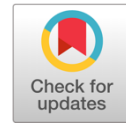


Science and self-care via therapy and Internal Family Systems in the context of silence practices for schools

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ABSTRACT

This paper argues that whilst silence and solitude in schools are beneficial and therefore have therapeutic spirit in their health and healing potential, they are not enough. The paper argues we need to go deeper in schools into the inner lives of individuals for well-being and healing of anomalies for “happiness,” but it is imperative this drive involves consent. I suggest current urgencies never before felt around climate change exigencies require the significant, permanent transformation for the resolution of childhood and other traumas (common to all) inherent in therapy. This is new for education in the way I mean and I deal with concerns about the dangers of “therapeutic rise” in schools. The argument here responds to a climate emergency: we no longer live to be happy, but instead need happiness to survive our planet and all that unresolved traumas causes in the actions of humans against Others of all kinds. I argue the soft, “passive” benefits of silence and solitude for schools have received academic attention which has enabled them to move from fluffy, hippy-touchy-feely into the realm of evidence based practices, involving also a body of theory to support their just, ethical and appropriate use for child and staff in schools. These or this area of schooling intervention presents a case study for how the currently unscientific arm that is therapy in schools can be rendered scientific: within the science of education as discipline and according to the terms of that discipline as science. I present a model of therapy known as Internal Family Systems (IFS), which is currently developing its scientific basis, supported by academics and practitioner-professionals impressed by the outcomes towards well-being (in ways mentioned above required – along the lines of do no harm to self nor other) that this model affords. I suggest therapy in schools could occur well and with consent using this model given its democratic requirements of “parts” agreeing to the model in action and “parts” consent for the model to work being fundamental. A side issue of “spiritual bypassing” is explored as justifying therapy first, rather than silence and solitude as what I call “soft therapy”, seen as optional. I call for “vital” therapy specifically via IFS and its parts-Self modelling, which involves active talk rather than passive involvement, to be developed as science in and for education.



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1. Introduction

It is my contention that the idea of caring for oneself – much in the manner discussed by Foucault in *Technologies of the Self* (1988b) – is an obligation of compassion to ourselves of the first order. To understand that in being and becoming we are all involved in “very specific ‘truth games’” of the social (Foucault, 1988b, p. 18) that constrain and maintain a version of ourselves which may not be in our best interests, it is possible to imagine that freeing ourselves towards our authentic self -whatever that might mean to an individual - is a good.

For me such movements of the self towards the self (and this not in an egoistic way, but in a manner of living well), whilst being likely aided by education, trumps the imperative to learn and gain an education in any instrumental way. Such attention to, what we do need to name as “inner self,” comes, for me, before all other kinds of projects of self-development, such as education for worldly awareness or gaining a good job and earning a fulsome wage. In being “first” then, self-care would need to involve some distinguishing feature in the definition of what it is to care for oneself, for we can also call education or other things inner self-development and leave it at that, as well as say that education and these other things are enough inner self-care.

Before continuing, some delineations. I am distinguishing inner work of self-reflection using a disciplinary base and literary cannon, involving study of e.g., philosophy of psychology, from inner work, seen as the therapeutically informed discovery of one’s authentic self through attention to one’s emotions and parts of one’s personality, reactions during the life course to trauma which leave their mark and experience of somatic or even mystical kinds that an individual can own as their own and as of their own nature. These two versions are distinct. Philosophy (and other inner reflecting) is not the kind of self-care as therapy that I intend here. This applies also to practices of silence, discussed below, which I see as not the self-care I intend as active, although silence practices are closer to it than philosophy.

In general, for therapy to qualify as useful and thus as therapy, it needs to bring about happy transformation in sense of self, behaviours and experience of living and being alive. In other words, it needs to contribute to the opposite of mental ill-health. Given in schools (Lowry et al., 2022) and education such as at universities (H. E. Lees, 2022a; Morrish, 2019) there is a great deal of mental ill-health, investigating the idea that even the *unscientific* domain of “therapy,” should it be beneficial, could matter, becomes worthwhile.

Thus, this paper confronts the dominance of science in schools and in education as a scientific discipline, for excluding - probably ignorantly - the value of therapy. I do that through looking at valuable and acceptably scientific silence practices in schools and consider, in brief, the before and after of their status as scientific for educational settings and practice. The purpose of this is to show that whilst therapy may be deemed unscientific it is similar to silence practices in spirit and so following the route of “gold standard” studies to prove benefits, as e.g., mindfulness has done, is a good way to play the game of “how to become scientific” and get included in education.

Specifically in this paper I discuss silence practices (referring to uses of positive silence, solitude, mindfulness and meditation) as contributing to well-being. My discussion focuses almost entirely on how these practices relate to education, rather than other domains. In contributing to well-being, it is obvious that silence practices are a part of the picture of self-care. However, I take a strong stance over what we need and suggest that we need therapy first and fast. In this sense, if entrance into education happens only through scientific validation, then studies to be done are urgent. On the other hand, it may be that the world cannot wait to heal in the midst of its climate crisis dying and the paradigm shifts towards a more holistically inclusive approach, involving various perspectives of what validity means and is.

A particular kind of therapy called Internal Family Systems (IFS) is discussed, which I have come to know as editor, at the time of writing, of an IFS related online magazine www.partsandself.org. In coming to know this therapeutic method I consider it not the only form of therapy of value available to us, but in being reportedly quick and efficacious, possibly a very good choice for education settings and people eager to feel well. Hearing stories and reading also articles that are in print of a scientific kind about this therapeutic method (see <https://www.foundationifs.org/research>) I am astonished at the speed and efficacy that it has to engineer

in people the opposite of mental ill health: human well-being. I also have personal experience of the help it can offer.

My presentation of IFS as valid for schools is problematised perhaps by the fact that the model when enacted for healing has some seemingly mystical or pagan features such as an unburdening ceremony for the release of trauma memories and feelings, involving earth, wind, fire and water, etc, to throw away or dump a burden of trauma. So far so imaginary and narrative, but so unscientific. My question in this paper then is: can we offer the science of education something unscientific or must it be scientific? If we can stand up for being human and emotional, rather than modelled by rationality and “standards,” (of science), how do we do make this happen? Can the story of the scientific rise of silence practices show the way?

2. Silence and Solitude in Schools as Accepted by Science

Silence in schools, in particular, and, linked to this, solitude in schools, is an area of research I’ve been working in for over a decade. This work and interest – as well as belief in the value of such work - started with the publication of a book called *Silence in Schools* (Lees, 2012) and most recently a chapter called “Solitude and Schooling” (Lees, 2021). Although silence and solitude are not the same thing, they are closely related. Both are pursued and can be chosen with reason, or emotional need, and both involve psychological benefits, as well as health benefits, if they are freely entered into (H. E. Lees, 2012, 2021; Stern & Walejko, 2019)). It isn’t always the case that these experiences of silence and solitude are freely chosen. They can be forced upon a person. I do not consider either silence or solitude would be able to be beneficial to a person if forced and, indeed, both, or either, could thus cause harm in some way. Also, they can be elusive in an environment, especially in institutions like schools, prisons, hospitals, where forms of community, that override the individual’s choice, often rule.

In schools, as my focus here, positive, chosen silence and solitude are counter-cultural, but they have become acceptable at least, rather than to be actively shunned (Lees, 2021). They are counter-cultural because, within the community of the school, dialogue is paramount, not being quiet or alone; perhaps we could say the spirit of the school as place comes from its community structure and this would involve talking together, as well as being together (Stern, 2012b), although that would not be to say that enstatic experiences are forgotten (Stern, 2012a). In recent years there has been more awareness of silence due to the rise in popularity of mindfulness and meditation for, and within, education as activity (Lees, 2012), although solitude is still more challenging, if desirable, to support (Lees, 2021).

Due to the medicalised background (mostly - but not only - linked to psychology and “medicine” of the mind) within which studies of mindfulness have been conducted (see, e.g., Baer, 2003; Burke, 2010; Davidson et al., 2003; Gold et al., 2009; Huppert, 2010; Kuyken et al, 2015; McCabe Ruff & Mackenzie, 2009), a rise of uses in mindfulness with young people and others in schools can be noted as now scientifically validated or able to be validated. Meditation too has been developed in various ways as scientifically valid for its health and psychological benefits (Barnes, Davis, Murzynowski, & Treiber, 2004; Champion, 2011; Harrison, Manocha, & Rubia, 2004; Linden, 1973; Winzelberg & Luskin, 1999) and also via qualitative science it has been published as bringing forth support in and for education (Erricker & Erricker, 2001; Mann, 2001b; Orr, 2012). These methods of interaction for well-being in people’s lives may now be valid scientifically, yet this attitude, as mentioned, is new. It was only in the past few years that mindfulness for recurrent depression was available on prescription from a doctor in England (National Institute for Health and Clinical Excellence, 2009). Prior to that, it was not medically acknowledged like this - as a medical recommendation. There has been a change. That change has been brought about by the publication of peer reviewed scientific research. Given how close mindfulness and meditation are to silence and solitude, the scientific success of the former, I consider, lends an air of respectability to silence (and solitude) in schools, by association. To assert “by association” we do need to see each of these “practices” as diverse, whilst connectable via ideas of uses of silence. The difference, we could say is between “techniqued” silence and non-techniqued silence (see, H. E. Lees, 2012, for a discussion of this). All are here termed “silence practices.”

This new status situation, of practices of silence for well-being, occurs, of course, within a domain known for its debatable scientific status: the status of education as science is tricky

(Condliffe Lagemann, 2002; Depaep, 2002; Hofstetter & Schnewly, 2002; Thomas, 2011). However tricky it might be, the fact that universities – as bastions of science – often run education departments and conduct educational research of various kinds which then go on to have real world impacts in the form of policy decisions, means that we can suggest also that education is science. A certain kind of social science perhaps, but nevertheless recognisably a form of science. So, *silence* practices in education is then science within science, one might say.

3. Extending Educational Science Linked to Silence Practices via Validating the Non-Scientific

What happens when something non, or not yet, scientific might be deemed to be needful within a scientifically managed paradigm such as education? In this paper I posit that therapy is needful in schools, in the very same way that mindfulness etc. is needed for the counteraction of mental ill-health in educational settings. Actually, I think therapy (talking/counselling/help via inward curiosity-led guidance) may be more needful and urgently required for current times of appalling politics in the face of global environmental meltdown, than mindfulness and its cousins of non-talking. However, extended debate of priorities I am leaving out of this paper. It is not useful. To talk is also to need silence and solitude to process talk for well-being; to be in silence and solitude requires talking, in order to make sense of oneself as embodied within such release away from talk. There is a strong need for both. Right now, silence practices are through the gate of what is considered as scientifically valid. Therapy (as an educational staple) is not.

I am aware that within the science of education, therapy does not enter in with ease, for it is currently not *scientifically* understood, even if some people appreciate it. It is this lack of official respect for therapy (within education and schooling) in a world where scientism and its reason creates value (and that itself is highly contestable as a situation (Belenky, Clinchy, Goldberger, & Tarule, 1997; Lloyd, 1984; Oakley, 2000; Ruitenberg, 2011))– which I position as vital for us to question. Therapy, within educational settings and communities, is, I suggest, valuable.

Value is nice. Value is good. Value can be recognised. But, to value something is not to need to offer it the status of science. Is there a need to validate therapy as educationally scientific? This is not easy. Science being somewhat of a closed door, hard to prise open, what works to create acceptability and validity along scientific lines for the currently non-scientific?

The making of the scientific status of silence practices, via association with mindfulness and meditation scientific studies are a route which therapy could take. From non-science to science, not unlike the shifting of paradigms (Kuhn, 1962). A key curiosity here posed is: could therapy be associated with silence and solitude and by implication gather to itself validity? Or, does it need its own scientific base, through playing the same game - enacting the same strategy - that mindfulness and meditation followed, via medicalised audits of efficacy? When we ask such questions, we face two types of knowledge, each with its own paradigm of validation: one science as medicine; the other knowledge as desiring to be scientific. Nevertheless, as has already been hinted at, there are links between all these practices and their outcomes in the domain we are considering. All aim towards wellness. The difference is simply that science has proven some can achieve it, whilst others are experienced at the personal and qualitative level (but at this level there is a lack of evidence in the form of research) as helping well-being. The difference in acceptance is what kind of trust we require.

4. Extending the Sciences of Education

There is some science in the form of a “gold standard” randomised control trial about therapy (or forms of counselling) as beneficial in schools, but this work is not large in number with 11 such studies identified in a literature review done to study the value of humanistic counselling (Cooper et al., 2021). Such therapy (one on one with a counsellor-therapist figure) was evaluated as somewhat useful, although costly and the study remarks: “There is an urgent need for the evaluation of the effectiveness and cost-effectiveness of other mental health interventions in UK school settings” (Cooper et al., 2021).

Randomised control trials and therapist-based work is not the whole story about therapy in schools. In a school environment, with inequalities of power in the dynamic between student and

teacher, there lies a world of danger to do with abuses, small and larger, that pertain to what it means to share one's inner self abroad. It has been suggested that "circle time," for example, as a public (in front of the rest of the class, rather than one-on-one in confidence with a counsellor-therapist figure) hold-the-teddy-to-speak-about-yourself activity, is a form of emotional manipulation, unthinkingly adopted in schools to enable children to talk about emotions and learn about "right" responses, but which could hurt rather than heal and which, in being conducted within a school setting, cannot escape forms of power (Ecclestone & Hayes, 2009). In other ways perspectives from philosophy suggest an expansion of the notion of the school in relation to the formation of self of a young person, by advocating Foucauldian practices of the self, such as writing a journal (Besley, 2007). Diversity of approach and delivery of what we might mean by "therapy" in schools abounds then and scientific rigour about definitions of therapy seems absent. A scientific definition of therapy for schooling could be hard to pin down given the proliferation of moral, civic and even religious education as forms of therapeutic interventions in the self of a young person, let alone the therapy that could ensue for someone from becoming more knowledgeable through study.

I am interested in this paper to look at the particular form of therapy that is IFS. IFS is closer to the counselling discussed in the study by Cooper et al (2021) mentioned above, where therapy occurs usually via one-on-one confidential interaction. I would like however to add that there is work being done to ascertain how IFS might occur as a DIY approach, offering equalising of access, given a therapist relationship is an expensive luxury.

5. What Connections Can be Made? A Story

I was a young woman who discovered meditation in her early twenties. This began my research interest in the conditions and nature of silence and solitude because in experiences of meditation you find a lot of both. I had found meditation very helpful in many ways and for me this seemed to be some kind of "therapy," as far as I knew. I believed more of this lovely quiet calm that I had gotten from meditation could help children in schools, especially when I encountered them as a trainee teacher and found them very noisy and very lacking in spaces to go to be alone and, frankly, recover from all the noise and busy-ness. All well and good. I thought this interest and advocacy for silence and solitude in schooling could solve a lot of the ills I had noticed. Whilst research mentioned above supports that meditation (or silence and solitude) helps people in various ways, it is however *not* therapy.

I have in the past few years come to understand that to be silent or to be in solitude cannot and does not solve inner harm. It just helps you to cope with it better and possibly helps you forget it, so that it seems to have disappeared and been resolved. A personal tragedy led me to encounter therapy properly for the first time in my 40s and it was transformative of myself, thus my life, as well as my close relationships. It was not just helpful or anaesthetising. This impressed me because, up until then, the only thing I had ever encountered that was transformative had been education, with meditation, additionally, giving me a good ability to hold myself calm in times of stress. In time this interest in therapy as just as transformative as education led to a philosophical interest in what therapy represents for us as a global population struggling with the world we have built as present and future legacy. This philosophical interest is in therapy as a necessity, not a patch for emotional pain. My hunch we need it – not that we few in trouble need it - is increasingly backed up by the opinions of those I encounter charged with dealing with the global climate mess we're in and who are seeking solutions in the long term (see, e.g., H. E. Lees, 2022b).

What I found in therapy, to be precise, and to take the discovery beyond one episode in middle age, was a missing piece of the help that I had personally long sought for myself since that encounter with meditation in my twenties. We could even say I had been searching for something therapeutic right from the start of secondary school when, as a girl of 11, I had realised what an abusive environment a large-scale school was, compared to the intimate and relationally close, caring spaces of the primary school. I am not alone in seeking for something else or something kinder. I am not alone in not having had words to describe what I needed using the nomenclature of "therapy." Let's just say my education didn't help me to know therapy existed or what it served to help. Millions of people seek something and move towards therapy or self-help. They encounter anomalies and crisis points in living and go looking. We can hope they end in self-care, which is what therapy has taught me has philosophical value, as others have also believed (Foucault, 1988a). What people do not find

however is therapy in schools as a standard benefit. Therapy is something for adults or children in great distress. It is not maintenance and exploration of meaning and self in the world: it is a crisis response.

When it comes to therapy then, it is worth stating what I believe clearly about it, as not everyone will hold the same view. I consider *all of us* need to engage with therapy in some way because it is transformative of any and all humans. It's the same as the World Bank claiming that all children need to get an education via primary school. They think this is transformative and – with respect to the educational part – I think they are right. This is not to say all of us will encounter transformation via schooling, education or even therapy, but transformation of who we are, into what we want to be or become, is possibly a definite aspect of the good life and probably a natural instinct. There is something to be said for education that has purpose linked to self-realisation, as opposed to education that is instrumental (Ashwin, 2020; Gert J.J. Biesta, 2010; Connell, 2019) and there is something to be said for paying attention to caring for ourselves in a therapeutically engaged way as a part of education, in order that by doing so we render education *personally* purposeful through such care (H. E. Lees, 2022a).

None of what I just mentioned is science. I would have a hard time therefore getting my ideas about the value of therapy into schools. I would need to engage in scientific studies to prove the value of my ideas above, that for my life at least held and hold true. Despite the scientific status of education and schooling, is this demand for science, right? The key to asking this question is in considering what we value and why? Is science all we value? Certainly, after my highly non-scientific transformations, I would say there is something else going on to which we can and should pay attention and for this attention to be valuable, we do not need science. We need something else entirely: care and compassion. Compassion for self and for other. So far so linked to silence as positive practices, because these are practices also of care for self and self-compassion, as well as lending themselves to achieving compassion for others – as we see in Buddhism, for example.

6. The Case for Therapy

Some of us had a supportive, positive and love-filled childhood, and some of us less so. All of us however live in an imperfect world subject to trauma (defined as an event for which we received inadequate support at the time, for whatever reason) such as a family member dying, an accident that can traumatise or, daily, literally ordinary sadness which can inevitably occur and hurt us within. From a miscommunication to a deliberate act of unkindness on the part of another, there is no escape from the fact of childhood trauma. Therapy – generally speaking - suggests we humans tend to bury trauma within as a child (especially given that lack of adequate support mentioned). We don't have the language to express and cleanse the hurt or we don't have the understanding close by that would support us as a child to deal with it, so it gets covered over and life goes on. As adults these hidden hurts manifest in various ways, from addictions to depression and suicidal ideation, to behavioural twists and turns, all, or any of which do not serve us well. Whilst science does attempt to intervene in such difficult human outcomes of having been traumatised, the significant mental health issues in the world (Patel et al., 2011) would suggest that science does not reach everyone effectively or equally. Science is not enough when it comes to what therapy can touch and heal.

This general human need for healing is valid as an idea pertaining to the fact of human existence, and this, without additional challenges. The fact of human living means we enter schools then with our internal inevitable trauma and try and focus on learning in an environment that is violent in small or larger ways (Block, 1997; Harber, 2004; H. Lees, 2015; Osler, 2006; UNESCO, 2011; Urso Spina, 2000). Is this a good idea? What if instead we went into schools to focus on self-care and then followed learning out of calm, creative curiosity? I am well aware this would involve an educational revolution (Miller, 2008; Robinson, 2015).

To offer education as enacted according to a kind of Hippocratic Oath of "First, do no harm," sounds like a good approach to education, as others - but too few - have also held (Cody, 2007, January 30; Coughlan, 2014, 12 October; Stewart, 2014, September 5). Such an approach of care for the individual would involve facing the reality that humans, when learning, have emotions. Everything we learn is in some way personal and affecting, as much as it is politically educational. Therapy can help manage emotions and give them a sense they belong and are good, rather than they are to be discarded as bad. Internal Family Systems (IFS) is very good at this kind of de-

pathologizing of emotions. It suggests, in general, that people are ok and can heal and that so-called “bad behaviour” has within a good intention - from a person’s internal system - for a person (Schwartz, 2021).

7. A Shift

Education as a system of schooling has roundly failed to access a promise for children of “we will not harm you.” Parents, furthermore, can also become traumatised by the struggles with schools they face and the pain the relationship which they or their children are forced to form with the toxicity within some school dynamics. The level of this abuse and harm is hardly documented. It is rarely voiced. But, it is shocking in its impact, as well as surprising in how common it is and can be heard clearly in the traumatised comments made by parents who have left the education system for home educating their children; who, thus, in reflecting, hold no fear of speaking out (H. E. Lees, 2011). Therapy for these parents would be good. In cases of school refusal where schools have systematically failed children, therapy would also be good. Many people in charge of education are damaged by traumas they never healed, like most of the world. They pass on this damage in their leadership or lack of it. Obviously, this is not always the case because there are many healthy and helpful schools and education settings, led by people whose leadership is both excellent and valued in their communities. The reality is, though, that teachers are stressed and this, in the long term, is traumatic. They could benefit from therapy. Therapy for school staff would be good.

But the shift I mean is not that a system circling trauma through its veins needs therapy. I intend that therapy is a curricula norm; that education becomes first care and compassion for self and alongside this, without coercion or fear, or indeed much in the way of instrumentality, about learning. In and amongst this shifted picture we would find an emergent education of curiosity and volition. Part of this outcome would be traceable to calmer, more emotionally contented individuals who, through forms of therapy (and I posit IFS would be a good choice) have moved into the 8 Cs of IFS: calm, connection, curiosity, courage, confidence, clear-headedness, compassion and creativity. When these qualities are accessible a school would be enabled by a mass of what IFS calls Self-energy. It is not possible for me here to describe Self-energy as that is both impossible per se, as well as outside the scope of this paper. I can say with certainty, however, that a school where people embody the 8 Cs of IFS, as a result of therapeutic healing via therapy, is an atmosphere where silence practices would both seem normal as well as a good idea if needed. It would represent a shift in atmosphere and a shift in behaviours. Given silence practices scientifically show this is an environment for well-being, we can see therapy has connection to silence practices as science.

What I’m advocating then is a world of schooling and education that *starts* with therapy. It goes from business as usual (with some lovely silent and solitudinous permissions or freedoms involved) to a wholesale shift involving a person as needing and wanting therapy as a Maslowian basic. Education then becomes, also, an afterthought. A big one, of course. One I believe in wholeheartedly as useful.

I am advocating self-care for schooling through therapy, more than I am advocating schooling. But this is outside science for education which, over the years, has concentrated studies on instrumental “what works” policies in schooling and in the lives of our young people, for achievement outcomes at the cost of interest in deliberations and discussion about what might be right or good for people (G. J. J. Biesta, 2007).

If we forgo a so-called recognisable “what works,” what does an alternative unscientific “it works” of IFS therapy look like? – given I am recommending this particular mode as the transformative potential of education? I can speak from recent personal experience. It looks weird. Privileging well-being in this way is not actually necessarily rational. It does not fit a curriculum pre-designed to forge of a person an individual who “knows.” It looks like you go inside of yourself in imagination and feeling and talk a bunch of seeming rubbish (by scientific standards of control) that made sense to you at the time, but likely to no-one else and which then you may quickly forget. But the outcome is greater self-esteem, increased confidence, more relational trust and compassion. It is also, through these outcomes, that an ability to meet and engage with knowing via curiosity, need, discovery, invention emerges. A therapeutically healed person, says IFS, as one approach, is someone full of such qualities (Schwartz, 2021). Educational qualities (Stern, 2018).

Let us compare this to democratic education within which it is possible to say that silence and solitude are natural (H. E. Lees, & Gualda, L. C. (Trans.), 2018) and no big scientific deal. That they are natural means they are, in general, what Stronach and Piper call part of “relational touch” (Stronach & Piper, 2008) or, rather relational trust to touch, or to leave well alone and let be. Untraumatized interaction, in other words. The democratic meeting common to a democratically organised school is a case of stating your case in front of others in order to be heard, not unlike stating your personal case before a therapist when you talk in therapy to be heard. Both instances have positive outcomes if done well and according to principles of authentic voice, rather than performance: increased confidence, increased self-esteem, better relationality in community (Fielding, 2013). The fact is that education with voice and democracy is very much like therapeutic self-care (H. E. Lees, 2008). So, it’s not that we do away with education as such in my vision here, but that in a paradigm shift towards privileging therapy over education in schools of a certain “mainstream” and usually authoritarian-leaning kind, we gain an environment for education that teaches, learns and develops young people entirely according to the purpose of education to fit people for the society they need, without that being an education forming people via an instrumental agenda to be effective (Gert J.J. Biesta, 2009). We gain openness to silence and solitude by virtue of the nature of the therapeutically human-natured educational environment.

It isn’t then that in calling for therapy first I seek to dissolve education. It’s that I seek to dissolve schooling that doesn’t value the therapeutic principle of voice, whether that voice be operating internally or externally - with the understanding that, honestly, you cannot have one without the other and you can certainly silence (in the negative sense of denial of voice) both, if you do not care to listen and if you want to actively silence a person.

8. Conclusion

What is important – nay, vital - is that people get relief from their trauma and the bad behaviour it causes. This bad behaviour causes children to fail and be excluded, it causes inability to feel empathy and care for the other resulting in bullying and mean spirited exclusions, rather than inclusion and connectedness. And this is only the children. Adults too, behave badly. Their trauma also lowers their standard of living and well-being.

IFS holds that all this bad behaviour is a person’s internal system seeking protection from further harm on top of harm already done. However, it recognises that the protective behaviours are done badly and wrongly because the system is burdened by trauma which means insight, calm, compassion are obscured. IFS offers a framework to understand bad behaviour which is not pathologizing. Schools pathologize, as does science. I suggest we pathologize as an error in human interaction. Furthermore, IFS brings hope with an effective method (it seems) that can heal and release those burdens, rather than just identify them and label them. It isn’t magic. It is an effective form of therapy. In time science will back that claim up.

But science wouldn’t or couldn’t yet be able to accept or agree to my claim just made, as the “right” research studies need conducting. If such studies about the benefits of IFS continue, as they currently do, to report helpful outcomes for well-being, then schools may listen. But most likely a hard-nosed conservatism that holds education is a chalk-talk method involving set curricula, little choice for either student or teacher and a lot of stress built into an overly demanding system, will view therapy like IFS in the same way it views silence practices: as a scientifically underpinned extra.

The first task is to get a research base for therapy in schools and in particular IFS, I believe, in schools. Without this no shift will occur. The second task is to wait whilst therapy in schools and education settings heals trauma and the system shifts from one of harm and instrumentalised demand, to healing and well-being. I would say something like “don’t hold your breath” or “not in our life-time” but you know what? We can’t wait. The current system is killing us, and we are killing our planet. We need to heal. Science, of whatever kind created, hasn’t and isn’t doing it.

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