

On My Mind: Is there more than one of you?



I am losing my hearing faster than most people. My grandparents and my parents wore hearing aids, and one grandfather was quite deaf. Although my hearing aids currently work very well for me, a few years ago I consulted an otolaryngologist to find out what the future might hold for my ears. She told me that my hearing deterioration would continue. With a kind of scientific curiosity, I asked whether my hearing loss would follow my grandfather's course. Would I end up deaf? When she told me that the technology is advancing so fast that I will likely never be without options to hear, I suddenly started to cry, and try as I might, I couldn't control it. I had no idea that I had been carrying so much fear about losing my hearing. One moment I was the curious, calm physician-patient, and the next I was like a frightened child. Next, I became embarrassed and told myself to cut it out. Ultimately, I felt uplifted, grateful, and relieved.

Within the course of few minutes I had been like four different people: a curious physician/colleague observing his own symptoms, a frightened child, a shaming

critic trying to control my emotions, and finally, a happy, relieved adult. I don't have multiple personality disorder, but apparently I am different people at different times.

In our culture we are taught to think of ourselves as one person with a unified mind, but some cultures see the human psyche as composed of many separate subpersonalities or modules, each with its own motivations, perspectives, reasoning, and memories. As psychologists Richard Schwartz and Robert Falconer point out in the recently released "Many Minds, One Self," the idea of personality multiplicity has been pathologized in our culture — that is, it is viewed as psychologically abnormal. But there is a school of psychotherapy called Internal Family Systems Therapy (IFS) that thinks otherwise. IFS asserts that the normal state of mind is multiple. It posits that when we are irritable, depressed, fearful, gleeful, or playful, these emotional states are parts of ourselves. And all of these parts — even the "negative" ones — are well-intentioned and trying to help us. When we see our inner world this way, it becomes easier to stop criticizing ourselves, and to develop curiosity about our inner workings.

For instance, when I see a patient who is suicidal, I recognize that a part of this person wants to find a way out of the horrific suffering that he or she is experiencing. If I communicate this to the person with empathy, the suicidal part feels understood rather than judged. If I can help the patient recognize that these feelings are not their whole self, but rather a part of them seeking to help other suffering parts, the patient finds it easier to relax and consider other ways to address their pain.

I first learned about IFS from Island psychotherapist Kate Lingren. The idea that we are made up of subpersonalities sounded so strange to me that it took me years to study it and grasp how important it is. Recently Kate told me, "Like most of us, I was trained to think that the most important aspect of healing was my relationship with the client. The healing came from my understanding of the patient's struggles and my being able to explain to them as an expert what was wrong with them. But in IFS, we don't pathologize. When behaviors and attitudes aren't working for people, this model views them as survival skills learned earlier in life that are no longer working. In IFS, the expert in the room isn't me, it's the client. My job is to help them connect with parts that may have developed in childhood and hold beliefs that no longer serve them."

When you view your inner world as an amalgam of multiple subpersonalities, if you feel overwhelming anger, anxiety, depression, jealousy, or any other emotion, it is comforting to recognize that not all of you feels that pain — just a part does. I once knew a man who felt so ashamed that he was an alcoholic that he was unable to address it. As he came to understand that the alcoholic in him was just a part — and a part that was there for for some good reasons — he felt less shame, and was able to embrace Alcoholics Anonymous. Using the IFS model makes it easier to understand his alcoholic part and address its concerns. The pain he was comforting with alcohol came from an inner child who was exposed to parents who shouted and shamed. Witnessing, validating, and empathizing with the experience of the traumatized children (or adults) within us can help us find healthier ways to seek comfort.

In the IFS model, there are three types of parts. First, there are those hidden, vulnerable components of us that usually that came into being early in childhood. IFS calls these parts “exiles,” because often they are in such pain that we put them in the back of the closet and try to forget about them. Second, there are “protectors.” They protect the vulnerable parts. A protector might try to address perceived danger through calm self-expression or rational analysis, or controlling dangerous impulses. Alternately it might try fighting or fleeing, or numbing pain and fear with alcohol or computer games. IFS therapists think of these fight-or-flight or numbing protectors as “firefighters” — parts that, metaphorically, rush into a burning building and do everything possible to put out the fire, regardless of what gets damaged in the process. A boss who yells abusively might be trying to protect a part that is terrified of failure, but his yelling creates a negative and fear-driven work environment. When a firefighter is present, there is inevitably another part — a “manager” — that tries to take control and stop the firefighter’s destructive behavior. Managers might be critical, controlling, shaming, or justifying.

Often when our protectors take over, they get the opposite of what we need. Say a man longs for love and appreciation from his wife, who is acting distant. A protector may take the position that her distance is unacceptable, and the man may act surly or critical in an attempt to change her behavior. Her response will probably be to distance herself further from him — the exact opposite of what he wanted. If the man can see that his behaviors — while coming from a place that wants a positive outcome — are instead inflaming the problem he needs fixed, he can make an effort not to allow this particular protector to take over. This “unblending” from parts is a key to healing.

The IFS model allows us to dialogue with our parts — listen to their memories, ask them what they need, and offer them comfort. If a vulnerable exile is comforted, its protectors can relax. Sometimes I am suspect of the idea that we have subpersonalities or parts with their own identities that can be listened to, talked with, and comforted. That is what kept me from paying attention to this model for years. As a physician with an interest in neuroscience, what seems crystal-clear to me is that there are different areas of the brain that are activated when we are in different states of mind or different emotional states. (See the last “On My Mind” column, “The Power of Mindfulness,” bit.ly/powermindfulness.) From a neurological point of view, there are also memories, emotions, even identity states that are hidden and can be activated by finding the right stimulus. Using electrical stimulation during brain surgery, long-lost memories can be triggered.

What I have seen using IFS is similar. By conceiving of emotional states as separate entities, forgotten memories and deep emotional experiences can be revealed. The accompanying opportunities for healing can be profound. As I point out in “The Power of Mindfulness,” observing our minds, bodies, and emotions can be extremely useful.

The question arises, is it another subpersonality that is doing the observing? The IFS model posits that while our psyches are a composite of subpersonalities, there is also a “self” that ideally operates as the conductor of the internal orchestra. The self is there to help, understand, and comfort one’s parts. It is compassionate, calm, courageous, creative, curious, and confident; it has clarity and the ability to connect with internal parts and with others. The self has our best interests at heart, and can, if given free rein, help us realize our goals.

I’ve seen people who’ve embraced this model find in it an enormous source of comfort, wisdom, and healing. It helps people relax when they are overwhelmed by emotion. Emotions become less overwhelming when they are seen as just parts that are trying to help, and that deserve understanding and compassion.

Thinking back on all of my different facets that showed up in the otolaryngologist’s office, there is still that critic that says, “Grown men don’t cry. What’s wrong with you? Now you’re going to write about the crybaby in the newspaper? And by the way, this stuff sounds nuts. WHAT ARE YOU THINKING?” That voice in me is afraid that if people see my vulnerabilities, it will undermine my relationships. Just acknowledging this helps that worried part relax. When I remind this anxious voice that I have loving family, friends,

colleagues, and an editor who has my back, he relaxes more. And when I help that critic to see that this complex inner world is normal and healthy, I find that the fears dissipate, and I become willing to give this article a shot.

Dr. Charles Silberstein is the chief psychiatrist at Martha's Vineyard Hospital, and writes regularly about issues Islanders have with mental health.

Family-to-family class

The Island's annual family-to-family class (F2F), sponsored by the National Alliance for Mental Illness (NAMI), begins March 5 at 6 pm. The intensive, approximately 12-week, once-a-week class, teaches family members about mental illness and how to cope and help their loved one. Please call Megan at 508-939-0681 for more information and to register.