

Focus and Direction

Pam: Okay, so let's talk a little bit now about exactly what direct accessing is. There's basically two different divisions of direct access. There's what I would call implicit direct access, and then there's explicit direct access. Remember, direct access is the part of the therapist in relationship to the part of the client. If you think about it, every session begins with direct access. When one of your clients comes in and starts talking to you, it's just a part that's talking, right? You may say, "How are you? How was your week?" Some part is answering you. The way I look at it is really every therapy session begins with direct access, and that's what I would call implicit direct access, because I am not overtly saying to my client, "Hey, I'm talking directly to that part of you. I'm just talking to it."

I have an awareness, right? Remember in the little reading from Dick, from IFS New Dimensions, as long as I am aware, and have in my mind that the person I'm talking with is a system of parts, I'm aware that there are parts there, and that one is talking to me at this exact moment, then I am implicitly, or without naming it, engaged with that particular part. There's also explicit direct access, which you may have seen in some of the videos. You'll notice this as you're ... You may notice this when you're starting to do in-sight with someone, and you say specifically, "I would like to speak with that part of you." Like if someone's really angry or something, you can say, "I would like to speak directly with that angry part. Is that you? Am I talking with you right now?"

You're explicitly, out and out, overtly saying and identifying that I am talking with you directly. Implicit direct access, I think, can be a little fuzzier for people, so we'll focus a little bit more on that, because a lot of people will say that it is regular therapy. Like, "Oh, isn't that just like regular therapy?" Well, it may be, and it may not be. Remember last month, Toni talked with you about polarizations, and that we also need to be aware of whether I, as the therapist, am polarized with any parts in my client. If I feel ... Like, if I feel like I have the answer, or I feel like I need to do something, or I feel like I can't bear to see my client suffer that way, I'm not using direct access because I'm not self-led. A part of me, or parts of me, have taken over and are doing the therapy.

One of the ways to that I help myself determine whether I'm doing direct access or not is that I'm constantly asking myself, "How do I feel toward my client?" Just like we would ask an in-sight, the clients, "How do you feel toward that part of you?" We're asking ... I'm asking myself, "How do I feel toward my client?" If I feel anything other than open, or curious, or any one of those eight C's of the five P's, then I know a part of me has taken over, and while it may be a really lovely, caring, kind of therapist part, I'm not doing IFS, I'm not doing implicit direct access, because a part is leading the show. Again, not to keep going back to Internal Family Systems: New Dimensions, but there's a lot of

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great stuff in that chapter Dick wrote on the therapeutic relationship, which really discusses if you ... It really discusses direct access, implicit direct access.

Dick addresses these same sort of therapist parts in us by saying, "Restoration of trust in self leadership is a major goal of IFS, and can be impeded by the therapist's need to be useful, or to be in control." I guess this is sort of a caution right now for all of you, is to begin to get curious about your own parts, and how they want to help people. Because if you are doing that, it's not a self to part relationship, and it's not IFS. One of the things I'm always thinking about as I'm starting off a session with a client, and they are talking with me, is number one, how do I feel toward them? Number two, I'm remembering that this is a system. It's a system of parts, and that only one part is talking at any given time, and that I may hear from that part, and then I also may hear from other parts that are polarized, or have different opinions.

I'm just listening and being curious. Like, the number one thing that can help you learn, or check, whether you're self-led or not with your clients, in addition to, "How do I feel toward my client," is "Am I curious? What is it I would like to know about this particular part that's talking? What am I interested in knowing?" You can actually, with direct access, be curious about the same sorts of things you would be curious about if you were facilitating your client in an in-sight based process. All right, so I may ask my client if they say, "I got really, really, really, really angry with my partner last night." I might say, I might just be curious, "Tell me what got you so angry." Right? "What was important for you about getting angry? What are you afraid would have happened if you hadn't gotten so angry with him or her?"

I'm really trying to know that part, not make a decision about it, not help it find a different way to be, but really understand it, and how it operates in the system. I'm information gathering. I mean, that's really what implicit direct access is. I'm information gathering without an agenda, from a place of pure curiosity and an open heart. That can be easier said than done, and believe me, I get that what I'm saying, it sounds easy. This is a thing about direct access, it sounds like it's really easy to do. It's my self in relationship to my client's parts. The problem is, it's easy to describe, but it's more difficult to do, because it actually ... Direct access actually requires more internal awareness by the therapist than in-sight does.

I have to be really aware of my own parts, and how they may polarize or align with the parts of my client for me to be able to do direct access. Dick will say you need a critical mass of self-energy in the room to do the work. If you have a client who can access some self-energy, they're holding some self-energy,

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and I'm holding some self-energy, and so we created this created this critical mass of self-energy that allows us to work. With folks that I'm doing direct access with, they're at this moment not able to bring any self-energy to the room, so I have to bring it all, which requires me really knowing my parts and how they cover me over, especially in regards to wanting to help people.

That's another thing to look out for, and I'll give you an example now of something that's happened to me, maybe more than once. That is ... Like, here's an example, if client comes in to me and says, you know this could be someone who's overweight, and says to me, "You know what? I've decided that I want to join Weight Watchers." Now, I have plenty of parts that think that that would be a good idea. Like, "Fabulous. It would be much healthier for you if you joined Weight Watchers." Remember what Toni said in her polarization thing. There's always reasons. There's reasons that it would be good to join Weight Watchers, and then there's a part or parts with other opinions about that. If I align with that part, like some of my parts would want to do, and say, "That's fabulous. I know where there's a really great Weight Watchers meeting. People love it. It's such a good program."

I've now aligned. I'm not doing IFS any longer. My therapist part that thinks it's being helpful is trying to move that client in a particular direction because I believe it would be good for them, or this part of me believes it would be good for them. At the same time, by doing that, I have totally polarized, or pushed away, any part that doesn't disagree with that. Remember back to the first segment, when I talked about direct access, that part of the reason we do it, part of the reasons it's required, is that parts of the client want to have a relationship with me, and make sure that all parts are welcomed by me. If I align with that part, there's a whole bunch of parts that now know that they're not welcome with me any longer. It no longer feels safe for some parts.

These are the sorts of things we have to be really careful about, and a different approach to that might be to say, "Okay, so there is a part or parts of you that would like to join Weight Watchers, that think it would be a really good idea. I also imagine that there are parts that have a different opinion than that. What if we listened to both sides of that? What if we could listen to the part or parts that want to join, and the part or parts that are reluctant about that, so that you can make a decision clearly, not just being pulled in the direction by these parts, but really listening and making a more self-led decision."

Coming up, you all may now be at the place where you go like, "Well, how do I decide if I'm going to use in-sight or direct access?" In the next couple of segments, we're going to talk about that, that's just a brief overview of how you make the decision. Then, we're going go through a decision tree that I use

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about which way I'm going. I'll try to give you all as much information as I can about this, so you can go out there in the world and practice it a little bit. Okay, thanks.