

How does DvT's theoretical territory respond to challenges and new ideas from inside:
Can we learn from Internal Family Systems (IFS) therapy?

Introduction

DvT theory is shifting its language, terms and thinking away from those already mapped out, defined and used by others. Perhaps this is a good thing - it may help us to focus more closely on the essence of what happens in playspace. However, the newer elements of the theory are in their infancy and are perhaps more focussed on transferable elements of DvT practice rather than on describing all that is important in well-facilitated DvT therapy sessions.

It is worth noticing that there are many elements to facilitating effective DvT therapy that are not explicitly included in the more general Texts for Practitioners. Some of these elements relate to how participants understand human behaviour as well as the type of therapy being practiced.

In the past *developmental transformations* has been flexibly reframed to explore how the process fits into differing paradigms. This has enriched the DvT community's understanding of the potential therapeutic nature of *developmental transformations*, fed into dramatherapy practice and increased its accessibility to a wider range of practitioners (as well as helped to secure work for DvT practitioners worldwide).

There was a back-and-forth flow of ideas between DvT and other paradigms.

I believe it is important that we continue with this process even though we now have an evolving language of our own. Perhaps it is even more important now, after all our new language is unquestionably and by definition wildly incomplete. I propose that to counter our unhealthy bid to define our own unique theoretical territory we make greater moves to varielate (move back and forth over boundaries) and mingle with others. While we explore the micro processes of the playspace and the shifts from static to dynamic equilibrium, those using DvT in particular fields need keep their eye on developments in other areas of that field, which for dramatherapists will include other creative arts therapy and psychology.

In particular I suggest DvT therapists explore and play with the ideas and processes pioneered by Dr Richard C Schwartz and used in Internal Family Systems (IFS) therapy.

In many ways IFS therapy is poles apart from DvT. In IFS the primary focus is to work with a person's internal parts and systems, and the therapist works alongside the client as a supportive and generally passive guide who, as much as possible, remains in Self (a state that is calm, accepting, confident, curious, creative and clear). In contrast, Dvt therapy

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focusses on embodied and frequently unclear active encounters between participants. Also the therapist is a participant who is frequently central to scenes and who plays out diverse and changing roles that dramatically engage the client(s).

So why IFS?

Of all the sub-personality (or internal parts-based) models that could be paradoxically placed alongside DvT, the conceptual framework of IFS is perhaps the most useful. It is more highly developed and inclusive than other sub-personality models and in particular it carefully differentiates between certain types of roles that parts take on. Understanding that our parts arrange themselves as managers, exiles and firefighters is crucial to working therapeutically with this model. In addition, the method is trauma-informed with a very specific understanding of the way trauma affects people. Richard Schwartz (1995: P52) believes our parts can take on extreme ideas and emotions (burdens), especially when young, as a result of traumatic, neglectful and abusive experiences - and while these burdened parts seek redemption, other internal parts may react and take on complementary protective but extreme roles. For example, certain parts may work hard to isolate or exile these burdened parts within a person's internal system. This will affect the whole person's functioning and requires carefully structured therapy that allows a person to get to know and respect the parts involved before any unburdening can be attempted. Initially the therapist will frequently help the client (in Self) to get to know the protective managers and find out more about why they believe they must act as they do. Then, with their permission, the client may begin to meet with the hurting and generally exiled parts to discover their experiences before starting any unburdening process. After working with an exile the therapist generally returns to the managers to see how they perceive the processes they have witnessed and see if they now want to shift or change their roles.

Recently I showed David Johnson's (2014) chapter on *Trauma-Centered Developmental Transformations* to a UK-based IFS practitioner who read through the Rajah case example. Without being asked to, he reframed the process in IFS terms, and wrote:

Looking at the article through IFS eyes, the playing and replaying of the traumatic narrative in the presence of a trustworthy parent figure who was able to lend Self energy to the process seemed to give the boy permission to reassess and become desensitised to the original events. The process enabled the boy to engage with, embody and really get to know his protectors, before they stepped aside and allowed him (and the therapist) access to the exiled part(s) - which in the case described seemed to unburden spontaneously.

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This matched my understanding of that case, except that although the unburdening may have seemed spontaneous, the ground was carefully prepared. The unburdening and release was the result of the subtle, repetitive, detailed and caring work that experienced trauma-focussed DvT practitioners spend years learning.

So it looks as though while IFS and DvT seem so different, the actual process of trauma therapy may be essentially the same. I think that before we see what we could perhaps learn from IFS it might be worth considering whether these two very different methods have some general similarities.

Some parallels between DvT and IFS

Dynamic Equilibrium and Self-leadership

The intended result of DvT psychotherapy is for the clients to gain a more complex and dynamic representation of the world (Johnson 2013: p32). Dynamic Equilibrium is sought as a more healthy way of coping with relational (and other) instabilities than Static Equilibrium (where effort is spent attempting to stabilize the world and reduce the instabilities).

Dynamic Equilibrium includes: allowing more than one feeling to be present; having multi-dimensional and provisional communication with others; allowing multiple forms and images to co-exist; and (first on the list) noticing and tolerating the incompleteness of experience (Johnson 2013: p30).

The intended result of IFS therapy is named as Self-leadership. Practitioners and clients are helped to become increasingly aware and more connected (from Self) with their multiple and diverse parts (and their associated feelings). Like Dynamic Equilibrium, Self-leadership seems to involve a more dynamic way of living - a person is able to consciously call into play a host of less rigidly bound-up internal players when in relationship with other people and events.

Self-leadership & the well-developed DvT Participant-Observer Status

One of the most implausible elements central to IFS theory is the concept of Self. Can it really be that a person who has experienced multiple traumas still has within them an aspect of themselves that, however hidden and well-protected, is calm, confident, connected, playful, compassionate, curious, courageous, creative, aware and accepting? IFS theory is clear that Self is not just another part, but what is left when all the parts step aside. The IFS therapist aims to work with Self in the 'driving seat' (while being aware of his or her own parts) and model this for the client who works to do the same. For me, as someone who has been moving steadily away from religious and spiritual ideas, I am reluctant to

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believe in what resembles the concept of spirit. However, it is worth noting that while it may have been advantageous for humans to develop or evolve with highly adaptive parts it may also have been helpful for these parts to develop within a being that has 'hard-wired' within him or her the skills and capacity for healing and healthy living.

For those familiar with the older DvT theory and the slightly mystical concept of 'Source', please note that 'Self' is not similar to this. Instead it is the participant-observer status (Johnson 1992) employed by an experienced DvT practitioner that is perhaps, at least in some ways, more like the IFS Self in its leadership role. As the playor and players take on dramatic roles in the playspace, they are inviting their participant-observers into some sort of leadership roles. This is because the conditions of the playspace require that they observe their own actions, have aesthetic distance and override certain urges in order to restrain against harm, and the therapist's participant-observer has to hold the whole process. But why do I suggest that the therapist's participant-observer status is more than just aesthetic distance or, in IFS terms, one of many internal parts or even a role played by several different parts? Quite simply because, in being able to stay connected, curious, creative, playful and accepting among all the shifting, conflicting, disturbing and contradictory roles, the experienced DvT practitioner in participant-observer mode appears to be a lot like the Self in the driving seat. Therefore, whether we believe there is a Self or not, DvT practice is fostering in both therapist and client the very characteristics that IFS claims belong to Self. The therapist is relating to the repeating patterns or parts without judgement and allowing them to shift and find new ways of being and even enjoying them.

Laura Wood is an experienced IFS practitioner and dramatherapist in the US who is now training in DvT and is already using the embodied playfulness of *developmental transformations* to enhance her IFS practice, and she is appreciating how the playspace gives permission for parts to express themselves more freely.

The repeating and non-repeating element

The DvT playor is encouraged to note and facilitate play with a player's repeating behaviours whilst looking out for any new and different element, and then invite the player to notice this too. The client may wish to further suppress this by not noticing the invitation or alternatively the energy may rise if the client allows the new element to come into the play somehow (perhaps through energised rejection or maybe embracing its inclusion).

Similarly, the IFS therapist spends time helping the client to engage with and get to know a manager or protector (or several) and then as this progresses an exile behind the

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protector(s) gets noticed, often at first as a mere glimpse. The therapist, if she or he thinks the client is ready enough, may then suggest that the client (from Self) starts to connect with this exile. He or she then waits to see what response this suggestion gets. Often the protectors will think this is very dangerous and want to stop it or other protectors will step in to distract but, through negotiation, the process tends to eventually enable a new connection, new parts and new energy to come into the encounters.

Following the client:

The DvT therapist follows the client, using the client's responses to whatever the therapist expresses as the information to guide the therapist's next response which will be aimed to sustain or expand their mutual play.

The IFS therapist also follows the client. Once the client's Self is connecting with one or more of the client's internal parts, any suggestions from the therapist are in response to the reactions from the client's Self and their parts and are aimed to keep them on board with the process.

In addition to following the client, both IFS and DvT therapists also have specific aims and some outline processes to take account of (even if they do not to actually need to follow them). In IFS therapy the process is more clearly and sequentially described while in DvT therapy the practitioners tend to focus on broader aims, such as expanding the playspace, helping the client to dimensionalize experience and helping lower fear of the instabilities. However, in DvT sequential processes are also described. In *Trauma-Centered Developmental Transformations* Johnson (2014) identifies 7 stages often experienced in effective DvT trauma therapy, and other DvT authors have discussed phases of the work, eg James & Johnson (1996) who advocated different ways of working during rage, shame and empathy phases of group-work with Vietnam veterans. It is here that I think IFS theory can be most useful to the DvT therapist.

So what has IFS to offer us?

The 7 stages identified by Johnson (2014) are learned from extensive and successful practice. Essentially he is saying 'this is what we have found happens' and 'this is the way therapy tends to progress' and 'if this happens here it seems to really help in these ways'. What I think DvT practitioners could really benefit from is a little more understanding of the internal processes of the client. In the past we have called on some externally-derived theories, such as object-relations theory (Johnson 1998) to help us understand these

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internal processes but more recently we have tended to distance ourselves from them. The theories behind IFS therapy have also been developed out of extensive clinical work. However, where DvT as a form of dramatic improvisation has successfully focussed on participant interactions, IFS has been more concerned with what the clients have described about their own internal parts and how they interact. As a family therapist Schwartz has tried to map out our internal system which he describes as a Three-Group System composed of exiles, managers and firefighters (Schwartz 1995: P46). Understanding how this system operates may enable more of us to be better prepared to negotiate the subtle path of trauma-centred dramatherapy.

For example, [Miller] James & Johnson's (1996) rage, shame and empathy phases may relate to predominantly engaging initially with firefighters and protectors (rage phase) then gaining access to the exiled parts (shame phase) and finally finding the Self in the driving seat (empathy phase). This may not be particularly useful in itself, but if we better understand the roles assigned to firefighters and protectors, along with their potential reactions as we start to access the hurting exiles, and if we appreciate the ideal of Self-leadership then this understanding may enable us to more easily select appropriate forms of dramatic variation. The IFS model may also help us better appreciate what we sometimes call avoidance and help our clients' parts to appropriately give up or release the burdens they found themselves needing to carry for too long. If DvT is done well this will happen simply by following the client attentively. However, sometimes therapists with an uninformed agenda can push to work with vulnerable parts too soon, inappropriately or without respecting the client's protective parts. And sometimes a therapist may fear that they are failing if they reconnect with familiar protective repeating patterns (or managers) after working with an abused client who has dared to play victim.

IFS theory is very rich and full of detail, and if it does reflect our internal processes it is surely a useful theoretical framework to engage with and then put a little to one side as we engage with our clients in the playspace. It may provide us with a new map to internalize - but of course once we get into the playspace we will hopefully focus on the terrain.

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Afterthought

As already shown (bottom of p2), it is possible to view the process of DvT therapy with an IFS lens. Below I have attempted to make a small and relatively uninformed start at this as I animated a section from Renée Pitre's (2014; p.253) excellent chapter *Extracting the Perpetrator*, hoping to illustrate some possible links and additional ways of viewing (dimensionalizing) trauma-informed DvT dramatherapy. The comments I have added in grey are not there with the author's permission and are not meant to represent her thinking.

As treatment progresses, the goal is to have the child be able to become more vulnerable within the play as a way of internalizing his/her past experiences [and perhaps also externalizing or embodying a vulnerable and possibly exiled part]. As we have highlighted elsewhere (Johnson, 1998; Pitre, Sajani, & Johnson, in press), this often aids symptom relief for the child. However, it is important that the desensitization effects are generalized to their relationships in life [and maybe also generalized to that part's relationships with other internal parts], and not only to those participating in the therapy sessions. The critical factor in this generalization is to insure that the child learns to differentiate past from present [In IFS therapy a retrieval process helps the exile to leave the time and place associated with their traumatic past experience – the place where they had become stuck – and find a preferred and more connected place for their changing and more integrated way of being].

To know the difference between the victim they once were when they were harmed and the vulnerable role they will take on in the session is a difficult task for a traumatized child. In the moment of trauma, the perpetrator forces the victim to accommodate to their needs. There is no discrepant information present, but rather, terror and pain that are not chosen by the victim. As highlighted above, this extremely limited restriction on the victim continues to inform their future interactions [A restriction that is perhaps seen as less abstract in IFS, a restriction that is more likely to be viewed as the work of well-intentioned restricting internal managers], as they [though perhaps not the whole client – only these internal manager parts] resist the reasonable accommodations necessary for successful study, work, and relationships. Lubin and Johnson (2008) highlighted this accurately: “it is this profound disruption in equilibrium [in the accommodation/assimilation process] that causes the core impairment of trauma, namely, lack of differentiation” (p.14).

Trauma-informed *developmental transformation* works. The process is able to help clients to differentiate here from there, and now from then, and me from him, and this from that, and so reduce the level of fear evoked by instabilities that do not actually threaten to annihilate. It helps them see the world as more complex and rich and full of possibilities. Maybe that is enough, but I would suggest that if therapists are looking for an understanding of what is going on internally for themselves and their clients, then IFS is not

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only a model that is being adopted by many in related professions – it is also one that may prove to be extremely useful in honing how we understand and work with our clients.

References

Johnson, D. (1998) On the therapeutic action of the creative arts therapies: The psychodynamic model. *The Arts in Psychotherapy*, 25 (2), 85 - 99.

Johnson, D. (1992) The dramatherapist 'in-role'. In: Jennings, S. (ed.) *Dramatherapy Theory and Practice 2*, London, Routledge, pp 112-136.

Johnson, D. (2013) *Developmental Transformations Text for Practitioners*.

Johnson, D. (2014) Trauma-Centered Developmental Transformations. In: Sajnani, N & Johnson, D. (eds.) (2014) *Trauma-Informed Drama Therapy: Transforming Clinics, Classrooms, and Communities*. Thomas, Springfield Illinois, pp 68-92.

Pitre, R (2014) Extracting the Perpetrator: Fostering Parent/Child Attachment with Developmental Transformations. In: Sajnani, N & Johnson, D. (eds.) (2014) *Trauma-Informed Drama Therapy: Transforming Clinics, Classrooms, and Communities*. Thomas, Springfield Illinois, pp 243-269.

Schwartz, R. C. (1995) *Internal Family Systems Therapy*. The Guildford Press, New York.

Web links:

Online article by Schwartz:

<http://www.psychotherapynetworker.org/magazine/recentissues/2013-mayjune/item/2130-depathologizing-the-borderline-client#comment5980>

IFS main website: <http://www.selfleadership.org>

Developmental Transformations main website:

<http://www.developmentaltransformations.com>