

In-sight or Direct Access

Pam: Hi. I'm sitting here sort of imagining that some of you may be scrambled up about what's going on, and be trying to make sense out of it. I guess I just want to say that that's a really common place to be, and that one of the things that's going to help a lot is just continuing to practice, continuing to be curious, knowing that you're in the middle of the learning right now, and it's going to be pretty jumbled, and it may not all make sense. That's okay. I'm going to give you some more information now about, how do we decide, how do I ... I think about, how do I decide whether I'm going to be doing direct access or in-sight? I think one of the very first places to start, for me, is this awareness that I'm always doing IFS. I'm always doing IFS, whether the person's inside or not.

I think that's a great way to come to our sessions, not, am I going to do IFS, or am I not going to do IFS, but am I doing IFS? That means again, remember I said all sessions start with direct access, so if I can be open and curious as my client's coming in, whether it's a new client, or a client that I have some experience with, I'm always trying to be open, self-led, curious about whatever part comes into the office. I'm asking questions of people like that, like, how are you, what's important to you this week, what are you curious about? Again, back to that example of somebody ... Remember I said a client who said I get really angry with my partner, right? I'd want to know what created that, what was it that got you angry, what are you afraid would happen if you hadn't gotten angry, what's that like for you to get angry, how do people react to you when you get angry.

Anything that I can about what I want to know about that client, because what I'm looking for is someplace to start. I'm looking for a target part. I want to know if they have something, as they're talking about their parts, that they're more curious to get to know. Again, for some people, that's going to make a lot of sense, and you can move right into in-sight. For other people, that's not going to make any sense at all, and so I'm going to have to continue doing this implicit, direct access with them. Again, the kinds of folks that are going to require maybe a little more implicit direct access, and this is really ... Another way for you to think about this is in this stage, we're really developing that therapeutic relationship. Again, trying to help the client's parts trust me enough, right?

Those people who are less ... It's less easy for them to dive right into insight. Some of those people might be, aside from early in the therapeutic relationship, when I'm trying to develop a connected relationship, again, these can be people with significant trauma. I often say to people that folks with significant trauma often have been hurt by the very people who should've kept them safe, and so they're coming into a relationship with another person who should help them, or keep them safe, so it makes sense that their parts would

In-sight or Direct Access

be very reluctant or could be very reluctant about trusting. Those kind of parts are going to want to know me better before they're going to trust to shift to a more inside way of working.

Again, this can be people with extreme polarizations. There's so much internal conflict that the idea of focusing on one part will create just huge explosions in the system, and so that it's very hard to actually grab ahold of one part. You may hear from a whole bunch of parts, just boom, boom, boom, boom, boom, with almost no ... Not really landing for very long on any particular part, so that can also help, can also create the kind of need for that ongoing connection between those parts and the therapist. Just remember that this is something that I always like to think about in terms of in-sight and direct access. Some people will, especially newer IFS therapists, will feel like if they can't get their client focused to in-sight, that it must be that I'm doing something wrong, I as a therapist am doing something wrong.

One of the things I always like to remind people about is when the parts of the client won't unblend, or when it doesn't make sense to them, it simply means that those parts don't trust. There's something they don't trust, and if you can get curious about what that is, you can help them over time unblend. This is another reason, I'm going to jump way back to the first module of this in the early months. You'll remember when we talk about common protector fears. You may be hearing a lot of those fears right now. Remember if parts don't trust, they don't trust because they have fears, and they'll need to have those fears answered. If you're talking with someone about getting to know their parts, and maybe something like an eating part. Would you like to get to know that part that eats? There could be tremendous fear in this client's system. Other parts may be very fearful that if you listen to that, that it will take over the system, and that they will just eat, and eat, and eat, and eat.

You as a therapist, if you're doing direct access, will have to know how you can help calm that fear somewhat, or reassure that part, as in, we're not going to let that happen. What we find out that as we listen to these kinds of parts, that they actually become less active in your system rather than more active in your system. This is a place early on when you're developing that therapeutic relationship, i.e. using implicit direct access. It will be really important for you to have access to your understanding of those common fears, and an ability to answer those fears.

Okay, so in summary, every session starts with direct access. I need, as a IFS therapist, to make sure that I am self-led as I'm dealing with my client, not being led by parts of me that are generally helpful and wanting to in some way be of service to my client.

In-sight or Direct Access

I want to be open. I want to be curious. I also want to be prepared to answer any kind of questions or fears that the protectors may have about allowing the client to move toward knowing some of their more painful parts. In the next segment, I'm going to walk you through a decision tree that I've created about how you can decide, right? How do I decide? Am I going to do direct access? Am I going to do direct access and in-sight? It'll be sort of a ... I think it's a helpful tool initially, so I'll meet you on the other side. Thanks.