

Shrink Rap Radio #148, April 18, 2008. Ego States Psychotherapy
(transcribed by Susan Argyelan)

Excerpt: *You know, in terms of working with that model, I think it allows a person to be tremendously whole. It yields – when you use it in a certain way in treatment - very deep and profound changes in the person. It's not superficial – or let's say that using the ego states this way would not be a superficial – treatment. It's a deep treatment that really changes the mental, emotional, and even spiritual level of the person who goes through it. It's very holistic, I would say, whereas some of the other kinds of treatment models and therapies strike me, anyways, as more superficial.*

Introduction: That was the voice of my guest, Sarah Chana Radcliffe, speaking about her unique approach to psychotherapy, which draws upon ego state theory. Sarah Chana Radcliffe, MEd., is a registered psychological associate in Ontario, Canada. Over the past 30 years, she has counseled thousands of parents, couples, and individuals in her full-time, private practice in Toronto, Canada. She practices emotionally focused therapy for couples, process experiential psychotherapy, energy psychology, EMDR, and cognitive behavioral therapy for parents. She's the author of *Raise Your Kids Without Raising Your Voice*. She also has a website at www.parenting-advice.net, which offers education and practical advice to the international community on all aspects of parenting. Now, here's the interview.

Dr. Dave: Sarah Chana Radcliffe, welcome to Shrink Rap Radio.

Radcliffe: Thank you so much.

Dr. Dave: Well, it's good to have you back, sort of “back” because I actually interviewed you before on the *Wise Counsel* podcast, my other podcast.

Radcliffe: That's right. That was great, and that wasn't too long ago.

Dr. Dave: And if I recall correctly, you're also a regular Shrink Rap Radio listener.

Radcliffe: Very big fan of yours and that show. I love it. So happy to be on it.

Dr. Dave: That's great. So that's why we really had to get you on to this show... And on *Wise Counsel*, of course, I was interviewing you about your very wonderful book. And I really mean that. Listeners, if you have kids, you should go out and get it. It's called *Raise Your Kids Without Raising Your Voice*. You gave a terrific interview about that on *Wise Counsel*. But you have another area of expertise that we thought we could explore with you here on Shrink Rap Radio, which is kind of a collection of approaches that you refer to as “ego state psychotherapy.” Is that right?

Radcliffe: Right. “Ego state therapy” is a general term for any therapy that uses the concept of parts of the personality. So there’s lots of people who theorize that way - Freud being one of them for example, or transactional analysis, that uses the parent, adult, and child parts. Or in the popular writings, I don’t know if you’ve heard of Hal and Sidra Stone. They have something called voice dialogue. Nancy Napier, who’s a big writer with a theory of parts; Maggie Phillips and Claire Frederick... There’s lots and lots, probably endless. That’s just a little sample. Watkins and Watkins wrote a book called Ego States, and they really explained that. All these different people, actually, use the concept of parts differently, but they are using a concept of parts of the personality. So I guess some people might call them sub-personalities or parts of the personality or ego states. It all means the same thing.

Dr. Dave: Yes, I’ve certainly heard the term “sub-personalities” used, and I’ve heard of voice therapy. I don’t know if it’s the same as voice dialogue therapy. There’s a group near Watsonville, California, and I heard somebody from there present. It might be the same group. And they do talk about different parts, sort of parent-child internalized dialogues that they have people act out. I suppose Gestalt therapy would fall into that.

Radcliffe: Well, sure...yes. That’s right, that’s a part theory also.

Dr. Dave: With the “top dog,” “underdog,” and various other parts that end up dialoguing with one another. Now, before we go too much further, I suppose we should get your credentials out there in the sense that you’ve been doing therapy for some time, right? How long have you been involved as a therapist?

Radcliffe: Yes, I’ve been a counselor for about 30 years now, and yes, I’ve had some experience.

Dr. Dave: So that’s long enough to believe that you might know what you’re talking about. That’s great. So let’s drill down a little bit more into it. You mentioned, for example, transactional analysis, which I recall reading about in the early 1970’s, a psychiatrist by the name of Eric Berne. I haven’t heard his name or transactional analysis in years, so I was surprised to hear you bring that up.

Radcliffe: Right. I’m just bringing him up as an example of a “parts theorist,” I guess we’d call him. I don’t know what really happened to transactional analysis as a treatment. You’re right; I haven’t heard too much about it lately, either, although they were really just introducing... I don’t know if they were just renaming Freud’s parts, the parent or superego type of parts, and then the adult-type parts, or the ego-type parts and the more animalistic or what transactional analysis would call the child parts. I think it really paralleled the Freudian model.

Dr. Dave: Yes, good point.

Radcliffe: But the theory is not the treatment. What all these people have in common is that they are theorizing that personality is complex and consists of different parts. And many of the theorists would say that some of these parts are more adult-like and some of them are more childlike, and some of them are parent-like. A lot of people would group them that way. Within that, they might have lots of different kinds of parents. I think transactional analysis had positive parenting parts, like nurturing parents, and critical parents, for example, in part of the parent part. And then the child part would be the natural child or the adapted child. So there's lots of different ways of dividing it up. But none of it is the treatment; it's just the way of understanding the person's inner world.

Dr. Dave: Yes, and just another footnote here as we're talking about parts. You may have heard me mention on other episodes that it was probably 30 years ago, or pretty close to it, that I was in one of the early workshops on NLP with Bandler and Grinder. I remember they did some individual work with me, and the instruction was, "Close your eyes, and go in, and check in with your parts. And ask your parts if any of them...blah, blah, blah."

Radcliffe: Yes, right. They didn't know what they were talking about.

Dr. Dave: And so they didn't even name the parts. And I thought, well, that's an interesting idea. That way there was no getting hung up on, is it parent or child? or id or ego? It was acknowledging you've got different parts and voices inside, and just check in and see if anything comes up in response to the question that they were asking me.

Radcliffe: Right.

Dr. Dave: So let's talk about why is this a useful concept to you? As you pointed out, it's a theoretical construct, but then you've got some actual, practical therapeutic applications that are meaningful to you.

Radcliffe: Right. In terms of working with that model, I think it allows a person to be tremendously whole. It yields, when you use it in a certain way in treatment, very deep and profound changes in the person. It's not a superficial...or using the model of the ego states this way, let's say, would not be a superficial treatment. It's a deep treatment that really changes the mental and emotional – even spiritual – level of the person who goes through it. It's very holistic, I would say, whereas some of the other kinds of treatment models and therapies strike me as more superficial. I would say something like cognitive behavioral treatments of a lot of problems would be an attempt to silence a whole bunch of parts. Like, "You all be quiet in there while we give you the rational information that you need."

Dr. Dave: We're going to pretend that you're just a rational being and nothing else.

Radcliffe: Right. And this way, when a person can meet their whole self, and embrace all the different, often competing voices that they have inside of themselves, they feel their most authentic, because there's no attempt to shut down, shut up, or push away any part of themselves. And that's the beginning of the healing, because every part is welcomed, and whatever parts are disturbed can receive the help that they need. So people just feel terrific when they're able to use this work themselves. It gives them a good and complete feeling. It just hits the spot, is what I would say.

Dr. Dave: You say that when a person uses this approach themselves... Can a client use ego state therapy on themselves?

Radcliffe: They will be able to, after they've had some experience of it. First of all, even their understanding of it helps them a lot. Very often, in the first session or two of therapy, I'll draw a person a map of how I view the psyche, let's say, or their inner world. And I just tell them this is just a theory, and it's just my theory, which is shared by a lot of other people. It's not necessarily accurate, but this is how I'm looking at what goes on. I draw them a big circle with a line – I used to draw a line down the middle. Now I draw it off to one side, so you have four-fifths and a fifth. And in the fifth, I put a big "C" there for the conscious mind. That's where we think we know our stuff. And the four-fifths is for the unconscious activity over on the other side there, which is really where all the action is. And on the "conscious" side, I put a little dot, and I call that an empty chair. And I say, "In that chair sits one of the parts of our personality. We call that part "I." We refer to that as "I," like, "I like this," and "I do this," and "I feel that," and "I am that." But whoever is "I" is always a changing character. When we go to work, we may be manifesting one of our "I's," and at home with our spouse, we have another one, and with our children, maybe another one. And when somebody bothers us, maybe another one, and so on. People can relate to that because they know they're not always the same. Sometimes they're mature, and sometimes they're confident; sometimes they're scared; sometimes they feel very small. So they understand that. And then I put on the "conscious" side another little dot. I say, "This one could become conscious. It's there in all of us, but you have to learn how to open the door to it. That part is called "the witness." Meditators, for example, will encounter the witness that allows them to observe who is sitting in the "I" chair at a given moment, and can also observe what's going on in the inside, just taking note and observing, learning a little bit about the parts on the other side of that line. And that line, actually, the dividing line between the conscious side and the unconscious side, is the body wall. So if you go through the body wall, you can feel things inside. For example, you may be in a certain situation and you notice that your heart is beating rapidly and you're scared, although there's nothing really terrible going on. So your body is telling the conscious mind that there's a problem, and it's the unconscious side that's telling the heart to beat rapidly. Somebody there, on the unconscious side, is having that problem. Now, the conscious mind cannot turn the problem off. It may use a strategy to manage it, but it cannot solve the problem from the conscious side. I don't know if you can picture what I'm drawing here, but on that four-fifths, I put

a whole bunch of dots in there. I put little black dots and big, white circles. I say, “On the black dots, these are all our different parts, many of whom are wounded parts. They’ve got some issues there. And the big, white circles are resource parts, parts that are creative, or spiritual, or adult-like, maybe intuitive. These are going to be our helpful parts. And we have a whole bunch of these parts. If we didn’t have all these resource parts, you’d be a bag lady on the street, say. You’d not be functioning very well.”

Dr. Dave: I love the fact that you bring in the idea of internal resources right away like that. So I think we’ve gone through four-fifths. Is that right?

Radcliffe: We’re in that four-fifths, but I explain to people how we get those wounded parts. I say, just for example, that when a person is an infant and their mother’s trying to get them to sleep through the night... So I draw a little picture there, another dot, and then this baby who’s being trained wakes up in the night. Nobody’s there, and the baby screams and screams and cries and cries, and nobody comes. Eventually, the baby falls asleep. And that happens again the next night, and the next night. The neural pathway is being formed in the baby’s brain that says, “Hey, when it’s dark out, there’s no point in waking up, because nobody’s coming.” The mother’s all excited because the baby learns, so to speak, to stay asleep, not to wake up. But what’s also happened is the baby learns the whole feeling of wanting, wanting...yearning, yearning, and nobody’s coming. That’s programmed into the brain and the body, and the way the whole thing feels is, “There’s nobody there when I want them to be there.” That forms one of those little dots. And then other things that happen in life that feel anything like that will go onto that pile. So we have a four-year-old kid who’s waiting for his parent to come pick him up from carpool. All the other parents have come and gone, and this little guy’s sitting there crying, crying because his parent hasn’t come yet. It feels like that earlier feeling, so it’s going to go on that pile. If his parent shows up and actually reprimands him for crying - “What are you crying for? You know I always come. I was just a few minutes late! Don’t cry” - then the child develops that feeling that he had. Obviously, it was the wrong feeling, according to his parents, or it gets stuffed inside and stored there for the rest of his life - and he also develops a feeling of shame for having the wrong feeling, for being criticized for that. So this pile of what he might later call “abandonment” - of all things that feel like that (his friend moves away; he has girlfriend he breaks up with; later he gets divorced) - whatever it is, that pile gets bigger and bigger. That has the same sort of feeling. So that’s the abandonment pile. And then I just show them that there’s no way to get out of childhood alive, so to speak, because we’re going to have a failure pile because there are so many things we can’t do. And all those things get on the failure pile. And there’s going to be a rejection pile because we go to nursery school, and not everybody likes us there. People look at us funny, and then 30 or 40 years later, 50 years later, when somebody looks at you with that look, all the experiences in that rejection pile are like when a light bulb goes off. They get triggered, so to speak. That’s why we so-called “overreact” as adults. When things are going on, the whole pile of all of our life experiences, with all of their body

sensations, memories, thoughts and feelings – the whole thing lights up! So we may overreact to small incidents that are going on now.

Dr. Dave: I like your way of explaining this in very down-to-earth language. Basically, it sounds like you're getting across the notion that we all have issues, that it's normal to have issues of one sort or another. There are some very common clusters of issues, and even what some people in more high-flown language might talk about - an existential point of view, that just by virtue of existence, we have...

Radcliffe: Yes, exactly. Exactly. Right, so it's usually very normalizing. People are usually nodding their heads up and down, and they really understand. And I also point out that eventually, some of these piles... I change my metaphor about this when I'm talking about this to a crowded room, where there's just too much stuff, too many of these frozen memories in a room. They start rattling at the door when it's overcrowded. And this rattling happens – I draw some arrows here, pushing against that wall, the body wall that I drew, that line down the middle of the circle. I say, "It starts knocking over there in your most genetically vulnerable places. So if you happen to be a headache person, for example, you may start getting headaches. Or if you're a stomach person, then your stomach acts up. If you're a back person, your back goes out. Immune people get their diseases, and if you have depression in the genes, then your depression is active. If you have anxiety in your genes, then your panic attacks start up. You can have more than one thing going on, but what happens is, on the conscious side, your brain notices, 'Hey, there's something wrong,' as all this so-called stress is knocking at that wall." And then I draw another wall down for them, so we have two walls now. I say, "So what people usually do when that happens is they try to drown out the racket by adding another wall, because their first wall isn't good enough. They do that through their addictive processes. Maybe they'll drink a little bit more; they'll work a little bit more - whatever their favorite addiction is...eat a little bit more, starve themselves a little bit more, exercise...whatever it is. Because they want to drown out that racket. But as I keep drawing the arrows, going deeper and deeper, and saying, "Once it starts knocking, it will not stop knocking until you open the door and say hello to it." After the addictive processes don't work, people might try some pills or something that can shut down that noise. I say that the pills *will* help the person shut down the noise, but the problematic parts – the ones that are crying out – are still there. And they can see these dots now all over the picture, so they say, "Yeah, they're still there." And then a cognitive treatment...I'll draw another wall. Maybe we'll just decide that it doesn't matter anymore, and it's not real, it's not something that we have to be concerned about. And to that I tell them, "That's like riding a bike on Monday and breaking the wheel off of it as you go over a stone. And then on Tuesday you get up and say, 'Well, it's a new day, and I'm just going to ride this bike anyway, without fixing the wheel.'"

Dr. Dave: Okay.

Radcliffe: So now we've got four or five walls that I've drawn on this little circle. I show that at nighttime, all the walls collapse. And all this stuff coming over from the subconscious side starts moving over to the conscious side, so people are tossing and turning, and they can't sleep well. They've got their insomnia...

Dr. Dave: What an interesting integration that is...because I have experienced that!

Radcliffe: Haven't we all! There's nobody alive who hasn't experienced that!

Dr. Dave: Three in the morning! I have no defenses!

Radcliffe: Right, no defenses.

Dr. Dave: And there have been times that I've felt like I was being boiled alive in anxiety.

Radcliffe: Right, exactly. So then I show them that sometimes, one of the little parts realizes that the wall's down, and it zips across over to the conscious side with a dream, a very intense dream, and says, "Here! Here! Here's what I'm trying to tell you!" That depends on whether the person uses their conscious mind to pay attention to that dream or not, because it might stay on that side after the wall's come back up in the morning. But most of the other stuff goes, recedes back to the subconscious side. So all this activity's there, and that's why I explain to the client that the only way to get deep help and resolution is to help those parts that are currently on the subconscious side. There's no amount of talking about what's going wrong that's going to help you. No amount of even positive thinking or whatever that's going to clear all this up. You have to help those wounded parts that are crying for your attention. Now, when I say this, a lot of people are crying. Just looking at the picture touches their parts, because all their parts are listening.

Dr. Dave: Sure...I had an idea for you - and it may be one that you've already had - as I was listening to this, which is, you need to write another book.

Radcliffe: I know, I know, I do.

Dr. Dave: I was picturing it as you teaming up with an artist, perhaps even a cartoonist. You could write very simple cartoons and diagrams illustrating this process that you've just explained, that would match the simplicity of the explanation that you've just given us.

Radcliffe: Well, I'm even one ahead of you there. What it needs is one of those sheets... You know those plastic, see-through sheets that they have in children's books and you layer them?

Dr. Dave: Yes. Right...

Radcliffe: You know, one on top of the other? Because when I draw the picture, I draw the picture for each client, because it builds upon itself, right?

Dr. Dave: Yes.

Radcliffe: So the book needs to have that kind of thing in it. I've thought of it, but I haven't got any time. So I thought, you know what? This is the next best. I'm going to go on "Dr. Dave," and I'll at least put it out there.

Dr. Dave: Good! Well, it's fascinating, so feel free to elaborate any more, or if you're ready to get into how you would begin to use this... Because I know you call upon a variety of intervention techniques to deal with various issues. So where would you like to go next?

Radcliffe: In conclusion, we need to be on the four-fifths side of that diagram to do our work. We're going to have to use a technique that gets us onto – or into – that less-conscious realm. Or I talk about...in the conscious realm, we're in our beta brainwave. And if we just close our eyes lightly and relax for a little while, we can easily get into alpha. But all that action that we want to help with is stored at least in theta, or maybe deeper. So we need a way in. Some people, like Watkins and Watkins, who wrote the book called Ego States that I mentioned before, use hypnosis as a technique that goes in. I think I've heard speakers on your show talk about doing that as well.

Dr. Dave: Yes.

Radcliffe: But I don't use formal hypnosis. I might use light trance, because there's easy ways to talk a person into a light trance, just by the way you're talking to them, really.

Dr. Dave: Right...

Radcliffe: And I might use Gendlin's technique, Eugene Gendlin's focusing technique. I'll do that quite a lot, because we want to go through that body door. I'll explain to you how I do that in a minute. I might use EMDR, and I might use the energy psychology, like EFT or one of those tapping techniques. Any of those will get us to the right location to do the work.

Dr. Dave: Okay. And these are techniques that we've touched upon lightly in other shows, but if you want to go into detail in any of them, that's fine.

Radcliffe: Well, I think maybe the focusing one. I haven't heard you interview somebody who does focusing.

Dr. Dave: You're right. I haven't, and I know that there are a lot of people who...

Radcliffe: I've got a colleague for you. I've got a lady you should speak to.

Dr. Dave: Okay. And I actually got to meet Eugene Gendlin and hear him talk about focusing a few years back, and I had already been a big fan of his. Because before he wrote his book on focusing, he was the editor of my favorite journal. He edited a journal for many years called *Psychotherapy, The Art and Science - I think it was - of Psychotherapy*. It was one of the few journals that I found worth reading, because like Shrink Rap Radio, it was very eclectic. So it appealed to me. But I digress. Let me pass the mic back to you.

Radcliffe: Okay, so what we're looking for is a way to get in touch with a frozen package, so to speak, of experience, which will include the visual memory, maybe the body sensation, the physical sensation - like a rapid heartbeat, or sweating, or whatever it is that goes with it - and cognitions, all of which are going to be disturbed, in a disturbed package. If we're remembering something - a specific scene, for example, a memory that somebody had of something bad happening at age four, or five, or six, - that whole thing is, as I put it to the client, fresh-frozen, like a package of peas that you stuck in your deep freezer. When you open the package and begin the thawing process, then we can do the healing of that scene, whatever it is. That memory can be transformed permanently. So all those techniques by themselves, actually - focusing, EMDR, energy psychology - they will all do a certain amount of reorganization of the inner world. It's interesting, because something like EMDR might do that... I heard you speaking with Francine Shapiro - I was just listening to that one - and she was explaining it as processing, or reprocessing, a scene, which may or may not have ego state elements to it, although EMDR and ego state work is a perfect fit. I'm going to give you an example, really, to show you what might happen.

Dr. Dave: Good.

Radcliffe: So this is a lady I was just talking to a little while ago, who had a very problematic relationship with her father-in-law. He was a real mean, abusive, insulting guy, and he was part of the family. She had to deal with him all the time. I think that for some years, he lived in the house, and then some years, he lived out of the house. But she was always involved with looking after him. He was just horrible. She came to me, and she could not really understand why she couldn't deal with him. She knew intellectually that he had some serious problems, and he wasn't a nice man, and nobody liked him. But she just couldn't get over the effects of it, although she wasn't too clear in describing the effects of it. So what I start off with was focusing, and that technique asks you to pay close attention to what's happening in your body as you think about the troubling scene or issue, whatever it is. For her, this was an issue, and I asked her, "Well, look, imagine your father-in-law standing here, right in front of you now. Just take a look at him. Close your eyes lightly, and put your father-in-law on a screen in front of you. Look at him, and tell me what happens inside your body." And if a client is experienced at this, they'll know what to do right away; otherwise, you'll have to help them search their

body. “Just look what’s going on in your head, your neck, your chest, your stomach. Just pay attention.” So I asked her. She said her body hurts. I said, “Where does it hurt?” She said, in her chest. With focusing, you want to pay a lot of detailed attention, because the more attention you pay, the deeper and deeper you go into that area, which ultimately goes into the subconscious side. So I said, “What’s it like there in the chest?” She said, “Well, it’s like a knot, some kind of knot, like a small, black knot. Or maybe – no, no – it’s a small, black ball.” You see, she – the person – will refine what they notice there, and she kept refining it. I asked her some questions. “Well, what’s the texture of the ball? Is it smooth? Is it hard? Is it soft? Is it rubbery... whatever it is.” And she said, “Oh, it’s rubbery, and you know what? It’s growing larger...it’s larger there now. It’s changing colors, now. It’s like one of those red, blue and white balls, you know?” And I asked her, “Is it moving, or is it still?” She said, “It’s wobbling, and oh, my goodness! It’s growing spikes, it’s growing spikes now! It’s pointy, it’s sharp!” So the client herself is getting more and more information about her inner experience as she’s trying to describe that, and eventually this ball becomes a very large ball. Actually, by the time she’s done with it, with spikes all over it. And when you’ve got as much physical description - that is, you’re looking for colors, and maybe textures and sizes, and movement, things like that – then, in the focusing model, we ask for a “handle,” which is a word to sum up the emotional quality of all of that. We leave that pretty vague, like all of that. So this handle is an exercise of trying on a bunch of different words. So she starts off with, “Frustrated. Yes, frustrated! That’s what this is.” So I asked her, “Well, see if ‘frustrated’ fits *exactly* everything you’ve just described.” And she says, “No, no, no, it’s not really ‘frustrated.’ It’s actually ‘hurt’ and ‘frustrated.’” I’ll say, “Well, okay...see if you can find just one word that captures all of that ‘hurt’ and ‘frustrated.’” And she said something like, “‘Sad...’ Yes, ‘sad’ fits exactly.” And then she said, “No, actually there are spikes there on that ball. No, it’s like I’m the ball and I’m being badly punctured. I’m wounded...that’s it! I’m wounded! ‘Wounded’ fits exactly.” What she went through there was a very typical “trying on” of words. You keep trying, and it’s not quite this, and it’s maybe that. All of a sudden, you go, “Yes! This is it!” This is where I will then move away from the focusing and move into ego state. Once the person gets the word, I will take them deeper now, to meet the parts, so to speak. So I say to her, “Okay, well, you’ve got this movie screen in front of you, and I want you to put something on the screen such that it illustrates this ‘wounded’ feeling exactly, in a way so that if somebody walked into your movie theater right now and they looked at that screen, they would know exactly what you are feeling.” So you can use something from nature, it could be an animal, it could be a person...it could be a combination of anything that would convey “wounded.” Now, it’s always a surprise what the person comes up with. I’ll tell you, I was surprised when this lady said, “I see baby seals being bludgeoned to death.” Now, I asked her to look at one of those seals. I said, “Okay, just take a close look at one of those little baby seals that’s being so badly wounded.” And sometimes, I’ll say, “Use your x-ray vision and look deep into that seal and tell me what it’s feeling.” But in this case, because it was a seal being bludgeoned to death, I didn’t ask her to do that. I just said, “Talk to that seal, just silently. You talk to it,

and let it know that you see it being so hurt, and that you care about it, and that you want to help it.” Now, what we’re doing here is having the person’s adult ego state contact a wounded ego state. We’re going to see if there *is* a contact, because the person is going to silently say something, basically repeating something I’ve said in their own way. And then I’ll ask the person to see if the seal *heard* you, or whatever part they’re talking to. “Did it *hear* you?” And this is something that the person cannot consciously create. This part either hears, or it doesn’t hear. Very often, the person will say, “No, it’s busy being bludgeoned to death; it’s crying, it doesn’t hear me.” I’ll keep having them talk until the part on the screen actually looks their way, which inevitably happens. The same things happen over and over again, which tells me that this theory is a theory that is a natural fit. There’s something real going on, because with client after client, day after day, week after week, year after year, there will be these similar responses. So eventually the part on the screen will look at the person who’s in the client’s chair here, talking to them. When they get to that point, I tell the client to take part of herself and put it on the movie screen somewhere near – in this case – this little baby seal. “Tell the seal that you’re coming. Put yourself on the screen, not too close - you don’t want to frighten that part – and just approach it, still talking to it, telling it that you see it, and that you see that something terrible is happening, that you want to help it.” And always checking back, “Does it hear you? How does it feel about you joining it there?”

Dr. Dave: Mm-hmm...

Radcliffe: “How is it? It is safe? Does it feel comfortable with you? Is it okay?” Sometimes, the parts on the screen don’t want the adult part joining, and sometimes, they’re fantastically relieved that somebody’s coming. It really depends on the attachment history of the person I’m dealing with. So if the person has had a lot of good attachments in the past, the part on the screen is usually very happy to see somebody coming. But if they’ve had nobody consistent there for them in their life – nobody was ever really there for them – the part on the screen is often very *suspicious* of somebody coming. It doesn’t want to deal with them. So that can happen. In this case, this lady starts approaching it, and the seal can’t really be bothered to respond to her, because it’s so tired, it’s so weak. It sees her coming, but it can’t even move. It’s close to death.

Dr. Dave: That says so much, doesn’t it?

Radcliffe: Oh, gosh... This lady... Basically, I have her just sit beside the seal and just give the seal a blanket. And often, that’s what’s happening. “Just sit beside the part and give it a blanket.” She just sees that the seal needs to rest, and she’s sitting beside it. At that point, the healing is really beginning. And she’s sitting quietly beside it, has the blanket... If we’re at the end of our client hour, we’re just going to close the screen off there, or if we have more time, we can just sit and watch for a while. What will eventually happen is that revival will start to take place. But usually, at the end of a first session like that, the part that we contact will be utterly

exhausted, no matter what we do, and it will just need to rest. So anyway, she's sitting beside it, and I ask her to just keep it company, and, "Now, close the screen. Just put a little curtain across the screen, and check in later and see what's happening with the little seal and with the adult. Just see what's happening." And I suggest to the person that they might still be sitting there just like that, or something different might be happening. They just have to check in every couple of hours, or couple of days – or whatever they want - and see what's going on. But when we were finished with that, this lady said, "Gosh, I just didn't realize... That seal is *me*, and I didn't realize how much I've been suffering and how tired I am of it." It really took her to the deepest part of her experience; it was so *moving* for her.

Dr. Dave: And you didn't have to interpret it for her. It became clear to her...

Radcliffe: Absolutely. Everything just falls right into place for the person. It's just like I said at the beginning; it's just so deep and profound for them. Usually, the client is utterly exhausted after we take one of these excursions. I call it "psychosurgery." You're going in and you're doing something very deep, and you're beginning to open and find things there and change them. In this particular one, we didn't do too much of a change, but very often, a client with an abusive childhood, past, or whatever, will be remembering scenes that are not with seals, but with their actual memories of their parent mistreating them or something. They will do more than go in and just be with the part. They'll actually rescue the part; they'll get rid of that parent; they'll take over and let that child know that now, *they* are the ones who'll be looking after them. They'll do all kinds of real reparenting, but it's not a pretend thing. It's because it's in the *state* where the child really is. I'm trying to put together all the different things when I'm talking to you, the different possibilities. Sometimes, the child, when they see the adult on the screen, will just jump into their arms and want to be held, and cuddled, and rocked. It's like the organism knows what it needs. That's something that Eugene Gendlin always talks about, too, that we know what we should have had, and we know what we need. And nobody can really provide it for these wounded parts, but when you go in and provide it from your own adult to your own inner, wounded parts, true healing really, really occurs. People become absolutely transformed from this work.

Dr. Dave: That's marvelous. In previous conversations, you've let me know that it really seems to happen rather quickly.

Radcliffe: Yes. That's the other thing. It's really amazing. You don't have to cover every traumatic incident in a person's life whenever start to do this healing. The whole inner family becomes reorganized. For people who've had really bad abuse histories, or incest, or physical abuse throughout childhood, they're going to need to do more than other people. Sometimes, everything is intact, and we're just under a particular stress right now. If we can find our tired, exhausted part and really respect it, and heal it, and nurture it, it's more of a simple issue, except that we're constantly ignoring our deepest selves, and as a result, we get sick, physically sick.

Dr. Dave: Yes.

Radcliffe: This is a much healthier alternative. Or sometimes we're just in conflict, like you have to work, and you don't want to work right now. You want to go to sleep, or you want to go play golf or something. You can feel the tug-of-war on the inside, and what you're asking, "Can the client begin to take care of this?" Well, the client who learns to listen to the parts and take them seriously can actually picture the part that doesn't want to do the work, let's say, and say, "Okay, I see you there. You just want to go play. I promise you, I'm going to work for a few minutes, and you just wait for me over here. Here's some toys, and you play while I'm working, and then I'm going to take you out to the ballgame, or whatever..."

Dr. Dave: Sure...

Radcliffe: You can actually negotiate. But again, it's not pretend; it becomes very real for you. You work with your whole inner family in a much healthier way.

Dr. Dave: So they can learn a technique like Gendlin's focusing to do progressive relaxation with themselves and go into that "light trance" sort of state that you were talking about?

Radcliffe: It becomes very spontaneous. You only have to do it once or twice so that now your brain knows where to go. You'll find those parts pretty easily.

Dr. Dave: And then you just check in with your parts and see what needs, who needs attention.

Radcliffe: That's right, that's right. And you provide it. A lot of people are acting out, of course. They're trying to get the love they need from people out there in the world who never really provide all of it, right?

Dr. Dave: Yes.

Radcliffe: When you're a grown-up, you cannot get the healing that you need from other people. There's a time in childhood when you can get your nurturing met. Everything is open, but then something seems to close. When it's closed, other adults cannot heal your wounded parts. It's your own adult who can actually heal your own wounded child and do the best job of it, ever. You just have to learn how to do it.

Dr. Dave: Mm-hmm. I've heard of each of these elements in some other setting, but I get the sense that you've put together your own synthesis.

Radcliffe: It's true, in a certain way, but it doesn't feel to me like I've invented anything at all. First of all, the different parts of what I'm doing do come from different places, but what happens inside the client, I think that's what taught me. You're

really just asking the client what's going on, and the same thing goes on for everybody. So there's a natural healing process that happens.

Dr. Dave: And you've really learned to respect that process.

Radcliffe: Yes.

Dr. Dave: And to respect that inner capacity, that if you can lead a person through these steps, that something's going to open up.

Radcliffe: Exactly, right. So it's a process-oriented therapy in that I will put the steps in front of them, but what opens up is always an amazing surprise. But it follows the same categories. It's hard to describe, but the same sort of things will happen, but it's always unique the *way* it happens. It's quite amazing, actually, as a therapist, to sit with clients and see what goes on. It's an adventure with every one.

Dr. Dave: I really appreciate the detail, that you were able to take us through that particular case. Now, what sort of a range of difficulties or problems have you been able to address with this approach?

Radcliffe: Well, it's an approach that can work on so many different levels, so what it tends to be really good for is when there has been any kind of mistreatment or abuse or neglect anywhere in the child's, person's life – I say “child” because some of that is child abuse. But sometimes, there are adult wounds, like your spouse betrays you, and your whole system goes into chaos. Ego state therapy will help for that, as well. When you are experiencing all kinds of conflict, then you can actually show a person how to call all their parts to a table and let each one say what it has to say about a specific issue, so that the conflicts that we feel inside don't become a pounding headache. You can hear that one part wants this, and one part needs that, and one part wants that, and you teach the person how to organize help and make unity go on between... That's a different kind of exercise, but anyway, that's for simple problems, I would say. But if there's depression or anxiety – especially where there's a critical process, where the person beats themselves up and they're always, they're in the process that is either causing guilt or shame, or low self-esteem in the world of the inner family, we say it can't be a dysfunctional inner family. It has to be... well, it probably *is* a dysfunctional inner family if those things are going on, but what we need to do is make it a functional inner family, where nurturing parts support and heal wounded parts, and there is no...critical parts. There's actually a part of the personality that one of the theorists calls – it's a “critic” part. They call it the “parent mimic,” and this part tends to beat us up. So you do something, and you go, “Oh, that was so stupid!”

Dr. Dave: Mm-hmm...

Radcliffe: But if it's really bad, then you're always insulting yourself. It insults you, basically. It tells you you can't do anything, and you're no good, all that critical

process. The rule for a healthy family is that no verbal abuse can occur. You don't want verbal abuse to occur in your home; you don't let your kids attack each other, and parents don't attack kids. So in your inner family, that can't happen, either, and if somebody is in there, attacking, then that part needs to be excluded temporarily while it receives therapy. And I sort of send this part with the inner therapist to outer space and protect the part that has been so beaten up or assaulted verbally. Sometimes, we'll use domes, like a protective dome, to shelter parts from other wounding parts. But most often, I just stick that critic in a box and send it to outer space with its inner therapist, and, "Come back when you're healed."

Dr. Dave: Fascinating. Well, you've done such a wonderful job of both giving us a cognitive map of what you do. But also, I think, a good part of the *feeling* of what you do has come through here, and also of your creativity in the ways that you apply it. So I wonder, as we wind down here, is there any last thing that you'd like to say that maybe you haven't had a chance to get in?

Radcliffe: I guess one of the things about this is just that there's a parallel between this work and the family therapy work that I like to do, too. You started off saying, well, I wrote that book on parenting, and this is really a different kind of work. But I actually see it much more as similar, as opposed to different, because the outer family dynamics – that is, real parents and real children – you want them to have a healthy, supportive, nurturing family. And in the inner family, you want to treat your inner parts the way an excellent parent would treat their children. So you need to be able to listen and to accept all the inner feelings without judgment, and really, the processes are very much the same. Certainly, one of the things that made me want to write that book, *Raise Your Kids Without Raising Your Voice*, was that the whole concept of abuse in the outer world and its effects on the inner world – because it's just totally mirrored there. If you've been mistreated, then your inner world does become a dysfunctional family, and it needs to be healed. So it's all the same. That's all I want to say. I think it's all the same, outside and inside. I just want to have a peaceful, loving world.

Dr. Dave: Okay. Well, Sarah Chana Radcliffe, not only thanks so much for being my guest today on Shrink Rap Radio, but also thanks so much for being a listener. You can imagine how it warms my heart to have such accomplished listeners as yourself.

Radcliffe: Thank you. Thank you so much for having me.