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# Tapestry of a clinician: Blending Authentic Movement and the Internal Family Systems model

## ABSTRACT

*The intention in this article is to weave together the work of the Internal Family Systems model (IFS) and Authentic Movement (AM) for high functioning clients in clinical private practice. This article explores how IFS and AM with a dance/movement therapy foundation can compliment each other and offer a way for the body to participate in healing. This article also highlights how neuroscience supports the role and effectiveness of body-centred approaches on developing a sense of well being in mind and body.*

## KEYWORDS

Authentic Movement  
Internal Family  
Systems model  
mover  
witness  
transformation  
self  
parts  
dance/movement  
therapy

My interest in what I would call wholehearted living, along with how to hold and be in relationship with suffering, began when I was a child with an undiagnosed hearing deficit. I had many symptoms associated with hearing loss such as an acute startle response to high or low-pitched sounds and sensitivity to eating and breathing sounds along with sensory integration issues. As a young girl, the discovery of dance was a way to move beyond the confusion, isolation and frustration of not hearing well. I had many memories of dancing in my

living room after school or at the chapel in the woods in northern Wisconsin at summer camps when I was a young adolescent. Dancing calmed my thoughts, released tension in my body and bridged difficulties connecting to language and people.

Hearing challenges developed my ability to read facial affect and body posture along with listening for vocal tones in language. I developed an acute awareness of body sensation in myself in relationship to what I was reading in others. These skills served me, and continue to serve me, as I later moved into my career as a dance/movement therapist.

I first heard about dance/movement therapy (DMT) in high school in a child developmental class. From then, it was my intention to know more how dance and healing could be woven together in a way that was helpful to others as it had been for me. In the late 1980s, I studied DMT at Columbia College Chicago. DMT is, as I practice it, an approach to healing that uses movement and words to express sensations, images, thoughts and feelings as they arise in the therapy sessions. Early in my training I worked with older adults and autistic children who had difficulties that were not uncommon to my own with hearing and sensory sensitivities. Movement and body-centred tools were useful with psychiatric clients and later those in outpatient treatment and private practice.

## **MY APPROACH TO PSYCHOTHERAPY**

I have been practicing DMT, paired with an Internal Family Systems (IFS) approach to counselling and Authentic Movement (AM) for over twenty years in private practice. Internal Family Systems theory complements my training as a dance/movement therapist because it provides me with a system within which to verbally assess and understand what I am witnessing in my clients through movement. Since my training in IFS with Richard Schwartz in 1998, it has become the foundation of my clinical theoretical framework and a map for understanding the internal system of my clients. IFS interventions invite a way for body-based practices to enhance healing. IFS has been influenced by body-centred therapists whom have previous training in other disciplines such as Hakomi (Kurtz 1983), Focusing (Gendlin 1982) and those in the creative arts therapies including DMT.

In and after graduate school, I was introduced to AM by Barbara Cargill, Joan Chodorow, Tina Stromsted, Daphne Lowell and Alton Wassen. I began teaching and applying AM in my clinical work beginning in 1989. In 2004, I began studying in depth with Janet Adler, the creator of the Discipline of Authentic Movement. I have had the privilege of assisting Janet in her five-year International Internship Program and am on her faculty of teachers.

In my private practice, I utilize body-centred interventions that come from IFS and AM to treat individuals and couples who enter therapy with treatment needs including symptoms related to labels such as depression, anxiety, relationship issues, addictions, and trauma. What is common to all of my clients is that they have difficulties with having a sense of agency or the feeling of being in charge of their life due to their labels. According to Bessel van der Kolk, a leading researcher in trauma, 'agency is a technical term for the feeling of being in charge of your life: knowing where you stand, knowing that you have a say in what happens to you, knowing that you have some ability to shape your circumstance' (2015: 95), developing this sense of agency is at the core of my work with clients using DMT, IFS and AM. These

body-centred approaches address this agency by cultivating ‘what scientists call interoception, our awareness of our subtle sensory, body-based feelings’ (van der Kolk 2015: 95). This combined work offers clients ways to be aware of their body, thoughts, feelings, images and sensations, thereby affecting their sense of agency.

## THE BODY IN PSYCHOTHERAPY

DMT is a form of creative arts therapy and one of several approaches to using the body and sensation in psychotherapy. Marian Chace began using social dance with individuals in inpatient units of St. Elizabeth’s Hospital over 50 years ago. These patients were largely unable to communicate via spoken language due to their trauma histories. By attuning to the movement and engaging patients through social dance, Chace quickly discovered that many patients responded to dancing, music and human interaction leading to non-verbal communication. Following this some patients were able to verbally communicate again (Sandel et al. 1993).

More current research supports Chace’s work. For example, in a systematic study weaving together expressive body movement and words conducted by DMTs Pennebaker and Krantz, students who expressed a traumatic experience through movement and then wrote about the experience had improved physical health and success in education in addition to reporting feeling happier and healthier (Krantz and Pennebaker 2007).

Neuro-psychology research on the brain and the body is beginning to influence the work of somatic body-based practices and how they address healing and trauma. Bessel van der Kolk’s most recent book compiles much of the research in the field of trauma and ways to address the devastating impact trauma has on the body, the mind and human systems. He names many forms of therapy that he has found helpful, which include DMT and IFS (van der Kolk 2015).

In neurologist Antonio Damasio’s (1999) book, *The Feeling of What Happens: Body and Emotion in the Making of Consciousness*, he suggests that there is a link in how people sense themselves, which is reflected in their connection with their bodies. This is what Damasio refers to as ‘somatic markers’ (1999: 28). To know ourselves we need to feel and interpret our physical sensations. We may do this instinctively or more consciously but according to Damasio, ‘We need to register and act on these sensations to navigate safely through life’ (1999: 28).

DMT as well as AM and IFS are practices that operate within the theoretical schema outlined by the research of Damasio and van der Kolk because these practices explore ways of paying close attention to noticing the body and its sensations as well as how to work with the body and act on it. Now we will look more closely at the development of IFS and how it attends to the body and the mind in therapy.

## INTRODUCTION TO INTERNAL FAMILY SYSTEMS THEORY

IFS is a theoretical model and approach to psychotherapy developed by Richard Schwartz in the 1980s that incorporates systems thinking, in which one part affects the whole (Minuchin 1974; Haley 1976, 1980; Madanes 1981) and the multiplicity of mind. The model is based on the premise that we all contain different beings or sub-personalities (Schwartz 1995; Jung [1935] 1968;

Satir 1978b). In IFS these sub-personalities are called 'parts'. IFS operates from the premise that in normal development people contain at least 25 to 30 'parts'. These 'parts' may appear to have different ages and qualities and together make up a full personality.

As a systems family therapist, Schwartz developed his theory in response to clients' descriptions of experiencing various parts – many extreme – within themselves. Schwartz spent decades listening to trauma survivors and clients with bulimia speak about different parts of themselves and became curious about how these parts interacted with each other in ways that were similar to how family members react to each other and protect each other. He noticed that where a client and himself were most compassionate, creative, confident and curious was from a place he called the 'Self' (Schwartz 1995; Jung [1935] 1968; Assagioli [1965] 1975; Hillman 1975). From this Self-led place he helped clients explore their inner worlds using systems techniques he learned as a family therapist. His goal was to free the Self to lead as soon as possible in the process of working with the client's parts. He called this Self-leadership (Schwartz 1995).

### **IFS USES ACTIVE IMAGINATION AS AN 'IN-SIGHT' TECHNIQUE**

The process for creating Self-leadership and a relationship between parts and Self occurs in IFS by using a process that Schwartz names as 'in-sight'. IFS therapists use the in-sight process to interact with the inner system of parts and the Self, which is similar in some ways to how a dance movement therapist and AM work with the inner system in the body (Schwartz 1995: 112).

Schwartz states that his 'in-sight' is developed from Carl Jung's 'active imagination' (Hannah 1981; Jung [1935] 1968). Jung suggested his clients confront the contents of the unconscious as they appeared in dreams or fantasies by interacting with them. He also suggested discovering these 'parts' of ourselves by writing, painting, drawing or any other artistic process that could be done unencumbered by the conscious will (Schwartz 1995: 112).

Utilizing active imagination is one way IFS therapists engage the inner family. The client is encouraged to turn their attention inward by closing their eyes or bringing their eyes to soft focus so they can pay attention to thoughts, feelings, images, memories or sensations. Clients are invited to listen and witness, or watch from a non-judgemental point of view, what unfolds as parts arise and express themselves.

In my own practice, I use the active imagination as it arises for my clients when they relate to their parts visually when they close their eyes or use drawing in a session to access parts or through how they move when parts take over their body. Clients learn how to enquire and be present to their parts and how to cultivate a relationship between them as they witness their inner system from a Self-led place. In addition, I invite the parts and Self through the practice of AM, which accesses parts non-verbally through the active imagination and engages the inner witness or Self of the client.

### **THE GROUND FORM OF AM USED IN INDIVIDUAL THERAPY**

Janet Adler defined the 'ground form', or basis of AM practice, as consisting of a single mover in relationship to a single witness (2002). In silence, the mover closes their eyes and begins to listen deeply to impulses that may arise from a physical sensation, an image, a thought or emotion. The impulse may

expand to become a visible physical expression or may stay within the body. The witness sits in front or to the side of the mover. Being seen as the mover or seeing as the witness become interchangeable positions during the practice. In each position there is an attempt to see or witness oneself clearly as both mover and witness. After a designated time of moving, the movers speak about their experience with the witness. Witnesses attempt to bring clear attention to how they present what has been seen, while withholding any interpretation or judgement (Adler 1987, 2002).

When using AM in therapy, the client is noticing what they feel and responding to those feelings with their body and later they use words to describe what the body has experienced. According to van der Kolk 'simply noticing what you feel fosters emotional regulation, and it helps you to stop ignoring what is going on inside of you' (2015: 273). I would suggest that teaching the client to witness their life experiences outside the therapy session does just this. For example, when a client enters a session angry and sad and wants to share a story that occurred recently, I have found it useful to apply the witnessing aspect of AM in some of these cases.

First, I will have them close their eyes, deepen their breath and notice sensations in their body to establish a calm state before we interact with the parts. Bringing their breath to the sensations invites a sense of acceptance. We pay attention to how the body begins to calm and relax.

As the Self or inner witness of the client is more present, I will ask the client to see the scene in which the anger arose. This is using the 'witnessing' aspect of AM. In a session, a female client imagines seeing the people in the upsetting scene, including herself. I invite her to place this scene a little way away from her in the room. I then ask her to notice the body postures, facial expressions, movements and vocal tones of the people in the scene including those within herself as witness to the scene and also as a member of the scene. Once she begins to focus on her reactions to the scene, I invite her to notice again what she senses in her body in the present moment and then to witness the parts of her that are surfacing in the scene as people or images. She sees a part that is angry and one that is sad.

I ask her how she feels towards the parts. She is curious and compassionate. From here, the angry part expresses anger by showing the client how she wants to move, what she needs to say about the hurt part she is protecting, and how invisible they both feel. I invite the client to show the parts she understands them by staying very close to them with her attention. She then opens her eyes and sees me seeing her. She closes her eyes again and lets the parts know they are seen by both of us. Tears trickle down her cheeks and she thanks the parts for allowing her to be with them. She expresses a sense of clarity and understanding for what had previously been anxiety provoking for her. She now feels tender and caring towards both the parts of herself and also to the other people who had interacted with her.

This example shows how witnessing the parts that are involved in a relational dance with others outside the therapy session can continue to be worked with in the session using the witnessing practice in AM and 'parts' work from IFS. The client and therapist are both turning compassionately towards the parts having an experience in the present moment about what surfaced in the recent past. The Self of the client and therapist are empathizing with the parts that have been activated and in that interaction, the parts begin to feel understood.

In the forward of the book, *Trauma and the Body* (2006), Daniel Siegel, a neuropsychologist, writes,

the brain is hard-wired to connect to other minds, to create images of others' intentional states, affective expressions, and bodily states of arousal that, through our mirror neuron system's fundamental capacity to create emotional resonance, serve as the gateway of empathy. In this way, we see that the mind is both relational and embodied.

(Ogden et al. 2006: xv)

This suggests that embodied Self of the therapist is crucial to the therapeutic relationship. When I, the therapist, am embodied, calm and openhearted towards my client's parts I foster a relational state, which I believe, makes it easier for my clients to shift into an openhearted relationship with their parts as well.

### **THE CLIENT'S ROLE IN WEAVING TOGETHER AM AND IFS IN A SESSION**

This section is a weaving of the application of AM and IFS from what I have learned directly in my work with Richard Schwartz and Janet Adler. When both client and therapist feel AM is useful for accessing the inner system, they work together to clarify whether focusing on a particular part or entering the AM process with no intention but to follow what arises moment by moment is the best path for that session.

The AM process begins when the client looks into the therapist's eyes, hears the chime sounded by the therapist, closes his or her eyes and enters the space paying attention to thoughts, feelings, images or sensations. The client experiences his or her body travelling through stillness and action expressing what wants to emerge from the parts or Self. It is not necessary to be in motion at all times. Stillness is powerful, filled with inner sensations and images.

When the client hears the chime again after the pre-determined time frame, the client finds a way to end the movement journey. Before the client opens his or her eyes, he or she is invited to reflect in stillness what parts are calling for attention and thank the parts for expressing themselves. This time of enquiry after the journey offers the client time to attune or connect to his or her experience before translating it into words. Sometimes the client may chose to draw the journey or the images before processing verbally.

After moving, the client speaks in the present tense language, naming his or her physical movements and where they occur in the space, sensations, feelings, images and thoughts that accompany the journey. For example, a client might say something like,

I close my eyes and sense the floor beneath me. My toes curl inward and I begin to feel I am becoming smaller and smaller. I bend forward to the ground and I reach for the floor. I am sensing the room I grew up in. I see my father and notice I am clenching my stomach.

Speaking in the present tense allows the client to speak directly from the part that has been moving. The client stays intimately close to the movement and part as he or she speaks. From here it may now, in the present moment, be easier to address the past and ascertain what that part needs from the Self

of the client. This process develops the client's inner witness or Self as they observe what occurs while moving and follow it by finding a way to verbalize the experience of moving with a part from a past experience.

### **THERAPIST'S ROLE IN WEAVING TOGETHER AM AND IFS IN A SESSION**

The therapist is active and present to the unfolding experience of the client. The therapist creates safety for the client by attending to the time and details of the space and remaining grounded and open-hearted. The therapist is mindful of his or her thoughts, feelings, images and sensations that come into his or her awareness as he or she watches the client. At this time, the therapist resists impulses to move and instead notices what calls him or her to action, to comfort, to withdraw or hide. All of this experience is what Adler names as witness consciousness (Adler 2002: 63).

This process of paying attention to the client's parts while noticing the parts of the therapist simultaneously inhibits the common impulse to project or put one's story onto another. This is particularly important and helpful for the therapist who must always work to notice and attend to his or her own parts that may become activated while witnessing the client. IFS teaches the therapist to bring his or her attention back to the client after noticing the activated parts. The therapist will attend to his or her own activated parts in his or her own processes, which are not part of the therapeutic practice but might be understood to be working as parallel processes.

During the verbal processing between the therapist and client, it is the responsibility of the therapist to maintain Self-leadership while offering feedback. By choosing words carefully the therapist maintains trust and safety, because the client can be vulnerable and sensitive to what may be interpreted as judgement after moving. The therapist attunes to the client by naming the movements seen in the space and his or her own internal responses of sensations, images, thoughts that arise in the client's presence. What is spoken to the client will be determined by what the client expressed in the verbal interchange.

For example, the therapist may say in response to the client's spoken experience,

when I see you curve into a ball, I feel tenderness in my heart and want you to know I am near

or

when you begin running wildly through the space I feel the beating in my heart quicken and I become alert to the space between you and other objects in the room.

After the therapist speaks, the client is invited to name his or her responses to receiving witnessing.

Sometimes the therapist using AM may also echo words the client has spoken during verbal sharing. Echoes are words that come directly from the client that resonate within the experience of the therapist. Echoes often help the client feel validated, seen, understood and not so alone in the process. We can understand echoing as a similar process to those used by person-centred therapists, which are non-judgemental and rely on the principle of a self-actualizing self (Rogers 1951/2003).

Another role the therapist provides is to ask questions that may deepen the awareness for the client. For example,

when I hear you say the words, 'I am expanding out into the space', can you tell me where that feeling is initiated in your body? How far out does it go? Do you see any images in this place? Is there a message that this image is offering to you? What else do you know in this particular place?

These are some of the questions of enquiry that can deepen the process and bring even more awareness to the mover about their experience from AM.

Questions from IFS might be:

When you are curve in a ball in the center of the room, can you see that part in this moment? How do you feel toward that part? Can you get close enough to that part in this moment so it knows you are near? How does it respond to you being close to it? Is there anything this part needs to show you from the past or wants you to know now? Is there anything this part needs from you in this moment?

These questions foster a relationship between the Self of the client that is interacting with the part and the parts of the client that are longing to be helped.

## **WEAVING TOGETHER IFS AND AM LANGUAGE**

Here we begin to see that IFS and AM in practice begin to share similar ways of tending to what occurs in the session by a client and therapist. Both practices cultivate a strengthening of the inner witness or Self of the client by attending to parts that share thoughts, feelings, movement, sensations and memories in the presence of the Self or witness.

The blending of AM and IFS can be useful for some clients and for those trained in both modalities. When IFS is practiced in therapy, there is a parallel to AM practice in that the client has an experience with parts of his or her Self through paying attention to thoughts, feelings, memories, sensations and images while the therapist guides the client towards interacting and tracking these parts from the Self.

In AM, this process is guided by the mover's own impulses without suggestion from the outer witness. It is often later, through the verbal exchange initiated by the mover's own words, and the furthering dialogue between the mover and witness that insight about parts is fully acknowledged.

In IFS, the Self of the therapist facilitates the Self of the client to discover how the parts established their roles and explore ways to heal and transform. In AM, the compassion provided by the inner witness or Self in the client and outer witness or Self of therapist allows space for expression and transformation. When a non-verbal relationship can be developed between the Self and parts, the parts are more likely to trust and accept the presence, power, and leadership of the Self. In this instance it is possible to experience our parts and also to be a witness to our parts from a more clearly grounded 'Self' or 'inner witness' perspective.

It is my contention that AM can complement IFS because some parts prefer movement to help them feel known and accepted. Some of the most vulnerable parts may feel less threatened when they express themselves in movement rather than in words. Of course the opposite of this may also be

true depending on the experiences of the client. For some client's moving in this way may feel exposing and could, in some instances inadvertently retraumatize. Because of this, the therapist must be careful to work with the client to assess his or her ability to work in this way. Stories of our past that are unresolved emotionally can get our attention through sensations in the body. The work of AM along with IFS can enable these past unresolved emotional burdens to be digested through having a safe space to move in the combined presence of the Self of the mover and the outer witness.

## RESOURCES

In March of 2014, Janet Adler launched a website called [www.discipline-ofauthenticmovement.com](http://www.discipline-ofauthenticmovement.com). This website contains three components. In the first part, Janet describes the development of the Discipline of Authentic Movement. The second part describes how a student of Authentic Movement can become a teacher, and provides a faculty list. The third section is the application process for potential students interested in the mentorship process called Circles of Four.

For those wishing to learn more about the Internal Family Systems model please see the website: [www.Selfleadership.org](http://www.Selfleadership.org)

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Teaching Authentic Movement since 1996, she has offered continuing education credits to professionals in the mental health field. For the past 12 years she has studied in depth with Janet Adler, the pioneering theorist of the Discipline of Authentic Movement. Currently Susan is assisting Adler in her 5-year internship program.

Susan earned her BA at Denison University, after which she studied dance and dance therapy at Harvard University. She received graduate training and has taught in the Counseling and Dance/Movement Therapy Program at Columbia College in Chicago.

Post-graduate training was received at the Family Institute at Northwestern University in the Internal Family Systems (IFS) Model. She has professionally supervised psychotherapists and has led many professional workshops at conferences and trainings throughout the US. Susan supervises professionals in their private practice and teaching of the Discipline of Authentic Movement in person, by telephone and Skype.

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