

# Modalities

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Pam: Hi, everybody. I'm Pam Krause and welcome to month eight of the IFS Circle. This month, we're going to be talking about the two different modalities that you can use in IFS. One is in-sight and the other is direct access. Up to this point, we spent a lot of time talking with you about helping clients go inside and have an internal relationship with their parts. Some of you may have noticed if you're out there practicing that there are some people who that just really doesn't make sense to them. You're stuck in this sort of dilemma of should I do IFS or should I do something else.

This month, we're going to be introducing you to direct access which is that something else that you can do when people don't, aren't able to do in-sight or it doesn't make any sense to them. For the very first module of this month, I'm going to give you a definition of both in-sight and direct access to sort of get everybody on the same page and then as we go along, I'll sort of fill in some of the blanks for you about when you might choose to do in-sight, when you might choose to do direct access.

Let me start by saying that whenever you're using IFS, the self is always the healing entity. That's a basic foundation of our model, that the self can heal. In in-sight, what we had been teaching you about in-sight is that it's the client's self that can heal the parts of the client. However, when we cannot get to that place, we're also focused on the self of the therapist being in relationship to the parts of the client and that's what we call direct access. Myself, if I'm the therapist, myself is directly interacting with parts of the client. Neither one of these modalities is better than the other. Both have their appropriate times and both are highly successful.

But I've sort of been on this mission lately to help people understand that as long as I'm self-led whether as a therapist, whether my clients is in relationship with their parts or I'm in relationship with their parts, it doesn't matter, I'm doing IFS. In fact, I want to read something to you that Dick wrote in Internal Family Systems: New Dimensions. Dick has a chapter in the book about the therapeutic relationship. Dick says in his chapter, "Many therapists believe they are only doing IFS when the client is focused internally. But I believe anytime you relate to the client from self and you keep in mind his or her system of parts with or without using parts language, you are doing IFS." That's really what Dick's talking about there is direct access.

Again, in-sight: the self of the client to the part of the client, direct access: the self of the therapist to the part or parts of the clients. There's benefits to both. Again, neither is better than the other. Let's look at just briefly about what the benefits are of in-sight. The benefits of in-sight, because the client is in an internal relationship with his or her own parts, they can very quickly identify and

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differentiate from a large number of parts. The work can go faster. As people connect with their parts and begin to heal their parts, they can more quickly embody their own self energy and it allows the client to do in-sight between sessions. It really establishes the self as the leader in the client system. That's really great.

However, as you may have noticed, not everyone can jump right into in-sight. That's where direct access comes in because some of the benefits of direct access are that some people need to have, their parts need to have a personal relationship with the therapist so that they can trust enough to begin to make that shift inside. These parts may need to know me especially people with more intense wounding or even really, really intensely polarized parts. Those parts may need to know me and know that they're all welcomed by me, that I'm not going to react in a negative way to any of them so that they can feel safe enough in their relationship with me to know that it might be okay to shift inside.

Again, just to reiterate. I think this is a really important point is that people cannot do in-sight until their parts feel safe enough in relationship to the person who is there to support them. This is a relationship model, IFS is a relationship model, not only relational between between the client's self and their parts but also that relationship between client's parts and me. Now, some people require more time to develop that relationship, their parts may have been hurt by people they should have trusted in the past. People who have a significant amount of wounding, who have trusted loved ones or other therapists in their lives and have been badly hurt, those parts are going to be a little more apprehensive about jumping deep down into all this material to do in-sight.

Those sorts of people are going to need a little more time to build relationship and understand that their parts are in fact welcomed, that they're not going to be rejected and that they're not going to be criticized or disliked by the therapist. Another thing that can impact the need for the client's parts to develop a relationship with me is how polarized that internal system is. Toni talked with you about polarizations last time and about how there are some complimentary polarizations, in some people with more significant wounding, their parts are more, their protectors are more intensely attached to and focused on the roles that they have in the system because they need to be. There's more wounding so they have to be much more intense in the ways in which they protect.

Those sorts of systems, there's tremendous distrust between the different protectors, whether it's managers with managers or managers with firefighters but there's a tremendous amount of distrust in the system of the client and so

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those are the kinds of people also who will be very reluctant to shift inside very quickly. They'll need to know that there's a lot of safety between all of my parts and the parts of the therapist or all of their parts and me. That's another indication that people would need to start more with direct access than move really quickly into in-sight.

That's sort of an overview of the two modalities. In the next segment, we're going to shift our focus much more to direct access and the kinds of direct access and what it looks like a little bit. Thanks.