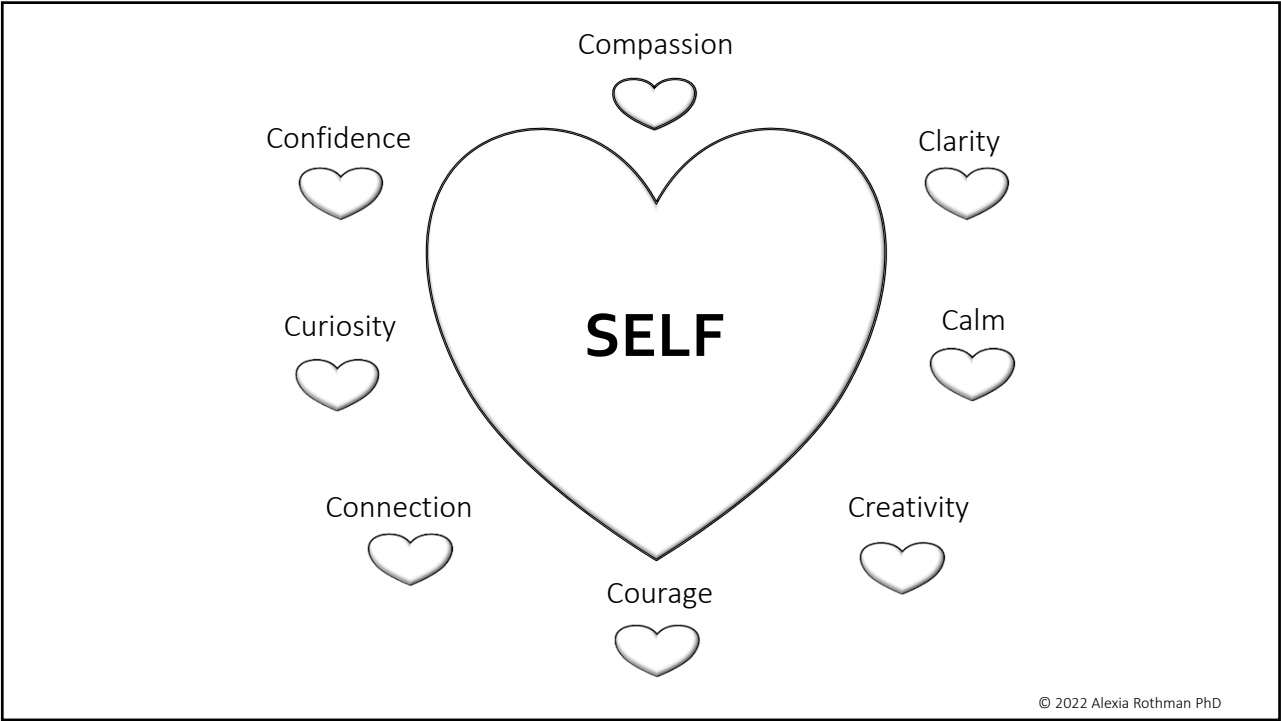
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Internal Family Systems Therapy

- Developed over 40 years ago
- **Non-pathologizing** model of the organization and operation of the psyche
- Empirically validated psychotherapy
- Can facilitate healing and transformative change

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Parts

- **Subpersonalities**
- Can understand them as tiny people inside you.

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Types of Parts

EXILES

- Parts that carry unresolved pain.
- Vulnerable
- Wounded

PROTECTORS

- Parts that manage our interactions with the world and defend against underlying pain.
- Managers: **PROACTIVE**
- Firefighters: **REACTIVE**

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Burdens

- **Negative/extreme emotions or beliefs** that enter your system from some direct experience in your life or through family line or culture.
 - Arise from **the meaning** parts make of external events.
- Can also be body sensations.

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	<p>A PART IS <u>NOT</u> ITS BURDEN</p>	
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<div>Assumptions of the IFS Model</div>	<div><div>Multiplicity is the natural state of the mind</div><div><ul style="list-style-type: none">• Trauma does not create parts but can force them to take on extreme roles, burdens</div><div>Everyone has an undamaged Self<ul style="list-style-type: none">• Constraint-release model</div><div>No bad parts<ul style="list-style-type: none">• Parts can be wounded, burdened, stuck in extreme roles, trapped in trauma time• Can be unburdened, released from extreme roles</div><div>No part operates in isolation<ul style="list-style-type: none">• This is an internal <i>system</i></div></div> <div>© 2022 Alexia Rothman PhD</div>
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IFS & Polyvagal Theory

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The Polyvagal Theory

Stephen W. Porges, Ph.D.

- Developed in the 1990s
- Adapted for use in therapy by Deb Dana, LCSW


“Polyvagal Theory is the science of feeling safe enough to fall in love with life and take the risks of living.”

-Deb Dana

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What Really Brings Clients to Therapy?



Difficulty Regulating their Nervous System

Symptoms	INTERPERSONAL RELATIONSHIPS	ADDICTION	OTHER
Depression	Conflict in personal and/or professional relationships	Drugs	Stress
Anxiety		Alcohol	Self-Esteem
Irritability/Anger	Difficulty forming/keeping healthy relationships	Relationship with food	Procrastination/Avoidance
Sleep Disturbance	Social Anxiety	Addictive Processes: gambling, internet, pornography, overexercising, compulsive overwork, overspending/shopping	Personal Hygiene
Attention/Concentration	Boundaries		Self-Care
Intrusive Thoughts	Isolation		Change in life circumstances
Obsessions/Compulsions	Loneliness		Grief/Loss
Nightmares/Flashbacks	Aggression		Career-Related Issues
Hallucinations/Delusions			

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<div><h2>Why consider the nervous system?</h2></div>	<p>Dysregulation of the nervous system (autonomic rigidity) and the associated suffering is at the heart of what brings clients in for treatment.</p> <p>Clients can't think their way out of trauma/survival responses and experience shame when they can't.</p> <p>PVT gives us an understanding of how the ANS operates and can be reshaped.</p> <p>IFS gives us a way to use this understanding in a relational, experiential way to bring about healing and transformation.</p> <div>© 2022 Alexia Rothman PhD</div>
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<div><h2>Trauma</h2><p>Dr. Stephen Porges</p></div>	<p>There are great individual differences in outcomes to traumatic experiences.</p> <p>"...it is not trauma as an event that is the primary determinant of outcome."</p> <p>"...it is the re-tuning of the neural regulation of the autonomic nervous system to support threat reactions that is the primary determinant of outcome."</p> <p>It's not <i>what</i> happened. It's how the nervous system <i>was impacted</i> by what happened.</p> <div>© 2022 Alexia Rothman PhD</div>
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<div><h3>Polyvagal Theory</h3><ul style="list-style-type: none">• Not a psychotherapy, but can underlie any therapeutic modality• Way to understand the structure and operation of the autonomic nervous system• Non-shaming, non-pathologizing• Helps us design and implement safe and effective therapeutic interventions• Hope and possibility<ul style="list-style-type: none">• We can reshape the nervous system towards flexibility and resilience• We don't have to remain stuck in survival responses</div>	<div><h3>Internal Family Systems Therapy</h3><ul style="list-style-type: none">• Empirically validated psychotherapeutic modality• Way to understand the organization and functioning of the psyche• Non-shaming, non-pathologizing• Compassionate, relational way to interact with our internal systems, including our biology• Hope and possibility<ul style="list-style-type: none">• We can heal and unburden our wounded and traumatized parts• Bring/Restore Harmony and Balance to Internal System</div> <div>© 2022 Alexia Rothman PhD</div>
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Trauma Disrupts Connection

What happens to us when we aren't treated as we should be?

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Co-Regulation	Consistent, Reliable, Safe Co-Regulation Polyvagal Theory <ul style="list-style-type: none">• Effective self-regulation comes from effective co-regulation• Ample opportunities to exercise the circuits of connection• Well-tuned vagal brake• Able to safely engage with others in a way that is rewarding and regulating• Able to engage with the world• Connection to spirit IFS Translation <p>Consistent co-regulation experiences with Self-led others help prevent parts from taking on burdens and being exiled, protectors do not have to step into extreme roles, as the presence of Self (ours and that of the co-regulating other) is available to the system. We are able to connect with our parts, others, the world and spirit from Self.</p>	Absent or Unpredictable Co-Regulation Polyvagal Theory <ul style="list-style-type: none">• More difficult to self-regulate• Missed opportunities to exercise the circuits of connection• Poorly tuned vagal brake• Self-regulate for survival• Disrupted connection to self, others, the world, and spirit IFS Translation <p>If we don't have someone to safely and consistently co-regulate with, our wounded parts are more likely to take on burdens, we are more likely to exile those parts, and our protectors are more likely to take on extreme roles. It's very difficult for protectors to trust it's safe to unblend and let Self lead because they don't know Self or even believe it's there, so they run our lives. We struggle to connect effectively with our parts, others, the world, and spirit.</p>
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Presence of the Therapist	<p>“I’ve found that the most important variable in how quickly clients can access their Selves is the degree to which I’m Self-led. When I can be deeply present to my clients from the core of my being...clients respond as if the resonance of my Self were a tuning fork that awakens their own.”</p> <p>- Dick Schwartz</p>
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<p>Presence of the Therapist</p>	<p>“I have...learned that my relationship with clients is terribly important to our success... because my ability to be in Self helps their protective parts relax so their Selves can flow in.”</p> <p>-Dick Schwartz</p> <p>© 2022 Alexia Rothman PhD</p>
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<p>Co-Regulation Self begets Self</p> <ul style="list-style-type: none">• Ask our parts for the space to allow us to access at least a “critical mass” of Self-energy• Our regulated presence (our Self-energy) facilitates others accessing their own

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Co-Regulation in IFS Therapy

Exercising the Circuits of Connection

- **In the moment**, helps make deep work safer and possible
 - Critical mass of Self allows us to be compassionately and effectively present WITH our parts
- **Long-term**, helps shift client’s nervous system towards flexibility and resilience
 - Increases access to Self and ability to return to being Self-led when parts are activated

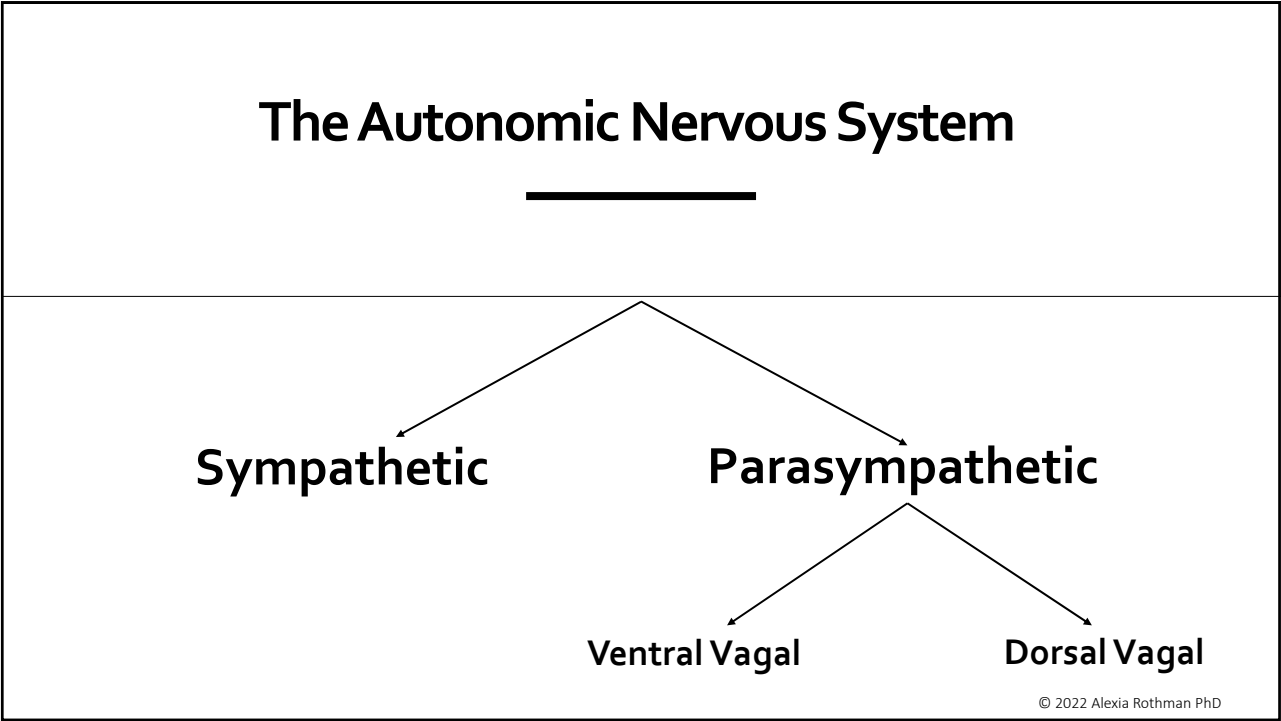
Consistent, co-regulating presence of therapist’s Self

Lending our Self-energy to the client’s system to facilitate access to their own

- Direct Access when needed

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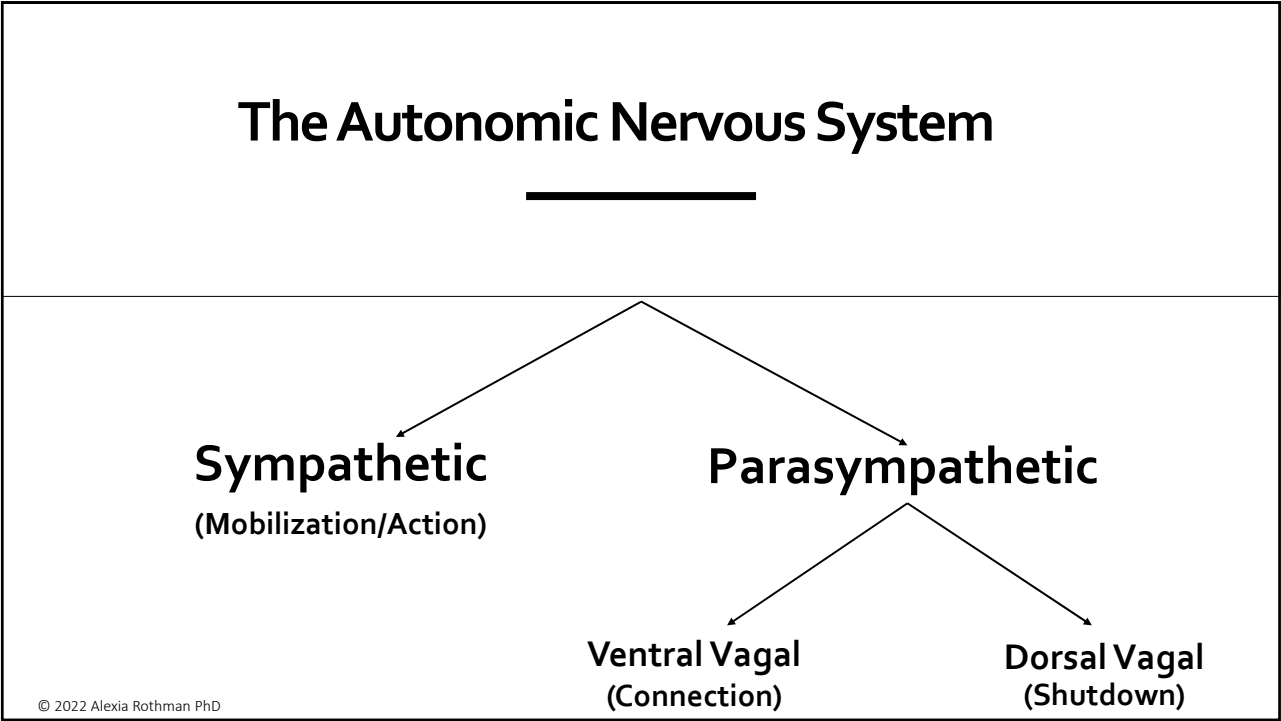
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<div>Parasympathetic Nervous System</div> <div>Two Bi-Directional Pathways via the Vagus Nerve</div>	
<div>DORSAL VAGAL</div> <ul style="list-style-type: none">• Travels from brainstem down, primarily receiving information from and regulating organs below the diaphragm, including the digestive system	<div>VENTRAL VAGAL</div> <ul style="list-style-type: none">• Travels from brainstem up through nerves in the neck, throat, eyes, and ears, and down through lungs and heart (organs above diaphragm)

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HIERARCHY	
Three Predictable Pathways of Response	
VENTRAL	
<ul style="list-style-type: none">• Feel safe and connected• Able to engage with life: self, others, the world, spirit• Can send and receive cues of safety• Perspective, possibility, hope• Associated with physical health and well-being	
SYMPATHETIC Survival	
<ul style="list-style-type: none">• Sense of impending danger• Hypervigilant/alarmed/uneasy• May misread or not notice signs of safety but more easily notice signs of danger• Disrupted connection from ourselves, others, the world, spirit (me vs. you, us vs. them)	
DORSAL Survival	
<ul style="list-style-type: none">• Do not feel connected at all• Shut down, no energy, don't care• Hopeless• Feel unsafe and surrounded by unsafe people	
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Protectors	
Preferred vs. Extreme Roles	
MANAGERS	FIREFIGHTERS/DISTRACTORS/ SOOTHERS
<ul style="list-style-type: none">• Preferred Roles: To support stability, good functioning, productivity, personal Improvement• Methods when Extreme: Harsh criticism, perfectionism, restriction, striving, controlling, driving (taskmaster), evaluating, caretaking, terrorizing, organizing, managing image, worrying, obsessing, seeking approval, pessimism	<ul style="list-style-type: none">• Preferred Roles: To support rest, relief, comfort, fun, pleasure, novelty• Methods when Extreme: Substance abuse, sexual activity, compulsive cravings, self-harm/self-mutilation, binge-eating, starvation, overspending, excessive video games/TV/internet, gambling, violence, suicide attempts, lashing out, fighting, hoarding, dissociating, procrastinating, oversleeping, restricting
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<div>Exiles</div> <div>Burdened/Suffering vs. Unburdened/Healed</div>	
<div>BURDENED/SUFFERING</div> <ul style="list-style-type: none">• Wounded• Carrying burdens, such as shame, worthlessness, physical sensations, extreme emotions• Trapped in “trauma-time”• Re-experiencing the trauma repeatedly• Existing in extreme distress/suffering	<div>UNBURDENED/HEALED</div> <ul style="list-style-type: none">• Released the burdens they took on at the time of wounding• Reclaimed their wholeness• Regained access to their own Self and the associated qualities – joy, creativity, connectedness, courage, compassion, peace, freedom, comfort, etc. <div>© 2022 Alexia Rothman PhD</div>

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<div>Adapting for Survival</div>	
<div>Internal System (IFS)</div> <ul style="list-style-type: none">• Parts are wounded<ul style="list-style-type: none">• Some wounded parts are exiled• Protectors take on extreme roles<ul style="list-style-type: none">• Rigid, can’t step down, afraid to leave us unprotected• Lose access to Self/Self-Energy (constrained)	<div>Nervous System (PVT)</div> <ul style="list-style-type: none">• Survival responses• Autonomic rigidity<ul style="list-style-type: none">• Get stuck in survival responses• Incompatible with feeling safe• Block ability to seek and benefit from connection <div>© 2022 Alexia Rothman PhD</div>

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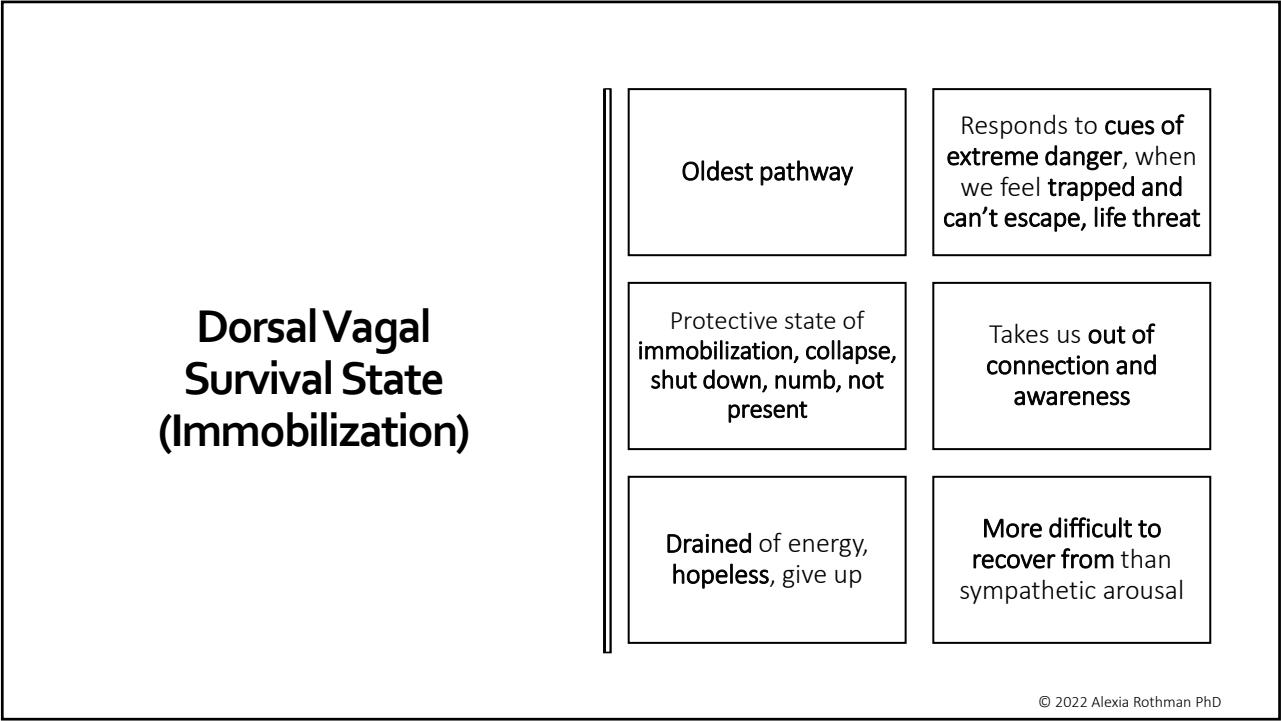
ANS – Adaptive Survival States

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Polyvagal Theory: ANS - Survival States vs. Regulated States	
<div><div>Adaptive Survival States (Dysregulated)</div><div><ul style="list-style-type: none">• Sympathetic <i>Survival</i>• Dorsal <i>Survival</i>• Sympathetic/Dorsal <i>Survival</i></div></div>	<div><div>Regulated States</div><div><ul style="list-style-type: none">• <i>Regulated</i> Sympathetic = Play<ul style="list-style-type: none">• Ventral + Sympathetic• <i>Regulated</i> Dorsal = Stillness<ul style="list-style-type: none">• Ventral + Dorsal• Ventral</div></div>

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<div>Parts and the Nervous System</div>	1	Parts are <i>not</i> states
	2	Parts can live in states
	3	Parts can make strategic use of survival states
	4	Parts can make strategic use of regulated states
	5	Parts can be affected by and react to states
	6	Parts “have their own nervous systems”
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<div>IFS & PVT Integration Session</div>	1	Cisgender, heterosexual, white male, mid-50’s, educated professional
	2	Complete isolation during pandemic, no therapy for 2 years
	3	Chronically stuck in either dorsal or sympathetic survival states
	4	Between jobs, no money, nightly alcohol use high
	5	Reached out for an emergency session – overwhelm, hopelessness, passive suicidal ideation

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Video Segment 1

Beginning the Session

Direct Access

- Overwhelmed part
- Co-regulation with therapist

Initiating In-Sight

- Noticing Hulk
- Protector associated with Sympathetic survival state of “fight”

Direct Access

- Concerned part comparing Hulk to Arnie

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<div><div>Internal</div><div><u>Co-Regulation</u></div></div>	<div>Self-to-Part connection with protector or exile</div> <div>Regulated Self can be with dysregulated part</div> <div>Co-regulation with Self helps shift part from survival state</div> <div>Exercises circuits of connection</div> <div>Effective self-regulation skill</div> <div>Opens opportunity for healing</div>
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<div>Benefits of Internal Co-Regulation</div>	1	Don't have to rely on external people
	2	Available all the time
	3	Don't have to achieve complete regulation
	4	Reinforces Self as natural leader of system and resource
	5	Non-exiling form of self-regulation

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Video Segment 2

Internal Co-Regulation

4th "F": Feel Toward

• Young parts terrified

3rd "F": Fleshing Out

• Doesn't care about anything, won't back down

Internal Co-Regulation

• Accessing compassion toward boys

• Connecting with boy – touch, compassionate energy

• Seeing part through eyes of Self

• Being there for part in way he needs - instinctive

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Ventral Vagal Pathway Safety & Connection

Newest pathway

Unique to mammals

Supports being in
safe engagement
with others

Responds to cues of
safety

Feel safe,
connected, calm,
social

Our Self-energy can
facilitate client's
returning to this
state

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Self / Self-Energy

An Emergent Quality of Ventral?

Qualities that emerge/become accessible when parts open space (8 C's) are also emergent qualities of VV activation.

- Curiosity, compassion
- Deb Dana: "We have a home in ventral."
- IFS: "This is who I really am. This is my Self." Our compassionate, connected essence.

IFS is a **constraint-release** model

- Self is present/undamaged in everyone but may be obscured by the energy and burdens of parts
- Help clients access Self more readily through unblending and healing/unburdening the system
- PVT (Deb): "Ventral is where our nervous system longs to be. Our job is to uncover the pathways that take us back there."

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HOW ARE YOU FEELING TOWARD THE [PART]?

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Video Segment 3

Getting Permission

- Checking with concerned parts
- Parts are whole beings
- Physiological shift beginning

Fleshing Out Part

- Understanding that Hulk also has a preferred/regulated state (doctor)
- Seeing part through eyes of Self (and also part calming)
- Adolescent protector

Internal Co-Regulation with Protector

- Sitting on park swing
- Physiological shift continues – releasing tension in body
- Exile positively impacted

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Neuroception	<ul style="list-style-type: none">• How the nervous system takes in information• Detection without awareness• Constantly scanning – inside, outside, between
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Neuroception: Match vs. Mismatch Is this reaction appropriate for the situation at hand?	Polyvagal Theory <ul style="list-style-type: none">• Neuroception can respond not just to what is objectively present but also to familiar cues that remind our system of past experiences<ul style="list-style-type: none">• Can be taken into a survival response when not warranted by the current situation or not sense danger when it is actually present• Usually only aware of the outcome (how we feel, think, behave once our system is already reacting)• Make this implicit process more explicit – in awareness<ul style="list-style-type: none">• Bring perception to neuroception• Bring in discernment<ul style="list-style-type: none">• What level of response would be appropriate/needed?
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IFS Approach to Neuroceptive Mismatch

- Learn to notice and name the parts that are activated
- Learn to extend curiosity to these parts (access critical mass of Self-energy towards them)
- Develop relationships with these parts and understand their motivations and protective intentions (or if exiles, their situation)
- Self-to-Part connection:
 - More likely to have a regulated state activated than a survival state
 - More likely to be able to return to a regulated state when dysregulated
 - Can lead from Self – Self brings perspective and discernment and makes executive decision on how to proceed

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Video Segment 4

Self-to-Part Relationship with Protector

- Learning Hulk's fears and needs
- Protector needs Self to assume natural leadership role in system
- Protectors don't want to have to be extreme

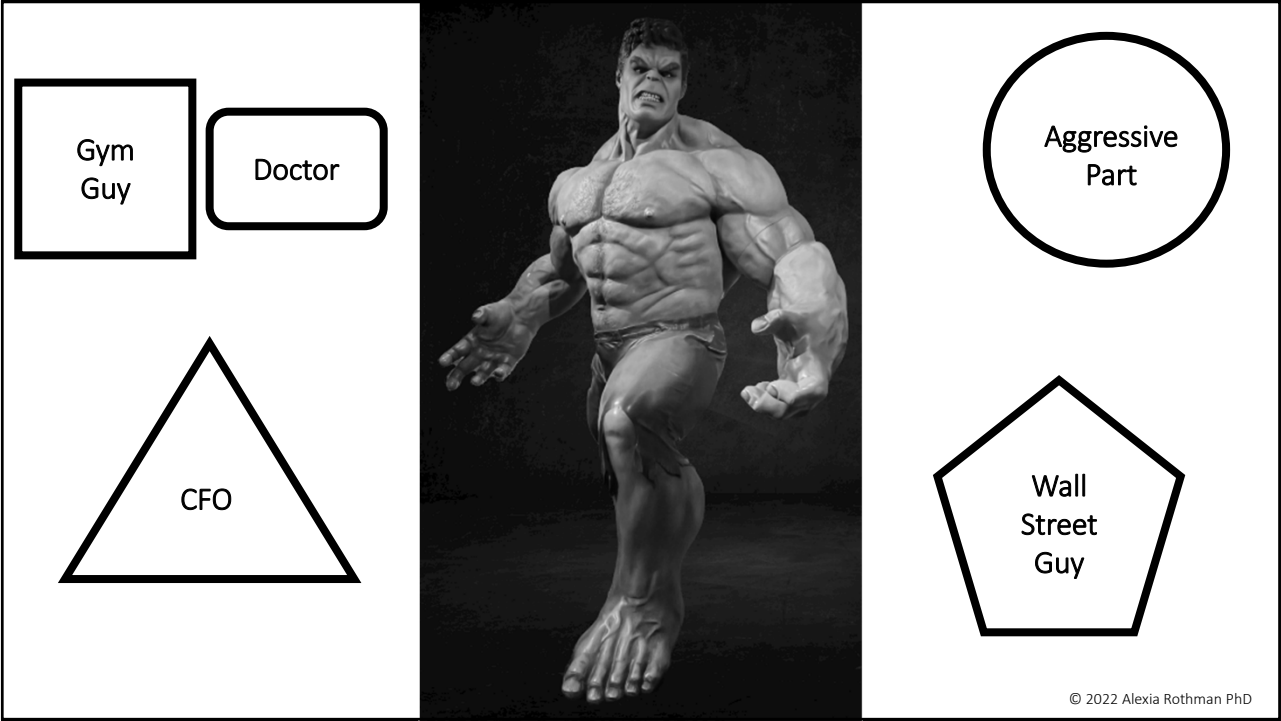
Mapping Relevant Clusters of Parts

- Web of relationships target part is embedded in
- Make note of parts in cluster for future work
 - May be necessary for part to truly be released from role
- Gym Guy, Doctor Part, CFO, Aggressive part

Encourage Reconnection to Target Part

- "By tending to some other parts, you're really tending to me."

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Slower can be Faster

Work Proceeds More Smoothly, Safely, and with Less Resistance if You:

IFS – Access at Least a Critical Mass of Self


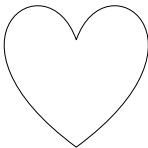
- Prioritize the Self-to-Part relationship
- Information/content less important than connection
- Make sure connection established in both directions
- Work unfolds more smoothly and with less resistance
- Circle back to this step whenever needed

PVT – Anchor in Ventral Before Visiting Survival States

- Stories emerge from states
- Enter process at state rather than fight against it
- Micromoments of regulation help survival relax
- Stories, feelings, behaviors begin to shift organically

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<div style="text-align: center;">  <h2 style="margin: 10px 0;">Befriending</h2> <hr style="width: 20%; margin: 5px auto;"/> <p style="margin: 5px 0;">From Glimmer to Glow</p>  </div>	<p>“Befriending is learning to <i>tune in and turn toward</i> autonomic state and story with curiosity and self-compassion.” – Deb Dana</p> <ul style="list-style-type: none"> • Extending curiosity/compassion to target part • Seeing if part is aware of Self and how it’s responding • Establishing bi-directional connection • Inviting part to share what it wants Self to know/understand • Seeing how client is reacting to part’s sharing <ul style="list-style-type: none"> • If more Self-energy available, keep extending to part <ul style="list-style-type: none"> • Appreciation, gratitude, compassion • Honoring the part for its intention and service (protector) • Allowing part to take in presence of Self and not being alone anymore
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<h2 style="margin: 0;">Video Segment 5</h2>
<p><u>Fleshing out Protector</u></p> <ul style="list-style-type: none"> • Hulk is a protector – WS Guy somehow related • Seen through eyes of Hulk, WS Guy a “madman” • Getting permission from Hulk to go to WS Guy <p><u>Internal Co-Regulation with Protector in Dorsal</u></p> <ul style="list-style-type: none"> • Wall Street Guy – frustrated, disillusioned, hopeless, expensive suit tattered, stained, moth-eaten, cobwebs • Unblend parts reacting to him and check HFT • Has been a powerhouse protector in the system, and now has sunken into dorsal despair • Scares other parts to see him like this – parts blend and need differentiation from Self

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Video Segment 6

Internal Co-Regulation with Protector in Dorsal

- Much harder to come up out of dorsal than down out of sympathetic
- Parts tempted to fix/change/convince need to soften back
 - Self can effectively hold space, validate, extend compassion
- Attached to old dreams/aspirations, anger/drive

6th F: Fear of Protector

- If he lets go of the old dreams, other parts might settle and client will be unsafe. Also doesn't know how else to be.
- Role: Keeps system financially safe and socially respectable.

Progress

- Was talking through Hulk - now has established Self-to-Part connection & willing to continue
- Circle back to other parts: Hulk calm and relaxed, exile doing well
- Physical symptoms completely gone
- Can move through world more safely (in a regulated state, not a place of threat/protection)

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Three Essential Elements

<div><div>Needed by nervous system in interactions</div><div>Deb Dana</div></div>		<div>CHOICE</div>	
	<div>CONTEXT</div>		<div>CONNECTION</div>

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<div><div>Context</div><div>How can we offer context in IFS?</div></div>	<div><ul style="list-style-type: none">• Explicit and/or implicit psychoeducation<ul style="list-style-type: none">• From therapist's Self• Therapist reflecting wisdom of client's parts and Self back to client• Client having "aha" moments as parts educate them• Client's Self educating parts• "Of course..." – normalizing and elaborating as psychoeducation• Brief explanation or answer to a part in the moment• Presence of therapist – appropriate transparency regarding shifts in therapist's system</div> <div>© 2022 Alexia Rothman PhD</div>
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<div><div>Choice in IFS Therapy</div></div>	<div><div>1</div><div>2</div><div>3</div><div>4</div><div>5</div></div> <div><div>Choosing a target part (client chooses or collaboration)</div><div>"You are in charge." Back off when needed.</div><div>"Which way should we go here?" Or offer 2-3 specific options.</div><div>Respect boundaries and signals of protectors: Do not want them to feel trapped or coerced</div><div>Self not attached to outcome nor how/when it happens</div></div> <div>© 2022 Alexia Rothman PhD</div>
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<div>Connection in IFS Therapy</div>	1	Self-Led Presence of Therapist supports emergence of Self in clients
	2	Direct Access when needed
	3	Therapist’s Self-energy accompanies client on their journey
	4	Internal Connection (Self to Parts)
	5	Connection to spirit
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<div>The Vagal Brake</div>	1	Ventral vagal circuit to the pacemaker of the heart – medulla (in brainstem) to sinoatrial node of heart
	2	Speeds up and slows down heartrate
	3	Allows access to more sympathetic energy
	4	<i>Not a survival response</i> – still regulated by ventral, feel safe
	5	Can respond rather than react – do what is needed in the moment
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The Vagal Brake

Becoming Active Operators of our Nervous Systems


Vagal brake may not work as efficiently if consistent co-regulation opportunities were not available in childhood.




Keeps us between sympathetic and ventral (regulated sympathetic)



Vagal Brake releases somewhat to allow in some sympathetic energy to meet the demands of the moment/task.



Vagal Brake engages, heart rate slows



Vagal Brake Disengages (Releases Completely)
HPA axis engaged – cortisol & adrenaline
Enter Sympathetic Survival State

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IFS

PERSONAL TRAINING FOR THE NERVOUS SYSTEM

Repeated Opportunities for Neural Exercise

- Increase access to Self-Energy through:
 - Unblending (Anchor in Ventral)
 - Befriending (Glimmer to Glow)
 - Healing of Exiles (Retrieving wounded from existing in survival states)
 - Helping protectors shift into preferred roles (Releasing protective parts from being in or using survival energy)
- Tone the Vagal Brake/Improving its Efficiency
 - Helps us access mobilizing energy when needed
 - Help us decrease sympathetic activation when not needed
- Makes it easier to find our way home (Self/Ventral)
- **Appropriate amount** of challenge for the nervous system

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<div>How Can PVT Help us Implement IFS More Safely and Effectively?</div>	1	More safely → More effectively
	2	Deeper understanding of why and how our Self-led presence facilitates healing and how to use this
	3	Deeper understanding of why we respect protectors
	4	Pacing, Timing, and Choice of Interventions
	5	Appropriate level of challenge for the nervous system; Repeatedly exercising and toning Vagal Brake
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Session Video: Integration of IFS and PVT

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Please subscribe on my website:

DrAlexiaRothman.com



My cat, Tamino ☺

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IFS & Polyvagal Theory: Healing Through Compassionate Connection™

IFS & PVT Integration Therapy Session – Teaching Document

Alexia Rothman, PhD

- Session starts with **direct access** (client speaking directly to therapist and therapist holding space)
 - Describes incident where some blending and acting *from* a part occurred
 - Mentions a second possible option to discuss in session (edited out of video for privacy)
- Therapist invites client to go inside to **select target part** from these two options
 - Purpose: Begin internal focus and provide *choice*
 - PVT tells us that the nervous system needs *context, choice, and connection* in order to feel safe enough to engage (and thus allow the client to get the most out of therapy).
 - Internal focus allows client to slow down and start attuning to cues from her internal system (including her nervous system)
 - Client gets a clear answer about which target part to select (initial contract for the session established)
- Describing protective part that **strategically uses** anger (sympathetic energy)
 - “Currently lives diametrically opposed to People Pleaser” (therapist holds lightly that there may be a polarization between target part and People Pleaser)
 - *Protector’s Intention*: Wants client to be able to have needs/feelings and not always be emotionally attuned to others; to prioritize herself
 - Getting a sense of the part (involves aspects of the **first 3 F’s: Find, Focus, start to Flesh Out**): White/green icy heat in throat/chest, “really dangerous”
 - Concerned parts (related to People Pleaser) fear that if target part comes out, it will sever interpersonal connections.
 - **Getting permission** from concerned (possibly polarized) parts to proceed with getting to know the target part.

- They are confident this part won't take over even if they give space because they have the final word on whether it's released
- Noticing another part who is glad that this protector is advocating for her needs
 - Young part, protected by target part (therapist holds lightly that this may be an exile)
 - Very tiny figure/cartoon of person crawling beneath target part, saying, "That's my champion."
 - The part is not a burdened part, but it is fragile/young and needs protection
- *Offering choice to the system:* Check in with both parts and see where it makes sense to go (allows client to stay connected to signals from internal system)
 - Client receiving clear signals from system that finding out more about the protector "would be good for everyone"
 - Following the wisdom of the system and keeping protector as target part
- **4th F: How do you feel toward it?** (assess whether client has access to at least a critical mass of Self-energy): "I love it."
 - While this response may indicate a blended part (such as an ally of the protector or a part that is protected by it), rather than a response from Self, therapist senses that client seems to have at least a critical mass of Self available to proceed with the work without requiring unblending at this time.
- **Fleshing Out** the part (getting more detail about it, more of a felt sense of it, sense of its connections in the system): "It's like a lightning rod, senses when other people are trying to guilt me."
 - No parts operate in isolation (this is an internal *system*). Thus far, here is what we know about the **web of relationships** this part is embedded in:
 - People Pleaser and other parts who try to maintain external connections keep this one contained.
 - Protects a young, fragile part.

- Some blending happening with sympathetically charged protector. Helpful to see/hear/feel the energy and intensity of the part. Now that client has a stronger sense of the part, attempt to proceed towards **befriending** it.
 - Therapist initiates move towards the development of a **Self-to-Part relationship** between client and protector by asking client to let the part know how much she appreciates it (since she had indicated that she did)
 - Facilitates unblending from target part and anchoring in Self
 - Starts the befriending process because client's positive feelings toward part are being conveyed to part and client is noticing how the part is reacting.
- *NOTE: When parts blend, we want to be careful not to give the message that parts are "bad" and Self is "good," by rushing to unblend them immediately whenever they appear. In this case, the client already seems to understand the part's purpose and appreciate it, and she's only mildly blended with it, so we can attempt to move towards helping the part experience a Self-to-Part connection without alienating the part.
- From a PVT perspective, this part makes use of significant sympathetic energy, and having the client in this more "keyed-up" state is not conducive to bonding, connection, and healing, so through unblending and befriending, we are moving toward bringing more ventral energy on board (**anchoring in ventral**) and **reducing sympathetic activation (may involve engaging the vagal brake)**.
- Connecting with part directly allows client to receive information about part's *protective intention* and *protective strategy*:
 - **Protective Intention:** Wants to stop guilt or shame from penetrating the system: client can feel and think about it at head level, "but doesn't get down to my belly."
 - **Protective Strategy:** Part creates a "physical thing blocking it from going any further...contradicts every point." "Really rigid" – physical and verbal "no's".
- **Protector's Fears (6th F): What is it afraid would happen** if it didn't block, and it (shame/guilt) got down to belly?
 - "I would rot from the inside out. It would be absolute poison to the system."
 - Client is describing the **dorsal survival state**: "I lose all energy from all of my limbs, feel totally depleted, truly worthless. I'm not feeling that right now."

- ***NOTE:** This point in the session provides an example of how monitoring moment-to-moment shifts in our clients' autonomic states can help inform the nature and pacing of IFS-based interventions (i.e., what we choose to do and when).
- *Therapist's process at this moment:* The dorsal state can pull strongly and quickly, so therapist must stay aware of client's verbal and nonverbal cues, as well as changes in energy in the therapist's own system (which can hint at what is happening in the client's system if therapist is attuned), because intervention can become necessary at any moment to counteract impending dorsal collapse.
 - This is a tricky balance because the **goal is to befriend and develop a relationship with part(s) that strategically use or live in various survival states**, so we do not want to rush to intervene if client is anchored in Self and can therefore safely engage the part(s), because then we would never have the opportunity to befriend them. However, we don't want the client pulled into a dorsal survival state, either.
 - This balance needs to be **assessed on an ongoing, moment-to-moment basis**, as the state of the nervous system is constantly shifting.
 - *At this moment*, client is describing her state in a way that indicates she has a "toe in" dorsal but is still anchored in ventral ("I'm not feeling that now."), but therapist needs to stay aware in case she starts to slip too deeply into dorsal and unblending and re-anchoring in Self/ventral becomes necessary.
- **Protector's Fears (6th F)** (continued): "Everything would change on a cellular level."
 - Therapist asks if the part has seen that happen before. Asking a protector this question when it expresses its fears can help us understand why a part holds this level of concern. In this case, the above description of what could happen if shame/guilt penetrated the system is so detailed and clear that it seems likely it is based in lived experience.
- Client begins getting visuals: rainbow, soft glow inside of womb.
 - Descriptions arising are very indicative of **dorsal survival state**: Very lonely, nothing else, no connection, no purpose, it's just nothing, no texture, colors very muted, no sound, no energy, no life, the senses are all completely dulled.

- **4th F:** “How are you feeling toward it?”
 - As client has a clear felt sense of the part, therapist wants to assess whether she has a critical mass of Self-energy available towards it (because this is necessary for befriending it, but also to assess *if it’s still safe to be this close to the dorsal survival state*).
 - IFS: Do we still have a critical mass of Self available?
 - PVT: Are we still anchored in ventral as we approach dorsal?
 - Genuinely curious, feels familiar (still indicative of anchor in Self), so we can proceed to befriending.
- Befriending protective part that is *associated* with dorsal survival state (at this point, we don’t know if it *strategically uses/activates* this state for protective reasons or if it *lives in/experiences* this state itself)
 - Therapist is starting to feel a slight pull of dorsal in her own system, which can indicate that the client might be slipping down, so therapist is noticing this but not intervening yet, as it’s balanced with fact that client reported feeling “genuinely curious” towards the part (curiosity is a hallmark of Self and ventral), and the fact that client is still speaking normally.
 - Encourages client to **extend the curiosity to the part** (befriending technique)
 - “It’s very numb.”
 - **Getting history of part:** In 20s during episodes of depression, felt “Really disconnected, isolated, not even sad,” “a quiet comfort of just not caring at all, a real apathy. Not uncomfortable or painful, numb, no sensation.” – Still do not have enough information to know whether part is strategically using the state or living in/experiencing the state itself, as an exile might.
 - “So how are you feeling toward the numbness?” Therapist must check frequently to make sure there is still enough Self present because we’re dealing with the dorsal survival state.
 - Client now very surprised at how long she’s been in this space where nothing is happening (no visuals when she’s usually very visual). We may need to unblend from dorsal, but given that client has maintained at least a critical mass of Self thus far, therapist defers to wisdom of the system instead of making the decision on the client’s behalf. Therapist asks: “**Is it**

okay to be with it?” which allows client to sense what’s happening in her own system in response to the presence of the part and the dorsal energy, and client hears response from another part that doesn’t want client to get stuck in this state.

- Therapist suggests client ask part for a little space to be “*with* it a little more than *in* it.” Objective here is not to completely unblend the part lest connection with it be lost (part of why IFS does not use traditional grounding techniques), but just to re-establish enough of an anchor in Self to make continued exploration safe, and to allow for a Self-to-Part relationship to develop.
 - *NOTE: PVT tells us that in order to move from dorsal to ventral, we must pass through sympathetic (example of how understanding the hierarchical nature of response in the ANS can inform our IFS-based interventions). We can see that some energy/effort is required on the client’s part in this unblending process, as she had a significant amount of dorsal activation. If client is not able to bring this bit of sympathetic energy herself, therapist is standing by to assist. Cues like her body/hand movements, slight laugh, what she says, etc. indicate she has some energy flowing and may not need assistance, so therapist allows her to conduct the unblending process herself.
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- Therapist checks again how the client is feeling toward the part. [Notice that the process is not linear – i.e., just following the steps of the protocol in order no matter what is happening with the client. Instead, IFS often involves circling back to previous steps in the process, especially the 4th F, which assesses for Self-energy, as needed].
 - *Purpose:* Does client now have an anchor in Self/ventral?
 - Finds client is blended with a part who is afraid of the dorsal-associated part.
 - Therapist helps client unblend from fearful part, which re-anchors client in Self (confirmed by asking again how the client feels toward the part and hearing, “I’m curious, I want to understand it.”)
 - **Befriending:** “Let it know that you want to understand it and you’re curious about it.”

- Client holding part in her hands and getting a sense of the part from this new perspective of *being with* it and not blended with it:
 - Hands “super hot holding it.”
 - Has movement; swirling, white-hot light; a lot of energy in it
- Client senses an urge to make the part “super small and concentrated” We check to see if that urge is coming from the part itself, which it is. (Had it been coming from another part, we would have had to unblend that part in order to continue befriending this one).
- **Befriending** continues, and client learns the nature and intent of the part:
 - Part is a protector: “**It’s like an emergency, last-resort desensitization pod for me.**”
 - “I will always be here as a last resort.”
 - We learn that although part can strategically make use of the dorsal survival state when needed, it does not prefer to resort to that strategy because it’s aware that it’s difficult for the client to pull herself out of that state.
 - Protector showing signs of being Self-led: though it *uses* dorsal survival strategically when needed, it is not *in/experiencing* dorsal itself. It can also recognize the challenges associated with using this strategy (very hard to pull out of dorsal survival state) and can also choose not to use the strategy.
 - Client experiencing relief (likely from parts that have been afraid of this part or concerned about its strategy)
- Continuing **befriending** process: Therapist asks how the emergency pod is reacting to the client understanding it and being with it.
 - Part reveals that it felt client was ready to learn about its presence and function, and client feels a connection to it and appreciation for it. Appreciation grows as client explicitly realizes that this pod is only for her (expanding Self-energy in system).
 - Therapist asks if part can feel that appreciation and connection, and it can (establishing that the relationship is being felt/developed *bidirectionally*).

Reflects to the client that **being *with* this part rather than *in* it is a new experience.**

- This is the difference between *being present with* a part in a Self-to-part relationship (with an anchor in regulation), rather than *being blended/overtaken* by a part and *being in* it.

- **Expanding presence of Self-energy in system (PVT – taking ventral from “glimmer to glow”):** Client feeling very strong Self-to-part connection and appreciation for the part, and part receiving it. “My third eye is...blinding me with purple right now in a good way...there’s a very clear, cohesive understanding. It feels like a...new part of my brain just grew and understood something.”
 - This is very different from intellectual understanding or cognitive insight. This is a **profound, experientially based level of understanding**. Whole body involved in the experience.

Integration Phase Begins:

- Return to protector that uses sympathetic energy and had been using its strategy to keep client out of the dorsal survival state
- Client calls in “People Pleaser and company” to also listen/participate
 - Previously polarized parts are now working collaboratively in the presence of Self to establish new strategies.
 - Increased harmony and balance in the system, parts moving from extreme to preferred roles, willing to work in harmony and collaboration.
 - Parts also aware of and trust Self and she trusts them.
- Client sees formally rigid protective part bend: Now it has flexibility/choice in how to *respond* rather than *reacting* from a default protective, reactive, survival-driven place.
- “That part feels so much more open...and I also feel more full, like I’ve got a lot of substance that I’m aware of...It feels more expansive. I love this magic.”