

Response to 'The Cut' article on IFS

An article claiming to expose Internal Family Systems as a 'dangerous therapy' appeared in a New York Times online publication, The Cut, in October 2025. There are numerous inaccuracies and issues with its characterisation of IFS, and this is my response to it.

THERE'S been quite a reaction to writer Rachel Corbett's sensationalist article, *The truth about IFS, the therapy that can break you*, and I have many problems with it - both as a former newspaper sub-editor, and as a psychotherapist for the past 16 years. Briefly, it condemns IFS therapy primarily on the basis of allegations arising from one counselling centre and its spin-off facilities; it includes many statements and claims about the IFS model that are misleading or not accurate; it does not include any rebuttals from IFS therapists not attached to the Castlewood centre; and it seems biased in favour of the medical approach to mental health and trauma.

Corbett leads the article with the father of a teenage girl who attended the IFS treatment centre in question - Castlewood, in the US, which has since closed. Bobby Lerz's claims and feelings are front-loaded in the article, where he alleges his 16-year-old daughter became a stranger to him within four months where she accused him of several sexual abuses. He was cleared in a subsequent investigation. The daughter stands by her allegations, and her mother supports her.

This case - one of four lawsuits taken against the centre in 2011 - is used by Corbett to cast IFS as some kind of weird and risky therapy; and from early on, the reader is given the impression it isn't a serious approach. IFS is presented as 'popular on TikTok, and with celebrities'...while the weight of opinion is placed on what the 'scientific community' thinks - psychologists

and psychiatrists are apparently the ones who know best. But more on this later.

Sensationalist

FIRSTLY, my main concern about an article like this is that it might deter potential clients from availing of this transformational approach, or that it might cause a lot of fear or doubt in those already in IFS therapy. So, there are several aspects I'd like to offer clarification on:

- In any walk of life, there will be bad actors or perhaps just those who are well-intentioned but inexperienced, and IFS is no different. It does sound like there were substantial issues with Castlewood, but this is a problem with the centre and its staff; not with IFS as a whole.

For one thing, it's easy for any good IFS therapist to see that **IFS was not being practised at Castlewood as intended**, certainly if we are to go by how this article describes it. Former patients say they saw women 'crawling around like babies' or running in circles, screaming. This is not IFS therapy as I know and practise it - it sounds more like dramatherapy, and it sounds wildly uncontained rather than expertly guided. Rest assured, IFS therapy looks just like any other therapy, in that you would just be sitting on the couch.

- There are also several claims of **false memories** being 'implanted' in the Castlewood patients. Again, this is not what IFS does; and this is not what a good IFS therapist would facilitate. But the claims seem to arise from the not uncommon misunderstanding that we encourage clients to use their imagination - to create parts and come up with scenarios.

Here's one paragraph that highlights either the client's misrepresentation or misunderstanding of what she was being asked to do ..or indeed the therapist's poor implementation of the model:

Another former client at Castlewood says she observed the effects of IFS in real time during group sessions. A therapist might ask, “If you have a part named Jane, does this part Jane have a favorite food? Does this part have a favorite color? Does this part talk differently? They would almost suggest things, and all someone would have to do is be like, ‘Oh yeah, maybe she talks like this,’ and in creating this person in their head, they believed it themselves, too,” the former patient recalls.

A competent IFS therapist would not ask ‘*IF* you have a part...’. They would not guide a client to *create* a part. **IFS is not about imagining; we are not making up inner characters.** What we do is help someone - through the use of a very specific model with tried and tested protocols - to focus inside themselves and find the parts that *already exist* within them.

- **IFS also does not ‘split someone apart’** - the article makes several references to splitting. We do not create or break people up into parts, because human beings are *born* multiple: ie. we are not naturally a single ‘I’; we come into the world with our parts and Self. IFS therapists simply help people to get to know, talk to and heal their parts.. and that’s what ultimately leads to greater inner harmony. And before the rise of the medical model in mental health treatment, this wasn’t a controversial view, ie. the fact that we are naturally multiple.

However, such a lot of fear is created in society and also among mental health professionals about experiences like psychosis or ‘disorders’ like ‘borderline personality disorder’ or ‘dissociative identity disorder’. Note the references in the next paragraph from the article to ‘destabilising’, ‘unstable sense of self’, ‘risks’, ‘splitting apart’.

For patients with vulnerabilities like complex PTSD, disordered eating, or psychosis — many of the very people IFS practitioners are taught to treat — the therapy could destabilize already fragile mental states. An “unstable sense of self,” for example, is a defining feature of borderline

personality disorder, a condition that commonly occurs alongside anorexia and bulimia. Last year, Lisa Brownstone, a University of Denver psychologist and eating-disorder specialist, co-wrote a report that raised questions about the risks of IFS. Brownstone had become alarmed after multiple patients appeared “disorganized and confused by treatments they had received from other providers that were IFS or IFS-informed,” she says. “The process of splitting apart and having them speak from different perspectives within themselves can start to make it even less clear what their reality is.”

But the experienced IFS therapist knows that the symptoms that such clients experience are **not something to fear. This is the potential transformation that IFS offers to our mental health services.**

We know that a person who is, for example, hallucinating, likely has a hard-working protector part - likely a firefighter - that is just trying its best to distract them from extreme exiles - ie. parts carrying considerable pain. We would talk to, negotiate with and offer hope to such a protector part - and there would likely be other protectors we would also need to talk to - until they relax enough to meet the client's Self and then give their permission to go to the exiles and heal them. It's a process that takes a lot of skill and time; but is preferable to the current mainstream treatment - ie. a psychiatrist prescribing brain-shrinking antipsychotic medication (see critical psychiatrist Joanna Moncrieff's book *The Bitterest Pills: the troubling story of antipsychotic drugs*).

Another quote I'd like to highlight regarding fear-mongering:

Most of Castlewood's methods, starting with its use of IFS and the focus on trauma, contradict the prevailing playbook for treating eating disorders. Anorexia has the highest mortality rate of all psychiatric disorders, and the standard treatment focuses on stabilizing patients via family-based therapy, nutritional interventions, and diet-focused sessions, according to the American Psychiatric Association. Dredging up harrowing memories can overwhelm already fragile psyches and may lead to self-harm, substance abuse, or other unhealthy coping behaviors.

Because we didn't know about the internal family system until Schwartz's model, it was understandable that we took a cautious approach to treating trauma and what we did until IFS seemed to make sense - treatment was carried out in phases to avoid retraumatisation, and there was a lot of emphasis on teaching self-regulation techniques to 'stabilise' someone before approaching the trauma. This has been the dominant approach. **However, everything changes when you consider parts.**

We now understand that if we focus on so-called stabilising, we are essentially ignoring many other important parts of the client. Focusing on diet and 'self-regulation' is essentially adding further to the burden of our manager parts to keep us going and to keep the other protectors, the firefighters, under control; while exiles are not reached.

Managers are relied on to exercise enough willpower to keep the firefighters under control, which is a temporary 'fix' at best. And in IFS therapy, it's a general trend we see that the stronger the managers have to be to keep control, the stronger the firefighters have to be, too, in order to ease the pressure of all that managing on the system. In other words, the often difficult impact of the firefighters eventually gets worse.

The quote above also implies that we go directly to the trauma in IFS therapy, but in fact IFS therapy also takes a careful approach. However, it does it in such a way that **it doesn't ignore other significant parts of a person's system**; IFS respects the whole system.

So, in the case of eating 'disorders', we understand that there is a complex interplay of protectors behind the problematic or extreme symptoms that are commonly seen - as IFS addiction specialist Cece Sykes and IFS eating disorders specialist Jeanne Catanzaro have written about. And instead of trying to 'fix' these behaviours or beliefs somehow, we get curious about the good intention behind the parts driving the behaviours or beliefs; we focus on facilitating the client to get into relationship with these parts; and, as always, we hope ultimately to reach the exile parts that give rise to the protector strategies and heal them so that the protectors can finally give up the roles in which they are stuck.

- There are also glaring examples of flawed research used by Corbett to call the safety of IFS into question:

“Last year, Brownstone and two researchers added to the growing body of work looking into IFS and its popularity in the field and social media in a paper they published with the Society for the Advancement of Psychotherapy. They argued that even if high-functioning patients probably won’t develop multiple selves while exploring their “parts,” and plenty find it a helpful framework, it’s too untested a practice to be considered a safe form of psychotherapy. “Our concern is that encouraging splitting of the self into parts for those who struggle with reality testing might be disorganizing,” according to the paper.”

I’m not sure how the findings from researchers who clearly don’t even understand the basic premise of IFS - that we are born multiple - can have any credibility. In addition, IFS is the safest form of therapy I have practised. This is because we carefully follow and respect the wisdom of a person’s system - a key tenet of this being that we talk to and negotiate for permission with protector parts first - sometimes over many months or even a couple of years - before we go to the exile parts who carry the trauma or emotional distress. If we didn’t do this, that’s when there would be backlash of some kind - eg, an intensification of symptoms up to suicidality.

- There are many sensational quotes used that misrepresent IFS. In the name of good, balanced journalism, perhaps another IFS therapist with no links to Castlewood could have been approached to respond to some of the problematic quotes, for example:

For the first time, Bobby started to research IFS in earnest. He realized that the names his daughter had called herself on the stand—firefighter, protector, manager—were the same terms Schwartz uses to describe people’s parts. “I got to meet a whole bunch of his IFS

people in my daughter ... This was not Sally, Jane, and Susie; these are his names that he comes up with. This is the type of thing that happens when you break somebody up into 50 different parts,” he says.

A former Castlewood ‘research director’, Maria Frisch, is also quoted as saying of therapists there that “*they were really stuck on this idea that at least half of their clients had multiple personalities*”. This is, of course, a core tenet of the IFS model, not something strange.

Medical model bias

A THEME running through the article is the preferencing of the views of psychologists and psychiatrists, while IFS is dismissed as a ‘pseudoscience’. It’s useful to consider why some psychiatrists and psychologists might not like IFS, in the same way that they don’t like any challenges to the medicalisation of emotional distress and trauma which they perpetuate.

The American Psychiatric Association is behind the DSM - it’s the bible of psychiatric diagnoses. It’s where, in order for psychiatrists in particular to justify their status as medical doctors and maintain their outrageously high fees, they came up with a biomedical model of emotional distress and trauma, based on seriously flawed and deceptive research.

The DSM has been widely discredited - the criteria for each disorder is essentially voted on; it has to be, because to date there is still no supporting neurobiological evidence for each disorder. The brain remains very much a mystery. Books by critical psychiatrist Joanna Moncrieff, among several others, go into great detail about just how flawed, manipulated and *unscientific* the research has been. Moncrieff also recently convincingly debunked the serotonin/chemical imbalance theory of depression.

The psychology profession, too, is very tied into the DSM and its stigmatising disorders. You'll likely go to a psychologist, for example, if your child needs a diagnosis of ADHD in order to receive extra support.

IFS psychotherapists, on the other hand? Well our expertise is based on the best kind of scientific data: empirical. In other words, the evidence for how we practise is based on observation or experience of our relationship with our clients. So, as an IFS psychotherapist, I know that the best evidence for the existence of parts is actually 'going inside' and experiencing them - then it's undeniable (except by another part, of course, who might not like the idea of parts while being one themselves).

IFS *isn't* like any other therapy

IN ORDER to fully appreciate how flawed The Cut article is, you probably have to have a deep understanding of IFS - and it is something that takes years to master.

There are a lot of resources out there about the model - in terms of books and YouTube demos, etc. And because it is so popular, clients often come to me already familiar with the basics - which is great, but there is so much more to it; and so much more that you only learn after years of working with a variety of clients and their parts.

Ironically, however, Corbett appears to try and dumb IFS down, saying 'elements of the therapy are standard and recycled from normal talk therapy'. She repeats the criticism that is often levelled at IFS: that it oversimplifies mental health conditions. **I think that's a charge more appropriately levelled at medical approaches.**

To say more: it's much simpler to treat a person as though they are just a single entity. That's much easier for a psychiatrist or psychologist to get to grips with, and to feel in control of: just match symptoms to the DSM; provide diagnosis; and medicate. The IFS alternative, on the other hand, means careful, long-term exploration of a person's system of parts - of which there are *many* - and facilitating the person's Self, the core healing essence we all have inside us, to develop a relationship with their parts - which takes time

and a lot of skill on the part of the therapist. And when you really understand how we are made as human beings and the incredible complexity we all have inside of us, that makes a clinician's work much more challenging and 'messy', and they are less likely to feel in control.

Another possible key aspect of why some non-IFS mental health professionals may seek to dismiss IFS is that IFS believes a person has what they need to heal inside them, that the power lies within them, not the therapist - and that, of course, dilutes the power of the psychiatrist or psychologist. Now, of course, psychiatrists and psychologists also have parts ..and if you are a psychiatrist or psychologist with protectors who rely, for example, on the authority of the role for a sense of identity and to keep insecure exiles hidden, then these protectors are going to be pretty strong in defending the profession and be unwilling to let you be open enough to consider the IFS perspective.

Corbett also later goes on to say that many of IFS's central ideas are not new, referring to Freud and Jung and their theories about different aspects of the psyche; but while other notables in the therapy world have indeed theorised about multiplicity - the fact that we are not a single I - only Schwartz discovered the existence of the internal family system as well as the Self; only Schwartz has put forward such a detailed model and the carefully researched protocols for interacting with the internal family. And for me, crucially, it's not a theory; it's an easily verifiable model for navigating our internal worlds.

It's unlike anything else - and I speak as someone trained initially as an integrative psychotherapist in several of the main models (Person-centred; Psychodynamics, Gestalt, Transactional Analysis, Attachment therapy, Psychosynthesis), as well as additional training in mindfulness-based CBT and Sensorimotor Psychotherapy.

Training

What did the article get right? Well, Richard Schwartz is quoted as saying that too many people are practising IFS without being properly trained. But

actually this is something that Schwartz's IFS Institute needs to take some responsibility for: it has since changed, but it used to be that anyone could take the IFSI training - there was no requirement for previous mental health training. So as a result, many people who did not have the fundamental basic training that I believe is necessary in addition to specific IFS training, set themselves up as IFS 'practitioners'. But IFS is deep work, and you do still need that foundation training as a therapist in order to competently work with and maintain a relationship with someone over, oftentimes, many years.

Also, there's plenty of anecdotal evidence that many people will call themselves an IFS therapist after just doing one level of the three-level IFSI training, which barely scratches the surface.

However, it's also true to say that just because someone has done a training does not automatically mean they are good at whatever they have trained in. So someone may have completed all three levels of the IFSI training or an equivalent training through the many other IFS training routes now available, but this doesn't mean they are fully competent. **It's down to individual effort, commitment and ability as to how good anyone will be at anything - including IFS.**

And it's a level of capability or clarity about the IFS model that Castlewood co-founder Mark Schwartz (no relation to Richard Schwartz) perhaps hasn't achieved, apparently not having worked through his own issues and falling prey to the mix and match approach to psychotherapy that is so prevalent - at one point, he's described as mixing what sounds to me like sex therapy, group process and IFS, and making a mess.

A last word

FINALLY, I do think the way in which Richard Schwartz has been characterised in the article is shameful. I don't always agree with his approach to getting more IFS into the world - where he has frequently joined with others from very different approaches, sending out a mixed message about how IFS can be used and diluting the very real power of IFS. And I would like to have seen the IFS Institute coming out with a much stronger response to The Cut's article.

But what Schwartz has done in creating this model is exceptional, and I hope one day that will be fully recognised.