Restoring Self: Internal Family Systems (IFS) as Evidence-Based Treatment for Combat Veterans with Structural Dissociation and Posttraumatic Stress Disorder (PTSD)

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August 5, 2022

I.Introduction

In the context of the immediate and lasting effects of experiencing potentially traumatic events during military service, this paper addresses the theory of structural dissociation in relation to veterans with posttraumatic stress disorder (PTSD). According to theoretical and clinical research, structural dissociation is regarded as a dimension of PTSD that is especially acute among certain populations, including combat veterans (Waelde et al., 2005).

This paper goes on to discuss the Internal Family Systems (IFS) Model as an evidence- based psychotherapy for structural dissociation among veterans with PTSD. The following sections discuss the theory of structural dissociation of the personality, the development of structural dissociation among veterans with PTSD, the theory of IFS, and the application of IFS as an evidence-based intervention in this population. The coauthors of this paper are classmates with a shared interest in how veterans with PTSD may benefit from IFS and other integrative therapies that take a holistic approach to how the mind and body heal from trauma.

II.Theory of Structural Dissociation

A recent research study refers to dissociation as "a complex, ubiquitous construct in psychopathology" (Lyssenko et al., 2018, p.37), with a growing body of research showing that dissociation is most likely to appear in individuals who have experienced trauma (Aadil & Shoaib, 2017). Throughout the lifespan, many individuals have experiences of dissociation in which they lose cognitive awareness of their sensations of external and internal realities. For some individuals, the psychological processes of dissociation may yield dissociative experiences with a severity or frequency that results in an interruption or impairment of the individual's day-to-day life (Van der Kolk, 2015; Sinason, 2017). Less severe dissociative experiences include

momentary lapses of attention when driving or engaging in highly repetitive tasks, while more severe dissociative experiences include recurring-of-body experiences or episodic amnesia during which certain events or experiences appear to be forgotten completely (Sinason, 2020).

Conceptualizing Structural Dissociation

In the view of Bessel van der Kolk, MD, "Dissociation is the essence of trauma," with severe dissociative symptoms typically correlated with PTSD and other psychosocial conditions (Van der Kolk, 2014, p. 66). Specifically, structural dissociation is theorized as a response to trauma in which "one part of the personality remains separate from the main personality" (Sinason, 2017, p. 77). As observed in Janina Fisher's clinical and theoretical work on trauma and structural dissociation, certain psychological processes that appear to be maladaptive—i.e., exhibiting loss of attention to external reality in one or more core areas of everyday life, such as one's work—may contain adaptive and self-protective features that warrant further clinical and theoretical research (Fisher, 2001). At the same time, it is theorized that, "These life-saving processes exact a terrible cost" unless the self-protective, split-off psychological processes of structural dissociation undergo restoration and integration with other functions of the self (Heller & LaPierre, 2012, p. 148). Left untreated, structural dissociation produces fragmented awareness of internal and external realities, and impaired connection to oneself and to others.

Assessing Structural Dissociation

The severity and frequency of self-reported dissociative experiences are widely used indicators of whether an adult might have Dissociative Identity Disorder (DID) or another dissociative disorder (Cardeña & Weiner, 2004). The most common brief screening tool for adult dissociative symptoms is the Dissociative Experiences Scale in its updated version for adults

(DES-II). Designed for individuals with a high school education or higher, the DES-II is a 28-question self-assessment intended to be used only for screening purposes, not for diagnosis (Carlson & Putnam, 1993). Other assessments of dissociative experiences available for adults include the Cambridge Depersonalization Scale, Brief Dissociative Experiences Scale, Dissociative Symptoms Scale, Multiscale Dissociation Inventory, Multidimensional Inventory of Dissociation, with new instruments frequently appearing (Carlson et al., 2018).

For formal diagnostic assessment, the most common instrument is the Structured Clinical Interview for DSM-V, abbreviated as SCID-5. Research literature suggests that the performance of screening instruments designed to assess dissociation, such as the DES-II, in comparison to the performance of structured interview measures designed to assess dissociation, such as the SCID-5, has not been sufficiently analyzed (Carlson et al., 2018).

Much like the theory of structural dissociation, a diagnosis of a dissociative disorder is an attempt to characterize psychological functioning at the "extreme point on the spectrum of dissociation" (Sinason, 2020, p.63). It is as if one or more of the various functions of an individual's personality have split from other functions, leaving some functions in a survival-oriented, life-or-death state while other functions may seem to work normally. According to IFS theory, as discussed in Sections IV and V, the psychological functions of the personality are organized and labeled as parts, with specific purposes and names for different kinds of parts within the personality.

III.Assessing and Treating Structural Dissociation Among Veterans

Clinicians and researchers have often observed and discussed structural dissociation among combat veterans. In fact, observation of structural dissociation in veterans goes back to at

least World War I. Working with soldiers engaged in the conflict who appeared to be severely traumatized or 'shell-shocked,' military physicians observed "a lack of integration between parts of the personality that are mediated by daily life action systems and defensive action systems" (Van der Hart et al., 2004, p. 909).

Correlated with PTSD, structural dissociation and severe dissociative symptoms have also been observed among veterans of subsequent wars. In a study of dissociative symptoms among 316 Vietnam War veterans exposed to combat trauma, with 76 of the participants having an active diagnosis of PTSD, researchers were able to identify "a subtype of severe PTSD with elevated dissociation" (Waelde, et al., 2005, p. 359). This is consistent with recent findings that severity of dissociation, along with anger, is a key factor in the development of PTSD among veterans entering treatment after combat (Kulkarni et al., 2012).

Within the personalities of highly traumatized combatants, a different study of Vietnam War veterans identified a typical split among psychological functions between "parts dedicated to defense in response to threat and fixated in traumatic experiences" and "dissociative parts dedicated to daily life and avoidant of traumatic memories" (Van der Hart et al., 2005, p. 11). As exemplified in IFS, the language of 'parts' to describe disintegrated functions of the personality has become commonplace in research literature on structural dissociation. Likewise, clinicians who specialize in working with combat veterans or other populations often use the term parts work to describe certain types of psychotherapy for structural dissociation. In the following sections, we discuss one such modality as an evidence-based intervention for veterans with structural dissociation and PTSD.

IV.Internal Family Systems (IFS) Theory

Among various psychotherapies for structural dissociation, perhaps the best-known theoretical orientation is the Internal Family Systems (IFS) Model. Richard C. Schwartz, a psychiatrist who now teaches at Harvard Medical School, developed IFS as a modality of parts work that applied family systems theory to functions within the self. IFS breaks the mind down into distinctive parts that come together to form the mind.

Concept of Acceptance in IFS

Acceptance is a core concept in IFS. One of the first things that therapists who use IFS make clear is that the focus on acceptance has been seen before in psychotherapy (Schwartz, 2013). IFS embraces the idea that these parts come from at least one traumatic event that occurred in their past (Goldstein et al., 2022). A therapist utilizing IFS adheres to the idea that these past traumas became frozen in time (Barth, 2010). IFS also makes sure to take phenomenology into account regarding trauma (Keats, 2010).

IFS may be differentiated from earlier modalities in how it attempts to take acceptance further than what has been done in previous therapies (Schwartz, 2013). This is accomplished by the client first getting in touch with their true self. Then they work through the three parts (exile, manager, firefighter) to learn how they can maintain balance. This allows the true self inside someone to continually lead the other parts in a healthy manner. It is always maintained by the therapist that each part has a positive intent, even if the resulting action does not make things better for the client (Schwartz, 2021). Now that this has been covered we will move on to the various parts.

Putting the Pieces Together with IFS

For the reader to fully understand how IFS works first they must understand the function of the three kinds of parts and, distinct from parts, what IFS considers to be the self. Then they

must understand what it means for the parts to be out of or in balance with the self in the modality. The first part we will cover is the exile. This part contains the painful emotions from experiences one has had in the past. Due to what this part contains, when someone has a moment where these memories and emotions are triggered the exile is pushed out of the person's awareness by the other two parts (Schwartz, 2013; Turns et al., 2020).

The next part is the manager. Managers essentially want to make sure the person is interacting with the environment in a way where the person stays in control. This keeps the person from engaging in destructive behaviors caused by the experiences that would trigger the exile (Turns et al., 2020).

The third part is the firefighter. This part is utilized when the exile breaks out and the person becomes emotionally overwhelmed. When determining if a person is dealing with the manager or the firefighter, it is key to remember the idea of before or after. If the person notices a shift in how they are behaving before becoming emotionally overwhelmed, the manager is in effect. If it is after becoming emotionally overwhelmed, then it is the firefighter. An example of someone becoming emotionally overwhelmed and then having the firefighter part take over is imbibing alcohol to numb the body and mind (Turns et al., 2020).

Fourthly, the self that has been mentioned before in this paper is treated by this modality according to whatever terms align with where that person stands spiritually (Schwartz, 2013). Some may call it the spirit, or someone else might call it Buddha nature. In IFS, self is a term for a person's deepest and most true nature, as distinct from parts.

There are three main ways that the self and the parts interact that determine whether a person is healthy (Schwartz, 2021). The first is called protection, as described above through explanation of the manager and firefighter parts. The second is called polarization and it is when

there is a conflict between one of the parts and the self. Society usually labels the results of this conflict as being personality traits. Two examples would be a striver and a perfectionist (Turns et al, 2020). The third way, which is when someone has achieved balance, is when the self forms an alliance with the parts.

VI. Internal Family Systems (IFS) Therapy with Veterans

The method in IFS is straightforward which allows for integration which the authors will now explain. The first step is for the therapist to simply explain the modality to the client. It is imperative in these moments for the therapist to make sure the client understands everyone has a different story. The way their parts interact will not be the same for someone else and that is okay (Turns et al., 2020). Next the client chooses the emotion they want to work on (Schwartz, 2013). At this point the therapist works with the client to externalize how their parts tie into the emotion so the client can heal. This is where integration factors in because the intervention can differ client to client (Turns et al, 2020).

War and IFS

First the authors will discuss why the modality overall is appealing to veterans. Then we will go into more detail about what makes the modality effective in sessions with that population. For this paper one of the authors interviewed a retired marine. At the beginning of the interview the marine is discussing the process of a soldier coming home after all the training. He then mentions a study that was done on PTSD with WWII and Vietnam veterans. The WWII veterans had significantly less PTSD because they "had to ride ships back over here together and they were in the water for thirty to sixty days" (G. Chretien, personal communication, July 12, 2022). His point was these veterans had to talk with each other about their experiences and what they were going to do once they got back home. This allowed them to process their new

understanding of morality from direct experience with the reality of war. Studies have demonstrated that there is no guarantee whether a soldier will be fully able to process the trauma during deployment (Lucero et al., 2018). Shortly after that the marine described coming back from his first deployment and going to an emergency room to seek help for his PTSD. He did not receive help and was basically told that he was fine, so he was sent home. He was using this to point out that when one has not seen combat. it is hard for a therapist—or simply anyone who wants to help the veteran—to even know where to start (Lucero et al., 2018). The next issue he moved on to was what he and other combat veterans have witnessed when a therapist tries to use an intervention. He said there is always a point reached where whatever the therapist is doing does not really seem to be working. In these moments they do not know how to be genuine because most modern theories attempt to make that theory work for everyone. The interviewee said this is the point when a veteran usually stops seeing that therapist.

Since IFS is an integrative modality, it draws from post-modernism and makes sure the work is collaborative (Lucero et al., 2018). Shortly after touching on the collaboration issue, we focused on a commonality found in many modern theories which is the eradication of whatever symptom the therapist believes are causing the client's issues. IFS accepts the veteran for who they are and honors them. It works with the client to help the client determine what post deployment life will be rather than try to create a "normal" civilian life (Lucero at al., 2018). A major study of military members, veterans, and first responders with PTSD found significant impairment in interpersonal relationships, occupational or educational roles, and other important areas of life. Moreover, impairment was associated with dissociative symptoms such as derealization (Boyd et al., 2018). The interviewee described how due to the psychological effects of the training and wartime experience being a veteran will always be part of them. It creates a

survival mechanism within the person and “to think that you can just talk it out of a veteran is ludicrous” (G. Chretien, personal communication, July 12, 2022). As an intervention for dissociative identity disorder, IFS draws on the theories of systems thinking and the multiplicity of the mind “to achieve balance and harmony within the internal system and to increase positive and purposeful communication among the self and other parts” (Pais, 2009, p. 80). Through the lens of IFS, PTSD is not pathologized as a disorder. Rather, extreme behaviors that may appear out of line or disruptive in civilian settings are understood in IFS to be “possibly the exact type of behavior needed (or even heroic) in combat)” (Foundation for Self Leadership, 2021, p. 12). All these factors greatly help in minimizing one of the greatest issues studies have found with PTSD treatments for veterans. Hypervigilance is ubiquitous for veterans with PTSD because of what they had to do to stay alive. The interviewee indicated that this aspect of veterans would be handled effectively between the therapist and client in IFS because the view of any outburst from the client is it stems from a lack of knowledge, not because the client is simply being unwilling (Lucero et al., 2018). When the discussion touched on public health on a macro scale the interviewee mentioned two things. The first was an appreciation for how IFS treats PTSD in general that connects to what has been found repeatedly in studies with combat veterans. Due to a veteran’s increased awareness part of their struggle is trying find balance in themselves while recognizing that others experience PTSD as well, whether that is impacted by a relationship with the veteran or not (Lucero et al., 2018). As the interviewee put it, a civilian may not experience “combat PTSD but there is plenty of horrible things that happen to people here” (G. Chretien, personal communication, July 12, 2022). Lastly, the interviewee appreciated IFS combining modern and postmodern ideas because of how it helps deal with the issue of creating something to help people and implementing on a macro scale (Lucero et al., 2018).

Process of Acceptance to Transformation in a Veteran

While the interviewee was discussing what made IFS a modality that would be more appealing to veterans overall three major focuses pertaining to the collaborative process between the therapist and client became clear. The first focus was on the ramifications of having a deep holistic approach at all times to PTSD in establishing rapport. It was stated previously how the interviewee discussed the combination of training and combat create survival mechanisms in that person they will have for the rest of their life. The interviewee appreciated that instead of just trying to treat symptoms in IFS "you're actually addressing the root of the problem much better" (G. Chretien, personal communication, July 12, 2022). The result of this can be seen in the first couple sessions when the therapist does the diagnosis with the veteran. For one the veteran may have already been to therapy so the therapist would need to go through that with the client.

Secondly, the collaboration during this portion is very important so the client can be very clear with the therapist on how PTSD will be defined in their case moving forward. The therapist and client begin their relationship with a respect and appreciation for the fact that the client's experiences with life and death had deep, complex effects on the parts and the self (Lucero et al., 2018). The second focus was how integration while maintaining an IFS framework could be effective. The interviewee saw this as effective because as the therapist and client are attempting to eternalize the self and the parts to find balance, integration ensures the therapist recognizes the client has held life and death in their hands. Hence, the therapist stays focused on helping the combat veteran determine what the new alliance between the self and the parts will be whether they serve again or not (Turns et al., 2020).

The third major focus was how the non-pathologizing approach affects how the therapist maintains the relationship with the client after the initial sessions. The interviewee elaborated on

how he has seen multiple therapists over the years. The ones he respected were the ones who understood the severity of polarization that can occur with a combat veteran while still being direct with him about his actions (Lucero et al., 2018).

V. Conclusion

As an evidence-based therapy, the authors propose that IFS therapy is an effective treatment for individuals with structural dissociation, including military veterans with PTSD. For many of these individuals, it is evident that psychological functions or parts that have been at odds with each other would benefit from trauma-sensitive attention and integration facilitated by a trained therapist. “In essence, the participation in war creates energetic discord and imbalance in the life of the person, as well as in their family and the place where they live,” observes the clinician and military veteran Eduardo Duran in the acclaimed work Healing the Soul Wound. “Once the warrior is aware of the extent of soul wounding, they can begin the healing integration process” (Duran, 2019, p. 124).

While IFS is hardly the only modality of psychotherapy that supports this kind of self-awareness and integration, we see it as an applicable and theoretically rich modality. In closing, IFS is a significant form of treatment for clients with structural dissociation and PTSD. Moreover, there is recent and growing evidence of its potential as an intervention with combat veterans with PTSD.

References

Aadil, M., & Shoaib, M. (2017). Diagnostic challenges leading to underdiagnosis of dissociative disorders. *Neuropsychiatric Disease and Treatment, 13*, 407–410. https://doi.org/10.2147/NDT.S131439

Barth, F. D. (2010). Frozen in time: idealization and parent-blaming in the therapeutic process. *Clinical Social Work Journal, 38*(3), 331–340. https://doi.org/10.1007/s10615-009-0237-x

Boyd, J. E., Protopopescu, A., O'Connor, C., Neufeld, R. W., Jetly, R., Hood, H. K., ... & McKinnon, M. C. (2018). Dissociative symptoms mediate the relation between PTSD symptoms and functional impairment in a sample of military members, veterans, and first responders with PTSD. *European Journal of Psychotraumatology, 9*(1), 1463794. https://doi.org/10.1080/20008198.2018.1463794

Cardeña, E., & Weiner, L. A. (2004). Evaluation of dissociation throughout the lifespan. *Psychotherapy: Theory, Research, Practice, Training, 41*(4), 496–508. https://doi.org/10.1037/0033-3204.41.4.496

Carlson, E. B., & Putnam, F. W. (1993). An update on the Dissociative Experiences Scale. *Dissociation: Progress in the Dissociative Disorders, 6*(1), 16–27.

Carlson, E. B., Waelde, L. C., Palmieri, P. A., Macia, K. S., Smith, S. R., & McDade-Montez, E. (2018). *Development and validation of the dissociative symptoms scale. Assessment, 25(*1), 84–98. https://doi.org/10.1177/1073191116645904

Duran, E. (2019). *Healing the soul wound: Trauma-informed counseling for Indigenous communities* (2nd ed.). Teachers College Press.

Fisher, J. (2001, May). *Dissociative phenomena in the everyday lives of trauma survivors* [Paper presentation]. Boston University Medical School Psychological Trauma Conference, Boston, Massachusetts, United States. https://janinafisher.com/pdfs/dissociation.pdf

Foundation for Self Leadership (FSL). (2021, May). Helping military veterans and servicemembers heal. *Outlook: A Community Magazine by the Foundation for Self Leadership. FSL*. Retrieved August 5, 2022, from https://foundationifs.org/images/outlook/may2021/2021_OUTLOOK_May.pdf

Goldstein, E., Topitzes, J., Brown, R. L., & Jussel, A. B. (2022). Mental health among University employees during the COVID-19 pandemic: The role of previous life trauma and current posttraumatic stress symptoms. *Psychological Trauma: Theory, Research, Practice, and Policy*. Advance online publication. https://doi.org/10.1037/tra0001332

Heller, L., & LaPierre, A. (2012). *Healing developmental trauma: How early trauma affects self-regulation, self-image, and the capacity for relationship*. North Atlantic Books.

Keats, P. A. (2010). The moment is frozen in time: Photojournalists' metaphors in describing trauma photography. *Journal of Constructivist Psychology, 23*(3), 231–255. https://doi.org/10.1080/10720531003799436

Kulkarni, M., Porter, K. E., & Rauch, S. A. (2012). Anger, dissociation, and PTSD among male veterans entering into PTSD treatment. *Journal of Anxiety Disorders, 26*(2), 271-278. https://doi.org/10.1016/j.janxdis.2011.12.005

Lucero, R., Jones, A. C., & Hunsaker, J. C. (2018). Using internal family systems theory in the treatment of combat veterans with post-traumatic stress disorder and their families.

Contemporary Family Therapy: An International Journal, 40(3), 266–275. https://doi.org/10.1007/s10591-017-9424-z

Lyssenko, L., Schmahl, C., Bockhacker, L., Vonderlin, R., Bohus, M., & Kleindienst, N. (2018). Dissociation in psychiatric disorders: A meta-analysis of studies using the dissociative experiences scale. *American Journal of Psychiatry, 175*(1), 37–46. https://doi.org/10.1176/appi.ajp.2017.17010025

Pais, S. (2009). A systemic approach to the treatment of dissociative identity disorder. *Journal of Family Psychotherapy, 20*(1), 72-88. https://doi.org/10.1080/08975350802716566

Schwartz, R. C. (2013). Moving from acceptance toward transformation with Internal Family Systems Therapy (IFS). *Journal of Clinical Psychology, 69*(8), 805–16. https://doi.org/10.1002/jclp.22016

Schwartz, R. C. (2021). *No bad parts: Healing trauma and restoring wholeness with the Internal Family Systems Model*. Sounds True.

Sinason, V. (2020). *The truth about trauma and dissociation: Everything you didn't want to know and were afraid to ask*. Confer Books.

Turns, B., Springer, P., Eddy, B. P., & Sibley, D. S. (2020). "Your exile is showing": Integrating sandtray with Internal Family Systems therapy. *The American Journal of Family Therapy, 49*(1), 74–90. https://doi.org/10.1080/01926187.2020.1851617

Van der Hart, O., Nijenhuis, E., Steele, K., & Brown, D. (2004). Trauma-related dissociation: Conceptual clarity lost and found. *Australian & New Zealand Journal of Psychiatry, 38*(11-12), 906-914. https://doi.org/10.1080/j.1440-1614.2004.01480.x

Van der Hart, O., Nijenhuis, E., & Steele, K. (2005). Dissociation: An insufficiently recognized major feature of complex posttraumatic stress disorder. *Journal of Traumatic Stress, 18(*5), 413-423. https://doi.org/10.1002/jts.20049

Van der Kolk, B. A. (2015). The body keeps the score: Brain, mind, and body in the healing of trauma. Penguin Books.

Waelde, L. C., Silvern, L., & Fairbank, J. A. (2005). A taxometric investigation of dissociation in Vietnam veterans. *Journal of Traumatic Stress, 18*(4), 359-369. https://doi.org/10.1002/jts.20034