Being ‘My Real Self’ - Discovering and Healing The Internal World of the Child
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An eight year old’s drawing of ‘my inner world’

* About this drawing: The eight year old who drew this representation said that the outside black spikes were the parts of her that guarded her inside feelings, protecting her from getting her feelings hurt. Inside, there were many feelings ranging from happy to afraid, all populating her colorful inner world.
This paper assumes a working knowledge of the basic tenets of Internal Family Systems™ therapy. The reader is referred to the book Internal Family Systems Therapy by Richard C. Schwartz PhD for a thorough explanation of this model. This is a work in progress; Jan appreciates questions, comments and feedback - contact information below. Please contact Jan also for permission to copy this paper.

Introduction:
It has been my privilege to enter into the internal world of many children and adults. Being a therapist for adults has allowed me a unique view into the internal world of the child, looking through the lens of the adult’s life experience with compassion and insight into their child parts. Adults can access a piercing connection to the pain suffered by the child as they were being abused. It is remarkable to me that adults have often grown to become the very exact kind of person/nurturer/mentor/champion that the child needed but didn’t have - and are now prepared to be that person to their internal child. On the other hand, children in therapy have taught me how the child parts of adults need to be approached and understood so they will trust the adult client’s Self and allow them to heal their pain.

The child’s Self with his or her parts is a vibrant system present from the earliest stages of development, enabling the child to develop and negotiate the world. The child’s ability to identify and express those parts is limited by verbal ability, the fears of manager parts, and the need to maintain defenses to deal with current life stressors. Some children may be able to verbalize their internal experience while others lack the vocabulary and experience to do so. There are many nonverbal methods utilizing art, play therapy, music, movement or storytelling techniques which the therapist can use to help the child access his parts. Using IFS helps the child and parent to shift from exiling the “bad” parts and becoming stuck in rigid patterns of unresolved conflict to feeling empowered to appreciate the underlying intentions of those troublesome parts and creating the conditions in which those parts can shift to more effective roles.

The presence of Self and distinct states, or parts, has been confirmed by studies in attachment and neuroscience. Neuroscientist Daniel Siegel states:

“...both developmental studies and cognitive science appear to suggest that we have many selves. Within a specialized ‘self’ or ‘self state,’ as we are now defining it, there is cohesion in the moment and continuity across time.”

“From the first days of life, the infant’s brain is capable of creating a multimodal model of the world. These capacities further suggest that the mind is capable from the very final of creating generalizations from experience.”


SELF LEADERSHIP - A CORE PRINCIPLE
For the therapist as well as the client, the goal is to maintain Self leadership. The presence of the therapist’s Self creates emotional safety for the client, and minimizes the interference of the therapist’s own parts in the therapy process. This means staying in Self energy, even when the child’s parts - or their parents’ parts - are triggering your parts. This does not mean being passive with the child; the Self can also be active, directive, doing what it needs for the best interest of the child. However, when in Self we see the child and her parts, as well as the parent, with compassion, able to maintain a perspective on the child’s entire system, rather than focusing on just one part. Here is an example of the therapist working to maintain her own Self leadership:

Eight year old Robbie flew into the session ahead of his sister, obviously wanting to take control before she had an opportunity to speak. He shouted, ‘she’s going first!’ a common occurrence when more than one child is to be seen in tandem. The therapist noted her own manager parts, well trained in her own childhood to listen to authority, and was able to choose not to give expression to those parts’ disapproval. Remaining calm and focused on the whole child, not only the control part, she held his face kindly in her hands, and smiled, saying, ‘so you seem to think
you’re the boss today?’ Robbie, a child who enjoys repartee, agreed, ‘yes!’ ‘Well, said the therapist, I say ‘you’re fired! You’re no longer the boss! I think there’s someone else in the room who’s the boss, don’t you?’ Robbie laughed and repeated, ‘I’m fired! ’remaining good humored, looked at his foster mom, and said, ‘yeah, ok.’ The therapist then said, ‘I think you’re behavior is telling me that you need to go first, so, come on buddy, let’s go!’ Robbie charged ahead to the therapy room, and was ready for more interaction.

Do you think that is the end of the story? Oh, no. Robbie didn’t give up that soon...in fact, he relished this testing phase. The next week, he rushed in again, declared once again that his sister was going first, with a jester like smile. The therapist smiled again, asked him, ‘so, are you the boss again today?’ ‘No, said Robbie giggling, you said I was fired. Now I’m The King!!’ We all had a belly laugh including Robbie. But, the game was forever changed. It was no longer a one-sided control battle, but more of a joust, a battle of wits, between friends who felt safe to engage in the game.

ASSESSMENT - A SYSTEMS APPROACH
The presence of Self in the therapist is the most essential factor in the efficacy of any treatment approach. This is as true for assessment as any other phase, as the response of the parent and child will be contingent on the presence of Self in the therapist. Scott Peck writes:

“The assessment of another’s needs is an act of responsibility which is so complex that it can only be executed wisely when one operates with genuine love for the other”

...Scott Peck, The Road Less Traveled

Assess and create safety in the child’s current external environment: The book Metaframeworks places IFS at the heart of a larger systems perspective. As such, it calls for a broad systems approach:

• Is the child’s environment safe enough to proceed with internal change on the part of the child? If there are destructive family dynamics, or insecure attachment issues, these larger systems’ constraints have to be corrected before the child’s internal system can be free to respond to therapy aimed at internal change. Dick Schwartz’ book Internal Family Systems Therapy describes the kinds of constraints which can exist in a family or in larger systems to prevent family members and their parts from changing to healthier roles. It may be necessary to address the parents’ issues or other environmental constraints before the child can be expected to change.

• Parenting assessment: Use a parenting assessment tool such as the one in John Gottman’s Raising an Emotionally Intelligent Child. Gottman evaluates parenting based on attachment style and has four categories of parenting: Dismissing, Disapproving, Laissez-Faire, and Emotion Coaching. The results can be a springboard for discussion. Engage the parents’ core selves in feeling empowered that as they learn new parenting skills they can be the change agent for their child.

• Parenting interventions: Are caretakers creating imbalance in the child’s internal system, e.g. are caretakers overvaluing or criticizing/attacking parts of the child? Design interventions which help caretakers to provide a safe, nonjudgmental environment and begin to respect all parts of the child. Reassure parents’ manager parts that nonjudgmental does not mean the same thing as “no discipline.” A resource treasure is found in the user-friendly series on Love and Logic such as Parenting with Love and Logic by Foster Cline and Jim Fay (See the Love and Logic website for more resources). These books help parents to be in Self while providing effective discipline that works "from the inside out," establishing internal controls in the child while guiding parents in how to stay calm. Also refer to Smart Love by Pieper and Pieper which is an outstanding book on how to parent from Self, among many. The book Growing Up Again Parenting Ourselves, Parenting Our Children by Connie Dawson and Jean Illsley Clarke is a treasure; it addresses
imbalances in nurturing and structure, and explains the process of discounting and how to change this destructive behavior.

• Assess for other environmental constraints: Is the child experiencing stress or abuse from an impaired sibling, bullying or harsh peer pressures at school, or other environmental stressors which overwhelm the Self and create burdens on the child’s internal system? Does the child lack role models who are Self-led and an environment which supports the child’s experience of Self? Is this an overscheduled child with little opportunity for self-expression, or a child with too much unsupervised time who turns to the internet for artificial companionship?

Extended Family Constraints

A Session with Bryan:

Nine year old Bryan lived with his single mother Betty. He had become increasingly aggressive and oppositional, and had on three occasions pulled a knife from the kitchen drawer and threatened his mother. The therapist met with Betty alone for the intake interview, and they formulated a list of problem behaviors to target in therapy. Bryan was then invited to a session, and the list of mom’s concerns was shared with him. Bryan made strong eye contact with the therapist, asking if he could do the same thing, to which she readily agreed. In session with the therapist without mom present, Bryan stated emphatically: ‘I know I have to stop being mean to mom, but I need mom to stop gramma from beating up on her, too!’ Bryan went on to relate that Betty’s mother who was highly involved with this family, was often verbally and physically aggressive towards Betty, slapping and pushing her. Bryan was angry with his mother for allowing herself to be treated this way. While he detested seeing his mother being beaten, parts of him had identified with the aggressor and were taking out his anger at his mother being unable to protect herself. Bryan further revealed that his 23 year old brother was often in the home, and had similarly been violent towards both Betty and Bryan. Bryan was afraid of his brother, and wanted his mother, who was minimizing and dismissing this aggressiveness, to set boundaries with the brother. When Betty was invited into the session, Bryan was able with the therapist’s support to share these feelings with his mother. She was willing to take the necessary actions to protect them both. She began offering Bryan ‘snuggle time’ with her, as they watched television or read together, and his aggression subsided.

Formulate an assessment of the problem areas within the child: If the environment is supportive of the child’s functioning, then we can turn to internal barriers to functioning. Internal constraints on the child’s ability to be self-led and learning to self-regulate seem to come from three primary sources: organic problems, insecure attachment, or trauma:

• Assess for physical limitations: If a child has physiological challenges such as fetal alcohol syndrome or sensory integration issues, if they have had severe allergies, chronic illness, head trauma or a history of other physical illness they will need specialized help in order to access the energy of the Self while adjusting to these permanent physical constraints.

• Assess for history of trauma: that is, any painful experience which so overwhelmed the coping resources of the child and in which the child was unprotected, that the event created lasting burdens in the child’s ability to function.

• Assess for attachment issues: It is essential to assess the child for the presence of a primary attachment problem. Assess for history of neglect, abandonment, loss or unavailability of primary caretaker (either physical unavailability or emotional - such as a mother with depression or addictions) resulting in a lack of bonding, or insecure attachment. Or constraints in the child that prevented the child from being able to respond to soothing and nurturing, such as a chronic illness. See literature on attachment disorder such as Daniel Hughes’ Facilitating Developmental Attachment or the website for the ATTACCh organization, www.ATTACCh.org for alist of symptoms of attachment disorder. Lacking trust in their caretaker means also a lack of trust in
their Self, and a high need for control. The child who has an insecure attachment has internally a primary breach of trust between the parts and the Self. One adult’s parts said to her Self: “we don’t want you!” They were desperate for another person to care for them, yet their lack of trust in anyone else continued to undermine their getting the very thing they needed.

Children who have severe attachment wounds have manager parts that don’t trust others. Before they are able to heal from trauma such as physical abuse or sexual abuse, children must have the ability to accept and utilize the concern and comforting from their parent or therapist. They will need specialized therapy to help their parts heal and relax, allowing the child to bond securely with the parent before any other therapy can happen. This therapy is highly dependent on the parents’ participation as co-therapists and the creation of a therapeutic home environment that is intensely nurturing and strongly structured. Using traditional client-centered therapy methods to help a child with a primary attachment disorder is strongly contraindicated. Parents have written passionately about the therapeutic failures they have endured when the child’s attachment issues have been misunderstood. See the website for ATTACh, the Association for Treatment and Training in the Attachment of Children, www.ATTACh.org, for professional practice guidelines.

PHASES OF IFS THERAPY

If/when the child is securely attached, and the child’s environmental stressors are manageable, the following interventions are possible:

DEFINING THE GOALS OF IFS THERAPY AND ENGAGEMENT:

Entering the child’s internal ecology with respect. Once you have an understanding from the parent and the child regarding what they see as the problem, reframe the problem from the child’s point of view so that you might arrive at a “contract” with the child about what he wants to change, e.g. “It seems that you are getting in trouble when you fight with your sister. Would you like to change that?” Entering the child’s internal system in this collaborative way, and appealing to the child’s Self, is disarming to managers who protect the child from being forced to do things which feel threatening to his internal system. Then ask for sequences of how that happens - the child can draw it or act it out with dolls etc. You can rephrase this in parts language: “So there seems to be a part of you that feels bad when your sister gets more attention?” Another method is to have the child fill out a checklist of feelings and attitudes, then put stars by those they would like to change. Those targets become reframed as the burdens held by parts of the child.

Addressing the child’s manager fears regarding change:
Children who have been traumatized, or have extreme parts for other reasons, are not always willing candidates for therapy. They are brought by parents, foster care systems, or otherwise mandated into therapy. They may want to connect with the therapist, but don’t want to talk about “the bad stuff” or about things which bring discomfort. It helps to validate these “resistant” parts whose job is to protect the child from overwhelm, and explain to those parts how therapy can bring relief. When those parts are satisfied, the child’s defensiveness often shifts and the child is more willing to be engaged.

‘Borrowing’ the parent’s Self: Children may not feel capable of managing the strong affects which have brought them into therapy, and often defer to their parent, e.g.: ‘mom, you tell the therapist what happened.’ One viable option is to use the parent’s Self as a co-therapist, giving the child support and working through burdens along with the child.

Feeling powerful, effective, ‘feeling felt’ - Giving children an opportunity to feel their power often helps manager parts. This can be done by letting them pound on play-dough, engage in non-violent (“no hurts”) forms of showing their physical strength, or verbalizing their anger.
One such technique, invented by a child in therapy, is the ‘pillow push’ in which the therapist or parent holds a large pillow or couch cushion in front of them, then asks the child, ‘show me how strong your (sad...worried...angry) feelings are. The parent needs to brace himself! The child can ‘show’ the parent, and the parent can literally feel, the force of the emotion. An essential component of this, however, is that the child is asked to also verbalize how she is feeling as she pushes on the pillow and if able, to make eye contact, so that this is a shared experience and not just practice in unresolved anger. The parent is asked to connect verbally also, saying something like, ‘wow, I can feel how strong your angry feelings are!’

Helping the child to identify her parts: Children as young as 3 can identify parts of themselves. Their parts often reflect the child’s own emotion or behavior and the family’s response to that part, such as “the bad Sam” or “the good Sam.” Children might like to start with a poster of faces with different feelings. Teach the child to identify her emotions and where she feels them in her body. She could draw a body outline and show where she feels these parts of her. Children can also be invited to draw a “map” of their parts. See the article “Parts Map: Making IFS Come Alive for Children of All Ages” by Janis Johnston, reprinted in the Best of Self to Self. The child can then go on to identify the beliefs about themselves which are attached to that emotion, and the behavior that results. To help a child identify the core belief of an extreme part, the therapist can say to the child, “Can you ask that part of you that (needs to be in charge, fights, won’t go to school...), what is the worst thing that might happen if it doesn’t make you act this way?” The child may then identify what consequence the extreme part fears would happen. She can then go on to help that part see that the situation has changed since that part was burdened and that the child can now handle things in a different, more adaptive way.

Helping the child to externalize his parts: Gestalt therapy techniques such as those in Violet Oaklander’s Windows to Our Children combine beautifully with IFS. Children can use any variety of play therapy modalities, such as puppets, art or sandtray to act out their parts. They find it much easier to show their parts, and also to interact with them in this way. By speaking to the puppet, painting etc., you are using the “Direct Access” mode of IFS to speak directly to the part.

Example: Lloyd and the Sun
Eight year old Lloyd was brought to therapy by his mother, Alice, a single mom. Alice and Lloyd were living with her parents. Alice was at the end of her rope, unable to command any respect from Lloyd, who had frequent tantrums when Alice asked him to do something. Lloyd was invited to draw a picture, and he drew a peaceful scene with trees below a bright sun. When the therapist asked Lloyd if she could ‘talk to’ his picture, and he would answer for the picture, he was curious and agreed. He said she could talk to the sun first:

| Therapist: | Hello, sun! I am glad to meet you. |
| Lloyd (as the sun): | Hello |
| Therapist: | What’s it like being the sun? |
| Lloyd: | I like it, I get to see everything from up here |
| Therapist: | Can you tell me what you’d like us down on the earth to know about you? |
| Lloyd: | It is hard work being the sun! First I am on this side of the world, and have to shine all the time, and then I go to the other side of the world, and I have to shine there too! |
| Therapist: | Wow, thank you for letting us know that. I never realized how much work it is to be the sun. |
| Lloyd: | yeah, it is |
| Therapist: | I bet you’d like a break from having to do all that shining, but you might worry that people might be harmed if you didn’t shine all the time... |
| Lloyd: | yeah, I can’t stop shining |
Therapist: If we could find a way for you to have a vacation from shining, though, would you like that?

Lloyd: Yeah, I would!

Therapist: Well, I think the people on the earth may have to find other ways to keep their world full of light and warmth, and I am going to talk to them about giving you a vacation.

The therapist, and the mother who was watching this interaction, got the message that Lloyd was stretched thin, trying to please both his grandparents, who had strong ideas on what he needed to do, and were in direct conflict with his mother, and his mom who wanted to have primacy in raising her child. That day, Alice summoned a new resolve to lay more firm boundaries with her parents, and began plans to move to her own apartment. Lloyd’s immense burden of shining for everyone was lifted from his young shoulders, and he was able to align more appropriately with his mother. His Self, like his sun, which had distanced itself from the earth, was able to literally become ‘grounded’ again, as his mother became strong enough to stand up to her interfering parents, and provided the ‘force of gravity’ which brought him back to ‘mother earth.’

Children may also enjoy movement to express their part, especially those who tend to be nonverbal. You may ask them to “walk/dance like your sad...angry... scared...happy feeling.” A child who was not able to share verbally how her mother, who had strong mood swings, affected her but she was able to “move the way your mom does when she’s mad at you...sad...etc.” and she asked to do this repeatedly. A child who had difficulty staying in Self, was able to “move the way it feels when you are your real Self,” looking more peaceful than her usual demeanor.

Differentiating the child’s Self from his parts: Using the child’s name evokes the sense of Self and helps the child to differentiate his Self from his parts. For example,

“So, this tiger is the part of you that gets so angry. What do you, Bobby, want to tell that angry tiger from your heart? Is there any other part of you that doesn’t like the tiger? What is that part like? What would you like to say to both of them? Will they agree to let you be in charge?”

Helping children understand what being in Self is like, and able to access Self: Teach centering techniques, and practice with children with their parents watching if possible, so that they can assist the child at home. One reference that has several practices for children is The Centering Book: Awareness Activities for Children and Adults to Relax the Body and Mind by Gay Hendricks, Russell Wills.

Once they understand the difference between the child’s Self and his parts, children and their parents may be able to use some signal to help the child get back to his Self state. This is only possible if the child’s environment supports the child’s being in Self; if the child feels safe and nurtured, and connected to his caretakers.

Teaching the child about polarized parts:
Explain to the child, “you know about having feelings, but there’s this other funny thing we humans do: we have feelings about our feelings!”
Here’s an example:

The therapist met with Mindy, an 8 year old who had been too aggressive with her friends.

Therapist: Mindy, what part of you do you think causes you the most trouble?
Mindy: The part that makes me want to tell everyone how to play the game
Therapist: And how do you feel about that part?
Mindy: I don’t like it, I want it to go away.
Therapist: How do you think I feel about that part?
Mindy: I don’t know.
Therapist: Would you be surprised to find out that I am not mad at that part of you? That I
think we should get to be friends with that part, and see why it thinks that’s a good thing to do?

Mindy: (looking at therapist quietly)

Therapist: Mindy, can you choose a doll that could be this part of you?

Mindy: chooses a doll

Therapist: Can I talk to this part, and you tell me what she says?

Mindy: okay

Therapist: (speaking to doll) So, you’re the part of Mindy that wants her to take charge and tell her friends how they have to play the games?

Mindy: (as the doll) yeah

Therapist: Well, I’m glad to meet you. But, I bet most people get mad at you.

Mindy: (speaking for the doll/ bossy part) yeah, they get mad and don’t want to play with me

Therapist: And I bet you don’t want them to be mad at you...I think you really want good things for Mindy, is that true?

Mindy: (speaking for the doll/ bossy part) Yeah, I just want them to play by my rules, because those are the best.

Therapist: And, what are you trying to do for Mindy?

Mindy: (speaking for the doll/ bossy part) Well, I don’t want those girls to be mean and hurt her feelings.

Therapist: So, you really care about Mindy?

Mindy: (speaking for the doll/ bossy part) Yeah, I guess.

Therapist: (Addressing Mindy, the Self) So, Mindy, this part of you really does care about you, she is just making choices that seem to make things worse.

Mindy: Oh.

Therapist: So, could you talk to that part of you that’s angry with her, and ask if we could help her instead of getting rid of her?

Mindy: Uh, I guess.

Therapist: Great, thank that part of you for helping out.

So, in this example, the therapist helps Mindy to differentiate the aggressive behavior as a part of her, but not her core Self. She then helps Mindy to identify another part which is her feeling of wanting to be rid of the aggressive part. This is an example of polarized parts. The therapist guides Mindy in differentiating these two seemingly opposing parts of her. Then, by asking Mindy to externalize the aggressive part by choosing a doll to represent her, she helps Mindy to see herself as a leader and a resource for the two parts. In that role, Mindy is able to shift her alignment away from the part which is polarized with the aggression and in doing so, is reducing her resistance to working with her aggressive part. The therapy will continue to help Mindy unfold the roots of her aggressive behavior, lend empathy to the part which only knows how to manage fear of being hurt through control of others, and ultimately to allow the aggressive part to grieve past hurts, learn new adaptive behaviors and see itself as valued by the Self.

**Assisting the child in unburdening:** Children’s parts can be unburdened in much the same ways as adults, as long as the causes for the burden have been eliminated. Children often have younger parts that carry burdens from trauma, and may need to help these parts with past traumatic memories similarly to adults. Some children respond very positively to insight techniques, others may need to work externally. Often the unburdening is not as formal as for adults. The child may simply say, “I don’t have to think I am bad anymore.” At other times we may help the child to give the negative messages or other burdens they received away, using the image of a healing light or other method. For example, children like to draw their burdens or the events that caused them, such as abuse, and then tear up the paper. Along with the unburdening, children can help the part to “find the new job it wants to do,” explaining to the child how parts always had something they liked to do before the part had to do its job related to trauma. The child can also help the part to bring back things about itself which it lost because of “the bad stuff.”
Involvement of caretakers: Unless the parent is unable to stay in Self, children benefit from having a parent/caretaker participate in the therapy process. The parent often has insights into how the child has become burdened, and can bring many resources to the healing process:

- **Assessment**: the parent can share the history of the family and the life story of the child and help identify what may have adversely affected the child, helping the child become aware of her parts and their burdens;

- **Engagement**: the parent’s supportive presence can provide nurturance and a strong motivation for the child to work on his parts;

- **Differentiation**: The parent’s interaction with the child, as they come to understand the importance of Self, and can individuate their child, can help the child to stay in Self and differentiate the Self from parts;

- **Addressing manager fears**: the parent can voice an empathetic understanding of how the child’s managers might be resistant to change, and offer solutions about how the parent and child might help the manager part with their job;

- **Working with firefighters**: The firefighters in children are often the source of consternation in the parent - behaviors that are often punished such as fighting with a sibling, addictive need to play video games, etc. When the parents understand the underlying goal of the firefighters, they may see other options in working with the child, have less need to be in conflict with those parts, and feel more effective in helping the child’s Self to lead.

- **Working with exiles**: The parents can provide the safety that the child’s internal system needs to access and unburden the exiles. For example, the parent might listen to a puppet “part” say what it needs from the parent, or they may witness and support the child’s unburdening. The child’s healing receives strong support as the parent validates that the child had a burden placed on him, and gives him permission to send it away. If the parent has been responsible for placing burdens on the child, they can apologize for doing this and show how they will do things differently.

One method for involving parents in the therapy process is a narrative approach developed by the Family Attachment and Counseling Center of Minnesota and written about in their book *Connecting with Kids through Stories* and the accompanying workbook. Although designed for children with attachment problems, it is a powerful method for healing many issues. Parents, together with the therapist, become attuned to the child’s internal world and the potential burdens the child carries and with that understanding, they craft a personalized therapeutic story to tell the child. Through this process, parts are acknowledged, valued and unburdened. Adding the IFS dimension can increase the effectiveness of this method as well as others.

Dealing with angry/oppositional parts: Angry parts are likely to be polarized with parts of the child which carry burdens of powerlessness, worthlessness and abandonment. Thus, a different approach is needed than those which would intensify the child’s feelings of powerlessness and escalate the aggressive parts. The solution lies with first convincing parents that power methods such as spanking, yelling or other punishments won’t work, nor will physical distancing and emotional distancing/abandonment. The Self-led parenting approach is to increase the nurture/contact while establishing firm boundaries. Increased nurture and support helps the powerless parts, while re-establishing limits in a way that feels safe and thus does not escalate the aggressive parts. Methods such as having a written set of rules, or behavior charts, or giving a child limited choices, if presented from the parent’s Self in the context of responsible care, may help these parts to feel more secure when they know what will happen. It is also important to unburden these powerless/insecure parts, and help them to see that the Self of the child can learn new skills of assertiveness. One method of learning assertiveness is the intentional dialogue. The book by Harville Hendrix and Helen Hunt, *Giving the Love that Heals*, describes this technique which empowers parent and child negotiate boundaries and share feelings while keeping both parent and child in Self.

The pace of therapy: Therapy is most effective when it supports the child’s system in setting the pace of therapy and prioritizing the work. It may be necessary to negotiate with the parents, who have their own
priorities regarding the child’s behavior, to allow this to happen. Children, as well as many adults, seem
to need to “start at the edge and work their way into the core” of the issues. Parts need to see that the
child can negotiate current problems, such as peer problems or problems with parents, before letting the
child’s Self access the parts related to core traumatic issues.

**Levels of intervention:** When therapy becomes stuck it is helpful to shift fluidly to
another level of systems. When the focus is on the individual, for instance the child is working with the
therapist alone, and the therapy seems to get “stuck,” including a parent or a sibling in the therapy may
help the child’s parts to work through a relationship issue that was preventing her from proceeding in her
individual therapy. The reverse can also be true; family therapy, when it is stuck, can benefit from the
individuals focusing on where their parts are stuck, and then return to the joint work.

**Children’s spirituality:** When invited to speak about their spirituality, children may share
profound experiences, feelings and beliefs. A ten year old boy in a domestic violence shelter shared that
he had an inner friend, an old and wise man, who had been with him his whole life and helped him get
through his difficult life; this is similar to adult experiences of spiritual guides. An eight year old girl,
who had been a helpless witness to an assault on her mother, believed she had the devil living inside her
and wanting her to die and go to hell. A four year old victim of rape said she saw a devil with red eyes
that talked to her and made her do bad things, like trying to drown her younger sister. Children may also
pick up spiritual burdens, as legacy burdens and in the course of being acculturated into a religious
organization. One child, as a result of what she heard at church, came to believe that the world was going
to end before she grew up, and thus was living in fear and with no future orientation. Children as well as
adults who have experienced trauma often need help to reconcile their traumatization with their idea of
God, and may feel angry with God. Children respond intuitively to using the image of light for healing
and are able to unburden using this spiritual image even while having their doubts about a God. It is
essential to respect the child’s religious and spiritual context, and to involve parents in working out any
conflict between the child’s healing and their religious beliefs or burdens.

Children’s spirituality may be burdened in several ways as a result of abuse: The child may be burdened
with a feeling they are “bad” because the abuser told them that, or because they need to preserve their
relationship with the abusive parent by believing they “deserved” the abuse. Children who have been
abused may act out due to having extreme parts, and this becomes “proof” they are “bad.” They may be
labeled as “bad” kids, or troublemakers, or diagnosed as “oppositional-defiant” by providers, family,
school and others. It is helpful to have caretakers participate in unburdening sessions to assist the children
in accepting that they are not “bad.” These issues can surface around times of religious rites, for instance
a first confession or communion, when children become aware of their feelings of unworthiness.

**Empowerment as one result of IFS therapy:** As problems are resolved and harmony is restored to the
child’s internal system and the family, the goals of therapy are met. The child and parents who have
experienced working with the internal system will leave with a ‘map’ to guide them through new
challenges - one that elevates the Self as leader, understands the vagaries of our parts with compassion,
and offers new tools to stay balanced under stress.

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