

## The Essence of Healing with Art Mones

Today on Explorations in Psychotherapy, we are so happy to welcome Dr. Arthur Mones. Dr. Mones is a diplomate in clinical psychology with over three decades of experience as a therapist, teacher, and clinical supervisor. He's been on the faculty of the Adelphi University at Derner Institute postgraduate training program in couples therapy. Previously, he served as coordinator of Marriage and Family Therapy training in the doctoral program in clinical psychology at St. John's University and was a faculty member of the Long Island Institute for Psychoanalysis and Psychotherapy. He's an approved supervisor of the American Association of Marriage and Family Therapy and is a certified Internal Family Systems therapist. His publications include *Transforming Troubled Children, Teens, and Their Families* and *Internal Family Systems Model for Healing* and the Kids' World Psychotherapeutic Board Game, along with a therapist guide to kids' world. He offers workshops and consultation groups on the essence of emotional healing. Today we will be speaking with him about his most recent book, *The Essence of Healing: A Quest for a Metamodel of the Psychotherapy of Trauma*, published in 2021.

**Alexia Rothman:** So, Art, thank you for being here with us.

**Arthur Mones:** Yeah, thank you. Thank you.

**Anibal Henriques:** Welcome back Art. We met for a first talk in November 2019. Back then, we focused on your IFS writings, specifically your work with children, teens, and families reflected in your 2014 book, *Transforming Troubled Children, Teens, and Their Families*. We also focused on your view on IFS as a meta model in psychotherapy, and today we celebrate your 2021 new book whose title is *The Essence of Healing, a Quest for a Metamodel of the Psychotherapy of Trauma*. So, congratulations Art, on another great IFS inspired book and the book also inspiring IFS, I would say. Art, you have been publishing in our field for more than 25 years now, and since the very beginning of your journey as a writer and a researcher, we can see a concern with couples, families and their children. In this recent title, in our perspective an amazing historical review in the field of family therapy and beyond, you start off describing your quest for the essence of psychotherapy and a reference to a paradigm shift. So, what is this paradigm shift Art?

**Art:** Well, I would say dating back to graduate school, when I first was getting involved with psychology, I didn't quite buy into that. There were separate models of psychoanalysis, CBT behavior therapy in those days and I kept bothering my professors saying, I think there's a larger view. And they said it was kind of interesting, but here's the curriculum. So, since then, which goes back to the mid-seventies and in quest, this crazy idea that there is this wider view and a meta model basically looks at the big picture. It does it, and on one theoretical approach, and in fact, if it lands on a theoretical approach, I think it gets us into trouble. Then I found Dick, I guess the first exposure was going to Networker conferences in Washington DC and Dick was presenting and I said to myself, this resonates with what I've been looking for. And I don't think

## The Essence of Healing with Art Mones

Dick was presenting it, the meta model still. Wasn't really, but I see it as just covering, you know, what the elements need to be, to accomplish healing.

**Lexi:** That's actually what I was just gonna ask you about. You have this view of IFS as a metamodel, which in my understanding was that that means it's a truly comprehensive model of psychotherapy that includes all the key elements necessary for healing. So, I was wondering if you could talk to us about some of those elements.

**Art:** Sure. I think the main element is that it makes this paradigm shift, as Aníbal was describing, from a disease model that there's something not right about the client to we have a client who is trying to adapt to what they're handed in life, which always, in my opinion, includes some level of trauma from small to large. So, that's really the big shift and that shift flows into, you know, what it is and that becomes healing.

**Aníbal:** And then the acceptance as well somehow, Art, because with the depathologizing stance it will come also the acceptance that we can feel when we practice this model, right?

**Art:** Right. Exactly. Exactly. Yeah. So it shifts from what really most models tend to do, I think incorrectly, from a view of pathology to a process of depathologizing, you know, that you're not ill, you're trying to adapt to life events and it's very hard for the field, I think, to fully grasp that. And it's very hard for clients who are kind of embedded in this psychopathology to grasp it and use it to lift out of this psychopathological view of what they're struggling.

**Aníbal:** That also can hurt them, right?

**Art:** Yeah, yeah, that's right.

**Lexi:** It's so honoring of the adaptive nature of their responses to the context that they're embedded in rather than the typical model, pathologizing approach. Yeah.

**Art:** Right, right. In the past few years, I decided to challenge myself a little bit because when I give a workshop, a class, I'd say almost always it's received enthusiastically, you know, as you've experienced with IFS, people say, that's kind of neat, but there's a small sample of that group whom I teach or supervise who don't buy into it. So, rather than just say it fails with that group, I started to interview, like call back therapists who I work with, you know, and were teaching to and ask them what's the story? What is it that leaves you cold or leaves you unsatisfied? And I'd say the basic answer that I get is around this pathologizing piece of it where IFS doesn't work immediately, you know, great model, but it doesn't work like magic. So, these therapists tend to conclude and the therapists themselves feel that, so the therapists shift back from a hopeful, depathologizing stance into what's wrong with this client, which leads back to calling a psychiatrist, medication, you know, with kids, placing them in treatment facility, you know, those kinds of things with certainly good intentions, talented therapist, but they seem to

## The Essence of Healing with Art Mones

be pulled back out of it. It was very helpful for me to get those answers because it then leads us to say, well, are we or me, you know, we being true to our nature and saying, well it really works, but it doesn't work in this case, it doesn't work in this case. So, it's something very important for us to grapple with.

**Lexi:** Yeah, I love your curiosity in investigating what their kind of opposition or their struggle was with that. And we see that a lot I think, in people who are new to the IFS model, you know, if at first they don't see it working right away in the way that they imagined or, you know, they were hopeful that it would, kind of running back to the safety of the familiar and unfortunately pathologizing models and, but what you did with these individuals is just bring that curiosity to their concerns, which is what helps when we bring that curiosity to our client systems, if something doesn't seem to be working at first, and if we can help our parts that are getting scared by that or disillusioned by that to give us the space to stay curious, then whatever's happening in the client system starts to make sense and we can work with that.

**Art:** Yeah, very well put. Very well put. Yeah, that's exactly it. You know, the challenge, as I say, would be to try to figure out why is it not working? You know, what's getting in the way.

**Anibal:** Art, you have been speaking of IFS as a meta model, you say in one of your writings, this integrative meta model combines wisdom from psychodynamic, structural, bowenian, strategic sensory motor and solution focused models with IFS therapy. It's a model, you say, a model grounded in the traditional measures of empiricism that conceptualizes mental health and therapy that use symptoms as adaptive reactions and focus on essential aspects of healing that are consistent across modalities. You also say Darwin and Freud provide the basic foundation of what are the pillars of this metamodel presented here, the notion of adaptation and survival, the existence of the powerful undertow of early memory and experience and the existence of internal parts. What else could you say about this idea of IFS as a meta model and how does that help psychotherapy or psychotherapists this idea of a meta model?

**Art:** Well, I think it's very useful to trace back, I would say that Darwin's work on, you know, the notion of that all species adapt to their environment is very key to all of this. So, we bring that in. I would say that, you know, the book is about the model, it's also, if you noticed, a little bit of a memoir of mind. And part of that memoir is that along with all the trainings that I've done/received, I've read tremendous amount of Darwin's works that have inspired me, and I think are directly applicable to the meta model that we're looking at.

**Lexi:** You speak often in the book of first order and second order change. And so, I was wondering if you could just maybe define those concepts and speak to what kind of change is being facilitated by IFS as a metamodel of therapy?

**Art:** Yeah, so most models promote first order change. So, there's a symptom, try to relieve it or there's a symptom, try to reduce it. And it's basically, you know, these words start to sound

## The Essence of Healing with Art Mones

alike, but first order of change is basically a medical model, which can be very helpful and defining for our communication as professionals, what is it that we're dealing with, otherwise, you know, we have DSM, which we could take, you know, we could challenge, but it does help us with definitions of what we are dealing with. Second order change is really what the field of family systems brought in, which is we're not looking at solving, bringing forth the removal of symptoms. We're looking at shifting the system family that is the context to which the client is trying to adapt. So, it's a very different approach and I think a very powerful way to look at therapy.

**Lexi:** So, in that sense, even what we're doing in IFS, when we're actually bringing Self and that Self-led compassion to the parts, it's like second order change internally, we're shifting the internal context that these parts are surviving within. So, between bringing Self to the parts and then also bringing the Self-led presence of the therapist to the client and how they're held in that external context.

**Art:** That's right. I would say that the ones bringing Self to client is an example, a very powerful example of second order change. First order change would be, you know, applying self-critical managers or quick fix firefighters, all things that try to get rid of or diminish the struggles that the person has. But second order change means a whole different level of love and healing for the client. Now, you know, in some of those answers why people who didn't resonate, by therapists who didn't resonate that much, they say that not all clients receive it that way, which is true. So, you know, a really important piece of all of this is why not? Why will apply and not buy into love, right? Everybody should be able to be receptive to that. But you know, there are lots of different pieces. There are pieces, whether you're doing individual therapy, as I said, dealing with someone who's overloaded with managers or someone who's overloaded with firefighters. I would say it applies to couples work where one partner will be blaming the other partner and not seeing that they need to look at their own struggles and vulnerability and similarly with kids and parents and kids don't fit the image of what their parents expecting. Parents' exiles themselves are getting triggered. So, it's just not so easy to say the therapist's Self is there. And then I would say more than anything else is the, I guess I would put it as what happens with what we call in our medical or first order model as personality disorders. You know, why is it so hard to treat people we label as borderline or narcissistic or, you know, we don't create such magical healings or quick anyway, magic healings. And there, I believe, we're dealing with attachment injury so that if you as a therapist are offering this loving nature which should be healing, the client who struggles with attachment injury or gets flooded by issues that they're dealing with, either past or present, kind of reject the ability to receive Self-energy.

**Anibal:** Art, in your book you have a chapter called *Working with the Meta Exile Shame*, this title caught my attention. You start by quoting Brené Brown on shame and guilt when she says, "the difference between shame and guilt is the difference between I am bad, and I did something bad." After naming exiles as our vulnerability, our container of trauma that we carried for a long

## The Essence of Healing with Art Mones

time, you start to focus on shame, which you say is one of the least comfortable of exiles. So, why is shame a meta exile, you call it a meta exile and how should we work with shame?

**Art:** Yeah, that's a great question. I think that if there's a meta model of exiles and exiles are our target really for the healing, shame will be basically experienced as a diminishing of the person so that, you know, low self-esteem will get generated from it and just, you know, the absorption of messages both verbal and nonverbal. So, if a child has a sibling who's great at school and, you know, that client feels badly and shame about who they are. And same thing regarding shame with parents, friends. So, we carry shame in a very burdened way that affects everything. Plus, those of us who have been further injured by, I guess what I call it, intentional shaming. You know, not just a sibling who's good and lucky and I'm not so good, which goes throughout so many areas of life. But intentional shaming would be, you know, say a sibling who taunts the child, you know, tells them that they're inadequate in one way or another. You know, that German word *Schadenfreude* where one person gets pleasure from the hurting or injury of the other and very often are brought about by, as I say, siblings, peer group, anyone really. But you know, if we experience that it's very, very painful. Just very, very painful.

**Lexi:** Yeah. And all that pain then that's being held by those wounded exiles, the protectors are just not okay with that flooding our system and overwhelming us. So, in those systems that are holding so much deep shame, we see so much protector activity, which takes us back to exactly what you were saying about those who technically could be, I guess, diagnosed with personality disorders.

**Art:** That's right, that's right.

**Lexi:** Protection for good reason. They've been really wounded.

**Art:** Right. So why should I believe this therapist...

**Lexi:** Who says they care about me...Yeah.

**Art:** ...I'm good. You know, that's basically what we're trying to convey and I do believe that that's accurate, that the person is good and has love to offer the world and all that that brings, you know, I think as you say, that would feed into the attachment injury. Shame, I think, I believe, covers all the exiles.

**Lexi:** We're talking here today about the essence of healing, key elements required for effective psychotherapy that would promote healing. So, I'm just curious, in your view, what would healing look like? So how would we as therapists know if healing is happening for our clients, what would we notice? What might our clients notice if healing is happening?

## The Essence of Healing with Art Mones

**Art:** Yeah, very important question and observation. I would say that basically you would see a lifting of constraints regarding what they carry. So, it ends up being an unburdening through that process. By definition, in IFS, it would be a lift of constraints, then more of what we do, you know, bringing out Self. So, you know, it's not the easiest question to answer to tell you the truth, but you do see, and I'm sure you've experienced this, this greater degree of freedom with clients and you feel in the relationship, you know, but it's a really great question because it's not the easiest experiential piece to describe and create, but basically it is that freeing up.

**Lexi:** Sounds, those constraints are lifted. I guess the protectors are able to maybe come down out of their extreme roles so that they're not constraining access as much to Self and that Self-energy is more available. It seems like, you know, something I was getting from different places in your book I guess is that it is just that point when the inevitable triggers happen in life that everyone will face, it's easier for that person to come back into maybe a regulated or Self-led place. You know, when their protectors are not as reactive anymore, when their exiles are not in a burdened unhealed place, it's harder to have them become dysregulated by the triggers and easier to step back into regulation, right?

**Art:** Yeah. That whole piece, which brings us back to the personality disorders, you know, at the beginning there's the dysregulation, you know, and we'll get emergency calls and we'll get, you know, all kinds of difficulties that are reported by the client. But as we move along, they will, the client themselves will provide that regulation.

**Lexi:** Exactly. Where they can show up for their own parts who are activated by something. Yeah. Thank you.

**Art:** You're welcome.

**Aníbal:** Art, in your book, another chapter called our attention, the one you called *Meditation and Healing*. You quote Jon Kabat-Zinn "meditation is the only intentional systematic human activity which at bottom is about not trying to improve yourself or get anywhere else, but simply to realize where you already are. Wherever you go, there you are." Then you say "the therapy experience is like acoustic music in a heavy metal world, it is quiet. You are listened to and not talked at. We are not selling anything but peace of mind." You say, "in the metamodel, even your disturbing symptoms are seen as well-intentioned attempts at survival, the functional hypothesis," and beyond this, "the client is invited into a state of meditation". So, Art, what is this role of meditation in the healing process?

**Art:** Yeah, I think just that, Aníbal. You know, for my own experience this past year going through what is now, you know, a corporate medical system that, again, with very good intentions tries to heal, but the key piece is way beyond me. All you have to do is read the front page of the newspaper and listen to MSNBC on how much clamor there is in the world and how much difficult every day, you know, we're hit and I don't know if you do this, but I certainly do

## The Essence of Healing with Art Mones

it myself. I've had that with clients where we'll just take a break, take a fast from the news that keep hitting us. So, I see therapy as presenting an alternative. I also talked about the book *KTBB, Kiss the Boo Boo*, you know, talking about it everything we're saying today, but it's, you know, our reaching the client emotionally. I think the example in the book is the kid's running and falls and freezes and the parent will give him a kiss. He goes immediately from dysregulated to regulated, just a shift. And one helpful thing to do is to ask your clients, is your life one where you received kiss the boo boo much? And some will say yes, some will say so, so, and there have been clients who tell me never, you know, which is sad, but there's a good number that answer that way.

**Lexi:** I was thinking when you were answering the question about the value of being in this somewhat meditative space during the therapy process. I was thinking of something I heard Cece Sykes say once, as you know, is a wonderful...

**Art:** Oh, yes.

**Lexi:** And she said like enormous things happen when you just listen inside and you were talking about how, you know, we're just barraged all the time with the news and all of these stimuli constantly. And as you're answering the question I was thinking yeah he's talking about just what a gift it is, you know, for all of that to stop for a bit and for us to turn inward and actually be able to focus inside and hear from our various parts that are suffering and struggling and need that kiss the boo boo and other kinds of attention, you know? Yeah. So, I had a question. One of your major contributions to the field has been around the concept of the functional hypothesis. So, I was wondering if you could tell us what that is and why you think it's so important to effective psychotherapy?

**Art:** Yeah, well, functional hypothesis is how the therapist can help with the observation that what the client is doing is not pathological, it's adaptive and it's really where I think centerpiece of therapy lives. So, I tell people who I work with, professionals, that's where you should place yourself, to be listening and to ask questions, you know, the key question which I call the constraint question, and it was originally put forward by Doug Breunlin, was a friend of Dick's, which is brilliant, you know, to ask what would happen if this, what would happen if that, so what would happen if you gave up the manager or the firefighter or whatever it might be, you know, and it goes for relationships too, for couples and kids. And it's a very, very key question because the history of family therapy was one where we kept looking and creating what we called paradoxical interventions, but in a lot of ways that shamed clients, you know, is there something I'm doing wrong? And happens all the time in psychoanalysis where the psychoanalyst will put forward some idea, again, meaning well, but it puts forward an idea that kind of blames the client for what's wrong. So, getting back to the functional hypothesis and constrain question, it's really very, very powerful to see how the client can begin to shift the view of it. And it's great and it got around the shaming issue.

## The Essence of Healing with Art Mones

**Lexi:** That's just what I was gonna say exactly. It's so shame reducing, and IFS just seems, I was reading, you know, in your book about the functional hypothesis and thinking, oh no wonder you have such appreciation for the IFS model. It just seems like a such a wonderful way to get at that, you know, when we're interviewing and we're connected with the protectors, getting the clients connected and asking them that constraint question, what are you afraid would happen if you didn't use these protective strategies? And then we hear their fears and you had some line in your book when you were saying when Self befriends these lifelong protectors and emotionally experiences the functional hypothesis, the adaptive survival function of such parts, then healing is well underway. And that was so powerful for me because it's one thing to intellectually get, okay these protectors are doing this because, you know, they're afraid this would happen if they didn't. But when a client is in Self to part connection and it lands with them and they emotionally experience, you know, they're in connection with other person with this part who's been using this strategy because that's the best they knew to do in the context this person was embedded in to help them survive and help them adapt to their circumstances and the client gets it from Self and the protector can feel the appreciation coming from the client. So I love that you said, just that piece about emotionally experiencing the functional hypothesis that just stuck with me even as a therapist when it lands with me on a deeper level than just a cognitive understanding of okay, this is why this protector and this person is doing this. When it actually lands with me emotionally...

**Art:** It hits the target really.

**Lexi:** Yeah, it does. You know, I was just wondering, when a therapist has developed, let's say you're working in child centered family therapy and a therapist has developed functional hypothesis, do you recommend that that's actually explicitly delivered by the therapist, let's say to the parents of the child? Or how do you recommend that happen?

**Art:** Yeah, it's a good question. I think the answer is that it varies. I think it has most potency when it comes out of questions that you ask and kids are great, you know, kids figure this out and can be guided to talk to their parents about it. But I'll listen to the capacity which sometimes changes over the course of a treatment and I might say, because the great thing about constrain question is the parent will land at a place where they say, oh, the therapist is saying that my kid is good, you know, so I'll do that too. But I think, you know, as typically would be the practice, most powerful application of IFS it would come out of questions, you know, what do you think, you know, what would happen if you did your homework, what would you be worried about? You know, things like that on a kid's level and they're graded, you know, telling me my parents give me an easier time... But that they say some other things that indicate that it's not so simple.

**Lexi:** Exactly. And that's helpful. Thank you.

**Anibal:** So, Art. In your book we can find a chapter called *Treating patients who have done bad things*. You opened the chapter with a quote that says, "every time you mistreat someone, you



## The Essence of Healing with Art Mones

reveal a part of you that lacks love and needs to heal”. Then you say that “some patients in therapy experiencing the safety of the treatment relationship venture cautiously to disclose the history wherein they have physical, verbal or sexual abuse of a family member or non-family member”. How challenging can it be, Art, to welcome those clients?

**Art:** Very, it's a good way to put the question, Aníbal, it's a very big challenge. I think, or I know it's helped out my own belief system that the person is basically good and that they're dealing with emotional injury that they have suffered. So, those clients, I would say, typically are long term clients, because they have to, they hopefully will learn that I'm with them, you know, I'm not here to be punitive, I'm not here to lock them up or even many years ago when the clinic that I worked at sometimes got referrals from child protective places, it's very tricky because you as a therapist are protecting other family members. But my feeling is, and it did work to just really hang in there and bring out what I knew was loving energy, you know, and then there is the other end of the spectrum where I'll deal with people who were physically or sexually abused and can actually be able to bring out their own goodness and cultivate those parts above all else, over all these years. I'm amazed, I'm always moved. I mean physically, emotionally moved to see that people can move, shift beyond the horrible things that have happened to them. But it's very difficult.

**Aníbal:** Thank you.

**Lexi:** You were saying earlier how like in part your elements of this book that are a memoir too, and I loved so many of your stories and one in particular that was kind of delightful was when you met with Milton Erickson in 1977 and you asked him why all of his clients seemed so compliant when so many of yours were resistant. And he said, you know, he said there's no such thing as a resistant client, only a therapist who has limitations on adapting him or herself to the challenges being presented. So I was thinking, you know, in IFS when we see what other models might refer to as resistance in our clients, we understand that as the activity of the protective parts and some of those parts, you know, their job is to keep the clients safe. So sometimes they're putting up roadblocks to our therapeutic work. So, I was just curious about your thoughts on resistance in therapy.

**Art:** Yeah, I mean Milton Ericsson, I believe, also changed the paradigm when it comes to, you know, understanding what resistance is. You know, he was a hypnotist but like no other hypnotist, he lived in this therapeutic world of leaving the possibilities of clients and all the things that we're talking about. He was a kind of a kooky guy, but he was very, very gifted. So, what do I think resistance is? I think it's probably closest to what IFS calls polarization, you know, where there's a clash internally, like, could be a manager with a firefighter Aníbal, you could be speaking about couples, you see it all the time with couples where there's a clash. You know, if you would only change her my life would be easy. Basically, what they're talking about, you know, she is misaligned with who I am and guess what answer he gets? She tells him, well since you're mentioning it, you could change a few things yourself. So, but I think that

## The Essence of Healing with Art Mones

resistance really is the clash of these misalignments and polarizations internally and interpersonally.

**Anibal:** Beautiful. Art, in your chapter called *unburdening the residue of trauma*, you refer the role of Franz Alexander's corrective emotional experience, and you also refer to the recent work of Ecker, Ticic and Hulley who proposed the therapeutic process called memory consolidation that delineates the healing process. So, Art, would you say that in this unburdening process so unique to IFS and therapeutic models based on western traditions, do you see both Franz Alexander's corrective emotional experience and memory consolidation?

**Art:** Well, I think the memory consolidation process is brilliant and really distills, you know, so much of what IFS does. I think Dick is coming around to recognize that, that it's not a competing theory at all, that it's really complimentary that they both work as a team, those processes. Yeah.

**Lexi:** We were talking before about how one of the main goals in IFS is helping clients to be able to kind of release the constraints to their Self-energy and I was wondering what you see as the qualities of an effective therapist that could help clients to facilitate the constraint release process, you know, helping their protectors to be able to open space.

**Art:** Yeah, well first of all I wouldn't so much differentiate what our process is from our clients' process. And, as you well know, IFS training is about our training, right? You know, it's not like you go to a lecture on DBT and they give you a list of what you could do with your clients. Not that that's not helpful, but this is, you know, so different, whatever it is, six weekends of training you will come to be less constrained yourself. So, I don't think that there's much of a difference, in that process. Otherwise, I would say the two of you have it, you know, you bring the, certainly IFS talks, brings curiosity, good listening and that hard to capture but very essential tone of voice, of prosody, where the way you communicate is received very lovingly. So, you get very high checks on that.

**Anibal:** Thank you.

**Lexi:** I was somewhat interested actually in comments you made in the book about the importance of prosody because back many years ago I did a number of years of research on nonverbal communication in the lab of Dr. Stephen Nowicki at Emory University. And primarily my research was on tone of voice. And so, it was really nice seeing that in your book that acknowledgement of the importance of tone of voice in creating safety for the client system and facilitating the healing. So, I found that interesting, I'm glad you mentioned that again.

**Anibal:** Art, another chapter in your book that caught my attention is the one you called *The Psychology of Biology*. You start with quoting Chris Hodge when he says, "you can't make a difference without being different". You say, "Psychology of biology has much to do with

## The Essence of Healing with Art Mones

variation and the way in which this variation is received by parents, teachers, and peers that will lead to one sense of satisfaction with the hand that they have been dealt. What was your intention with this title, Art? *The Psychology of Biology*.

**Art:** You know, it comes out of so many questions by people, myself included, over the years as to whether, isn't that just a physical issue? Why are we, you know, what are we trying to do with this? And I would say, getting back to babies or even newborns, you know, when you look in the neonatal unit you see kids who are, you know, very docile. You see kids who are very active. Yeah, kids who are closing their eyes, the whole range. Not to mention brown hair, blonde hair, all kinds of stuff like that. So, I began to think that it would be helpful for therapists to keep in mind the variation among us and how that variation is received. So, a parent may be very excited, or a parent may go into an exile spin, you know, if the kid is very active and that mother or father was, you know, just not receptive to it. So, I think it's important to keep in mind to ask about, to normalize and also getting back to the issue shame, you know, how is my parent regarding me if I look like this or I look like that. Now, an important piece of it is, you know, will IFS or any therapeutic model be able to change things like ADD, which you could say is biological on some level there's, you know, it's hard sometimes to differentiate it from anxiety but, you know, just like the question that we often ask, how is that trait of your child affecting you? And it becomes a systems issue. Yeah. So, it's an important piece because very often, you'll get that question from I guess more a parent who is trying to have you change the kid. And I think it's really important to try to work with that, I don't know that I'm gonna be able to stop him from being highly active, but I can, I know I could be successful in having him feel good about what he brings, and also how hard this is for you because it's a misalignment there.

**Lexi:** I think what you're saying that's hugely important. You know, when a child presents in a certain way, whether it's because of their biology or other reasons that it's activating to parts of the parents like you were saying, then the parents, when they react from those parts that can bring shame, you know, and the child not feeling fundamentally good about who they are. So, what you're saying and helping the parents do that U-turn and notice how their child's traits land with them, working with the parts involved so that they can show up from Self and just receive and even celebrate their child. That's a game changer for the child and for the parents. And if their particular parts and parents that are reactive in some healing work is done with that, then they may just not even be as reactive down the line.

**Art:** Absolutely, that's right on target. Look, when I first became a child therapist, that's how I entered the field. You know, most parents have managers coming out like crazy to the kid and to me too. How do we stop this? I would ask myself, yeah, why are they coming to a therapist? I'm not sure I could really fully accomplish this. But when I shifted to more of a systems approach, which is the second order change, it really helps. So, when I mention something to one or both parents, like it's really hard, they present issues that are very difficult for you, for the teacher. And I would regularly go into classrooms and work with the teacher. The idea would be that, you know, it's really not a matter of our changing it but of getting the relationship into

## The Essence of Healing with Art Mones

a healthy place and it makes a big difference. And what I would say is how would you feel if the goal would be to have your son feel good about himself? You know, it's a question they can't refuse, you know. It works.

**Lexi:** So, you mentioned in your book that an important link to the meaningfulness of being a therapist is treating people who are less privileged in our society. So, as individual IFS, therapy can be expensive, can be difficult to access, I'm just curious if you have any suggestions for how IFS therapy can reach those who are economically disadvantaged and don't have the resources for individual work?

**Art:** It's a big question because I think the IFS community, which has been trying hard, hasn't been that successful. I don't mean in treating once the client will come in but hasn't been that successful in recruiting therapists. We have to wonder about that. I think basically, you know, economic deprivation or you know, immigrant status or questions that lead to a powerlessness for the family. So, it kind of gets back in a similar way to what we were just talking about the psychology of biology. Where am I or you going to change that societal struggle which lands, you know, a place that can empower family, will it stay stuck? And in a lot of ways it's part of the model but it remains a bit outside of the model. Because wouldn't you say that the needs of such families are such that they need case services? So, it's very hard to focus on the IFS work. Not impossible, but if the backdrop continues to be how do we get by day to day, I think there's a need, you know, it's kind of where social work started, as a clinical entity decades ago and did well. It wasn't such a therapy model, but it was a case-oriented model and we're not doing that too well. I don't think.

**Anibal:** Thank you, Art.

**Lexi:** Thank you

**Anibal:** Arthur, thank you so much for being here with us today. Such a lovely talk and again, congratulations on your new book, *The Essence of Healing: A Quest for a metamodel of the Psychotherapy of Trauma*. And we wish this title a great, great journey ahead and it was a joy to be here with you and Lexi and we hope you can keep meeting and sharing this model, our work and our lives. Thank you so much.

**Art:** I want to thank the two of you for asking great questions. You really captured or got me to try to capture what I tried to put forward in my work. And you did a great job, Anibal and Lexi, and the IFS Talks are just, as I said at the beginning, wonderful offerings for our community.

**Anibal:** Thank you.