

Why Body?

Toni Herbine-Blank: Welcome back to Month 11 everybody. This month's segment, we're going to be talking about IFS and body. This is a very, very large topic with a lot to say. I am going to be covering some of the aspects of IFS in the body and talking about why the body is important. I'm going to be talking a little bit about the autonomic nervous system, and then providing some resources where you can start to investigate more from some of the trainers that have been developing the work around IFS and the body.

We believe that mind, body and spirit are intertwined and best understood in relationship to each other. This is why after all of these months of talking about the emotional system and the parts, we're going to focus more on what happens in the body and why. Before I get started, I like to read something that was written by Susan McConnell who's an IFS trainer and has developed a branch of IFS called somatic IFS which really focuses on the body.

She says, "The human body is a living web, an extensive network of intricately woven bone, tissue, viscera and fluid which constitutes a vast sensory field susceptible to environmental injury from pre-birth onward. In response to injury, protective parts can block body awareness and dissociate from sensation which, in turn, can affect the full range of sensual experience. Developing awareness of the body, and restoring awareness in the body, is therefore fundamental to IFS. Awareness of the body can bring laser-like focus to one sensation or it can be global. When parts regard the body as an object, their agenda tends to involve judging, changing, containing or controlling. Exploring the body subjectively facilitates a very different relationship in which sensations and movement are met with non-judgmental curiosity."

So, why? Why do we say that the body is important and parts live and manifest in the body? In the very beginning of this program, we begin by facilitating people or trying to help them get a sense of what's happening in their body. The somatic experience, when people begin to pay attention to movement or sensation, is a way of detecting parts, and parts use the body to be known, to be understood, to tell stories, and often affect, or emotion is accompanied by sensation even if we're not aware of it. The body, our bodies, provide tons of information. I think it would be curious, I'd like to ask you, you may be someone who's watching this video at the beginning of your day or the end of the day or the middle of your day. You might be watching this while you're eating lunch, right between clients. I wonder if you would just take a moment and wherever you are, just start to notice what's happening in your body right now.

How's your diaphragm? Are you breathing fully? Are you sitting in a way where your body is actually not comfortable, but you're not moving it? Just take a minute to pay attention to what's happening right now in your body, bringing awareness to, "How am I living in my body right now? Is there tension?" My managers, a lot of my managers, take up residence in my shoulders, so when my shoulders start to ache, that's an indicator for me that somebody inside is working hard. Exiles, my exiles tend to hang out in

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my belly, and so if I start to feel sensation or fear in my belly, that's an indicator to me, "Oh, there's something moving in there. Who is that and what's happening?"

It was just a little experiment for you to notice. Maybe you weren't comfortable, maybe you were comfortable, maybe you needed to move, maybe you need to take a deep breath, maybe you need some water, maybe you need some food, maybe you need some rest. This is all the way that the body begins to give us information about where our parts are and what they might need.

IFS is a body centered therapy, and I think it's important to say the name Ron Kurtz who developed the Hakomi method of psychotherapy who influenced Richard Schwartz greatly in learning to tune in to sensation in the body as a way to anchor parts. It can be helpful to identify a part in the body by asking that question which I mentioned before, "Can you find it in or around your body?" Pre-verbal or non-verbal parts may use the body to communicate their stories or their feelings in all different kinds of ways.

The body or parts of the body can easily become exiled. Many of us have exiled parts of our bodies due to trauma, due to shame coming out of childhood, having been shamed about our bodies, abuse, social and cultural burdens. In IFS therapy, we want to begin to invite parts out of exile. I think in another segment of this program, I talked about my work with women with eating disorders. That was an experience where I got a firsthand look at what these young women, and sometimes young men, the wars that they would wage on their body as the results of hating themselves and taking that self-hatred out on their bodies. It wasn't only just a matter of bingeing and restricting, but it also became a matter of hurting their bodies as a way to try to punish themselves for even living in a body.

In IFS therapy, we want to make it safe for people to begin to explore their sensations, their numbing, their paralysis and their shame as a way to make it even safer then, to be able to bring their bodies and parts in their bodies out of exile. We never ever want to blame our clients for their pain or illness, for their inability to feel or experience sensation in their body. Often, when people are new to IFS and we begin to ask them to start to pay attention to what's going on in their body, often I will hear, "I don't feel anything in my body." We want to make it safe for them to begin to feel in their body because things are happening in our body all the time.

There is no such thing as never experiencing anything in your body. There are people who have exiled parts of their body or exiled their body in general so that they're not embodied and they don't live in their body, and so to ask that question can feel quite threatening. We don't want to ever shame or blame our clients for a dysregulated autonomic nervous system, when they're down regulating, when they're numbing, when they're dissociating, when they're fleeing, or fighting.

An example of this that I hear often in our field is, "Oh, that person is stuck in

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their head." The implication here is, one, that your head is not part of your body, which actually it is, and then the question becomes, from the parts that do live in the head, "What's wrong with my head? What's wrong with being in my head?" I think that might be a place to start is understanding that the mind and the head and the brain are all part of the body, and parts do manifest in the brain and they can give us a lot of information. Parts do show up in other places in the body other than the mind and the brain, and they show up as internal sensation.

When I asked you to just pay attention to what was happening to you just for a minute in the beginning of this segment, you might have felt an internal sensation. Like me, you might have sensation in your belly. You might have sensation in your shoulders. You might have sensation in your diaphragm. Parts also show up through voluntary and involuntary movement and they show up in posture and weight. Parts may use the body to try to get our attention through illness, through self-harming, through substance abuse, through dissociation. The body can be used for polarizations. I talked about polarizations a couple of segments ago. For example, eating disorders which I think mentioned previously. The parts begin to use the body as a battleground. Also, parts may show up to try to get our attention through exhaustion and that's something that I can relate to and maybe you can, too.

Over the years, I've worked with clients who have come to me who have been experiencing a chronic illness, chronic somatic experience of pain or symptoms, physical symptoms that are uncomfortable, and who are curious about understanding what the emotional impact is on their illness or their pain. The very first thing that I want to do when I'm beginning to work with someone who has chronic symptoms is to find and help them unblend from the parts of them that are suffering as a result of the symptoms. Because as we know, that the more stress that the symptoms have, the more heightened everything comes in the system. Those parts that are suffering or wanting to try to get out of the experience cause a lot of stress on the internal system and there's often a lot of polarization that happens there.

That's the first thing that I will do. The second thing I will do is I'll see if there are any parts that have taken up the position that the client is to blame for this, or that there is a part to blame for the illness or the symptoms. That's a pretty common part to stumble on, a part that has a lot of shame or is shaming the client that they are suffering this way and can't get out of it just through their own will power. Those are the first two categories of parts that I want to spend time helping the client get to know and unblend from.

Then the third, before we even start focusing on the parts that might have something to do with the illness or the pain, are the parts that are struggling to try to get out of pain. That is a very difficult one also, because, of course, there are going to be parts that keep saying, "I hate this. I don't want it. I don't want you to just relax and accept it," because what might a part like that say? A part like that might say, when you begin to ask those questions, "What are you afraid would happen if you stepped back?" is that this will cause the suffering to be endless. If I don't keep up the constant "We have to

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get out of pain. We have to get out of discomfort. We have to get out of pain. We have to get out of discomfort," then the client will just give up and will never be out of pain.

Those are some of the parts that I like to start working with as I'm beginning to help somebody explore what's going on around a chronic situation. When all of those parts that we've been working with that I just named have started to unblend and there's more space, then it becomes the time to begin to focus on the symptom itself and to find out if there are parts that have any information or are using the body to communicate through the pain or the illness.

The other thing that I want to say before we leave this segment and leave this slide is about dissociation. I'm not going to say a lot about it because in future programs or probably with Dick Schwartz, you'll hear more about how we view these dissociated parts. We do view dissociation as a very, very big protector who is, as a last resort, attempting to help the client get out of their reality by pulling them out, or pulling the self out of the body. Often, we get the question, "Is dissociation just a state or do you see it as a part?" I think it's worth just saying right here that we do see dissociation as a part and there are other ways to get more information about that when you start studying trauma in IFS.

The next segment, I'll be talking about the autonomic nervous system and unblending. I look forward to seeing you then. Take care.