



## Grief and IFS: Mapping the Terrain

In this world of the finite we attach. We attach to our parents and caregivers, to our various identities, our partners, our health, our children, our assumptions. In some sense our world is defined by the attachment of the many different parts of us. Inevitably we lose many of our attachments and discover that they are temporary; our parents die, our children become adults, our health changes as we age, our identities shift. Our personality systems mount a natural response to these losses and the process we go through as a result of these lost attachments we call grieving. When the loss is of a person we take on a new identity of being bereaved.

These words sound very simple yet describe a process at times overwhelming, bewildering, isolating and so painful it can trigger parts asking why we should continue to live if living entails so much distress.

What can the IFS model offer by way of comfort? How can it illuminate the grief response? In order to answer this question I think it will be helpful to first consider the strengths and limitations of contemporary approaches to grief. For readers wishing to bypass this review, please skip ahead to "Compassion heals."

The traditional monolithic view of the personality has informed the development of grief theory. For a comprehensive overview of the field I recommend this article from the Journal of Mental Health Counseling, "[Connections between counseling theories and current theories of grief and mourning](#)".

### Stage and Phase theories of Grief

Many counsellors and therapists use the stage and phase theories of grief. Whilst often providing comfort and a "roadmap" for some people and "making sense" of the bewilderment common in bereavement; for others these stages and phases become expectations about how one "should" grieve and can activate anxious parts concerned with "getting it right". Where I think these descriptive theories are extremely helpful is in identifying the cluster of parts connected to the loss response. Parkes described numbness, yearning, searching, disorganization, despair and reorganization which we may, through the IFS lens, identify as parts commonly activated in response to loss. This list is neither intended to be prescriptive nor exhaustive, but can guide our enquiry of the parts involved.

## **Crisis of Meaning**

Loss also invites questions of meaning for some of our parts. If I lose my license to drive what does that mean for my parts connected to driving? How will I need to engage differently with the world? These questions occur as a loss is experienced within the relative stability of the rest of the personality system as well as external systems.

But a more a significant loss (bereavement) affects so many parts at once that the distress and bewilderment is experienced throughout the system as many parts may need to redefine their role. For example, if my child dies do I still have a parenting part? So much of the internal and external systems shift simultaneously that there may be a crisis of meaning experienced throughout the system and we may find our experience of the world to be disordered and chaotic.

## **Limitations of the Client-Centered approach**

What informs much grief counselling from the viewpoint of the monolithic model of the personality is an approach that invites the counsellor/therapist to act as a proxy for the client's Self (offering the unconditional positive regard so valued by those whose training has been informed by the Rogerian method). In light of the therapist/counsellor's compassion the client's parts will blend and then vent the affect/beliefs that they are holding.

Given the blending of parts that occurs in response to significant loss we will often be working with direct access. At times client's parts will give them a bit of distance and they can be spoken for; at other times they will fully blend. The client's system may experience distress and/or relief from a blended part's expression; yet from an IFS perspective the parts have not been witnessed by the client's Self, nor have they been unburdened as this is not attended to within the Rogerian framework. The next time they are triggered, when the next wave of grief hits, they will likely blend and flood again. While it is true that being witnessed in grief can provide solace, it is not a sufficient condition, as Rando notes, to be able to work through the loss.

IFS Counsellors and therapists need to be able to facilitate a bereaved client's journey through the loss process, and that goal is best served by being a "parts detector". Through the IFS lens the apparent linearity of Worden's model of tasks and Rando's "6 'R' Processes" may be revisited and considered to be aspects of grief (parts) that can and do exist simultaneously.

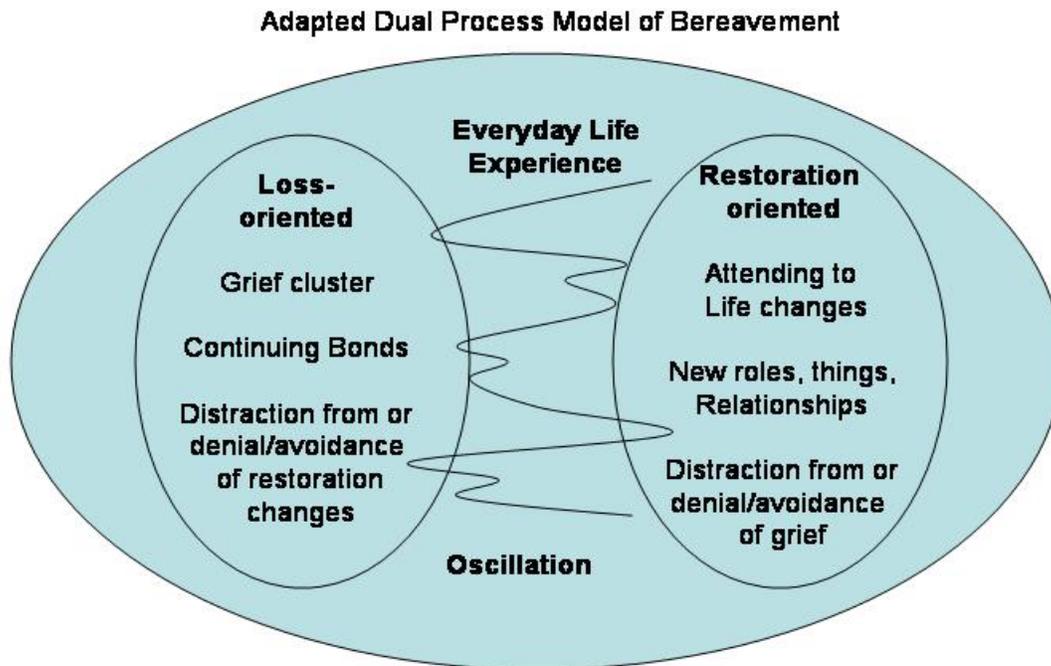
## **The Dual-Process model**

The dual process model of coping with bereavement (DPM) identifies (from an IFS perspective) two clusters of parts: one cluster is oriented towards the loss; the other towards restoration (dealing with the new complexities in life for the bereaved that are occasioned by the loss). Stroebe and Schut contend that these two models (clusters) oscillate as the mourning proceeds. This oscillation is very familiar to the IFS therapist as affect-laden parts may occupy the attention of the client, then pragmatic protectors may hold the floor to afford a break from the intensity of the other parts.

To see a role-play of working with a bereaved client click here:

<http://www.youtube.com/watch?v=ybRi78VzWtk&list=PLBF3D0C70A8AA18F3>

In multiple loss and traumatic loss the system may experience numbing and flooding. It is the dance of system-regulation between the loss-oriented and restoration-oriented clusters that allows the bereaved to avoid psychic numbing on the one hand and emotional flooding on the other.



Adapted from Stroebe, Stroebe & Shut, 2005

## Grief and Gender

It bears mentioning here that some proponents of the DPM see these clusters as gendered: that men’s grief will be more restoration focused; women’s loss-orientated. Similarly the term “instrumental grief” has been applied as a descriptor of men’s grief responses (“intuitive” for women). Whilst these differences may be common, the normalising of grief responses attributed to the presenting gender may invite us to naively assume that there is an essentialist “natural” difference in grieving.

What is more likely happening here is that women are socialized to have readier access to loss-oriented responses, with the restoration-focused cluster being exiled. The reverse is likely true for men. Loss responses in relation to gender may also be culturally and generationally informed. To assume that men don’t have or have access to affect-laden parts that respond to loss is to do men a disservice. To assume women don’t have or have access to parts capable of restoration is similarly damaging in a therapeutic context . Both clusters will present themselves and it behooves the IFS therapist to be curious about the process whereby a cluster may have been exiled.

To access the online links in this handout please go to the source article:  
<http://www.yourtherapist.org/rs/category/grief/>

## **Limitations of the Interpersonal approach**

For therapists/counsellors trained in the interpersonal process approach this will seem like a radical reorienting of their understanding of the healing process. Yet the interpersonal process, which “is built upon a base of three traditions: interpersonal theory (Sullivan, 1968), object relations (Kernberg, 1968), and family systems (Goldenberg & Goldenberg, 1996)” and assumes that the relationship with the therapist can facilitate repair and greater flexibility in other relationships, does not access the exiled parts that may be informing disordered or ambivalent attachment styles. As I argue in "Counting our Losses" (Harris - Ed. 2010), object relations theory may be seen as referring to the internalization of relationships: *multiple* subjects engaging with *multiple* objects. Attachment disordered relationships – and the parts engaged in them – can remain exiled while other parts engage with the therapist; and this can *look like* attachment repair.

What is of great value interpersonally is the willingness of the therapist to bear witness to the pain and struggle of the client. Often the natural social and familial supports that may be available to the client cease to be as willing to hear from the grieving parts as time moves on. We can and do continue to walk with our clients, holding our compassion and patience, as their systems adjust to the intense disruption that bereavement occasions.

## **Compassion Heals: An IFS perspective on Bereavement**

1. Compassion heals. Bringing compassion to another invites their compassion for their own parts
2. The more significant the loss, the more profound the disruption to the system
3. The system responses to the loss may be manager led, firefighter driven or characterized by erupting exiles
4. The protective system may be in disarray and unable to function normally; resulting in the client feeling particularly vulnerable
5. The protective system may become entrenched because of the perceived threat from or to the exiles
6. Present loss experiences may trigger parts connected to former loss events seeking healing
7. Unburdening parts in the loss cluster will facilitate healing and greater resiliency in terms of subsequent losses

To see a role-play of working with a bereaved client click here:

<http://www.youtube.com/watch?v=ybRi78VzWtk&list=PLBF3D0C70A8AA18F3>

## Some guiding principles in working with the bereaved from an IFS perspective

It is important to acknowledge the needs of the cluster of parts oriented towards restoration, and the oscillation between that cluster and the loss-oriented cluster. The following focuses on the cluster of parts responding to the loss.

1. Do your best to be aware of your own “blind-spots” (your own parts connected to grief) William Worden’s Loss History can be a helpful tool in accessing them. As you work your way through the questions you may become aware of different parts of your system connected to loss events in your life.
2. If the client’s grief is fresh and feels raw then s/he may be presenting as blended parts. Work with direct access until there is less agitation presenting in the system, i.e. bring curiosity and compassion to the blended part as you hold the Self energy not available to the client. Validating and normalising the parts' experiences is very helpful - particularly if there are new and extreme behaviours, beliefs and feeling presenting. Holding the frame of the grief process for the client offers them comfort in the unfamiliar. If the clients is already familiar with IFS they will more readily be able to understand that their parts are having reactions.
3. Significant loss occasions reactive depression. Much of the work of grieving goes on "behind the scenes" (i.e. parts are working through the loss and not always available to consciousness). This means that there is less energy available for the day-to-day activities and there may be a general apathy about appearance, social engagements etc. This can be very hard for manager parts concerned about our social world. Depression may also be explored to determine if there is a depressing protector working hard for the client, or a depressed exile needing attention.
4. The dance between the loss-oriented cluster and the restoration oriented cluster tends to be initially weighted towards the loss. Over time the restoration cluster will become more prominent as the client lives into what may be considered to be the "new normal".
5. The storyteller part that determines the primary narrative may lead the client away from parts holding big feelings. It may be helpful to ask it about its role and enlist its support as an ally for Self.
6. The “Loss cluster” generally evoked in bereavement are parts that may present with:
  - disbelief
  - numbness
  - depression
  - sadness
  - missing/yearning
  - protest (anger)
  - guilt
  - powerlessness/despair/resignation

7. Grief has its own timetable. There is a lot of wisdom in the system regarding when to allow access to affect-laden parts. There are, of course, frustrated, impatient parts that want it to be "over" so that the system can return to normal functioning. There may also be postponing managers (see "complicated grief"). Respecting protective parts saying, "We're not going there now" and asking them about their concerns, as well as when would be a good time to "go there" and what would need to change to allow access provides us with an understanding of how to best work with the system.

## **Common Managers**

### **Disbelief.**

The parts that initially present after a significant loss are disbelieving and numbing protectors. If you think back to a time when you lost your keys or misplaced your car you will probably remember a part telling you, "This can't have happened, I can't have lost my keys/car." The same disbelieving protector gets activated with significant loss.

You may have experienced a recently bereaved spouse or partner, for example, able to function well at the funeral, deliver a eulogy, etc. The protective system is facilitating what passes for "normal" functioning and folkloric wisdom tells us it "hasn't hit them yet". Disbelieving managers may take the lead as the other parts of the system impacted by the loss are afforded time to adjust to the new reality. It is as if the sad, yearning, guilty and protesting parts sit behind the protectors that allow the information to be gradually filtered to them.

### **Numbing**

This protector has to work very hard in the face of significant loss to prevent the system from being overwhelmed by parts holding big feelings. It can hold the reins for a long time; and affect-laden loss-oriented or exiled parts may erupt through it/past it. Rando refers to these experiences as "Stugs" which is an acronym for "Sudden, Temporary Upsurges of Grief."

### **Depression**

As mentioned earlier, reactive depression is a part of grief. When depression shows up as a protective part a helpful question to ask it is, "What part, or who are you depressing?" Depression may also be held by an exile.

To see a role-play of working with a bereaved client click here:

<http://www.youtube.com/watch?v=ybRi78VzWtk&list=PLBF3D0C70A8AA18F3>

## **Working with the Manager Protectors**

As always take the time to acknowledge and appreciate the work that these protectors are doing.

Be aware that they may be responding to a loss event from the past so may need to be updated about who the client is, their age and what year it is (if they think the client is 10 years old they will not be inclined to relax their protective stance).

Ask them about their concerns re: allowing access to vulnerable parts. Commonly these will include fear of overwhelm. Ask what might help with overwhelm: does the system need time? Would the managers be willing to work *with* Self as the exiles present their information? If so they may agree to come in and block the exile after some information has been released and then integrated into the system; essentially acting as a valve or filter. This may then give other parts a chance to accommodate to what is being released into the system. You may also ask manager parts to assess how much Self energy is present, and if there is the requisite “critical mass” to proceed. If not then the client probably has a blended part that has an agenda with regard to the exiles other than simple connection and witnessing. The client may be invited to ask the manager how it would be if the exiled part(s) contracted with the client to *not* overwhelm the system. If the exiled part recognises that it is not in its best interest to overwhelm the system (because it will simply activate protectors that won't allow it to be heard) then it is able to agree to moderate its presentation.

## **Common Exiles and Affect-laden Parts**

### **Sadness**

When I am talking about exiles here I am not assuming that there is a part that is “only” sad or guilty etc, but that the part leads with that feeling. Current losses, as stated earlier, will evoke former loss experiences and parts that present with sadness are often burdened with holding the weight of unresolved events from childhood. Children’s grief is often not well supported (if you took the “Loss History” questionnaire you probably have a sense of your own) and the experience of sad parts in the loss cluster can be exiled.

As parents dismiss or minimise the experience of losing a pet, or moving house, or changing school, divorce etc, parts that experience the distress become exiled as protectors may mimic the parental injunctions to ignore the agitation in the system.

The part burdened with sadness from earlier losses may become activated by the disruption occasioned by the present loss and seek attention – with all the intensity that children or child parts open to in their distress. Following the manager’s concern about overwhelm it is important to have the client inform the sad part that they want to get to know it better, and in order to do that it would be helpful for it to present its information less powerfully. If the part knows that if it floods, which it may have felt it had to do to get attention, then it cannot be seen. Make sure it knows that this is not a rejection, but an invitation to present in a way that enables it to be seen by the client and is less activating of the protectors. Clients have different levels of comfort with blending; some may have discomfort with emoting, others may welcome the expression of big feelings.

To access the online links in this handout please go to the source article:

<http://www.yourtherapist.org/rs/category/grief/>

## **Missing and Yearning**

Often experienced as a gut feeling of emptiness, missing and yearning exiles just want what has been lost to come back. Often young parts (6 and under) don't comprehend the permanence of loss and will just want the person/thing back; repeatedly asking why they can't have them/it back. These parts are often evoked by parental loss as parts of the system from different ages miss the parent. Although hearing the distress of this part can be activating of caregiver parts that want to soothe its distress, this part is best served by attending to it, acknowledging what a hard spot it is in, and gently enquiring of it how it has come about that it is all alone there in its unhappiness. As with all exiles, when it knows it has your attention and you hold sufficient Self energy to allow it to tell you its story without moving to "fix" or change it (and thereby implicitly give the message that you consider there to be something wrong with the part as it is) it will be able to let you know more about the burdens it is carrying, and when fully witnessed can release its distress. Parts that experience missing may also simply need to be witnessed as experiencing the void occasioned by the loved one's absence.

## **Protest (anger)**

"I don't want this to be true!" If only things could be the way they were before the loss occurred; it seems so unfair that this has happened. Poet Dylan Thomas believed his dying father should, "Rage, rage against the dying of the light" and it is important to validate the protesting parts. Protesting parts may be more difficult to access for women socialized into "good girl" anger-denying roles (similarly the emergence of sad parts may activate more protector parts for men). The anger these parts hold, particularly if directed towards the deceased ("I'm so mad at you for leaving me!") may be deemed unacceptable by protector parts and displaced. It is helpful to normalise the response of these parts and to help people "join the dots" from their angry behaviour to the protesting part.

Anger may also be a firefighter protector and it is always helpful to ask the part if it is connected to other, vulnerable parts.

## **Guilt**

Significant loss often invites parts that reflect on the "bad" things they said and did in the relationship. The manager protector's voice telling us we "should" have done more, "should" have been a better spouse/friend/kid will point they way to parts experiencing guilt. If these well-intentioned managers (concerned with ensuring that the client is a good and virtuous person) will allow access to the guilty exiled part then about its burden can be revealed.

Often when a guilty part is tracked in the system it will hold big feelings about something it has done as a child in relation to another. Asking the client to let it know that s/he gets how badly it feels can provide it some relief. Because children's guilt can be so huge in relation to the crime ("I stole my brother's candy bar and blamed the dog") their "confessions" can activate parts that find

To see a role-play of working with a bereaved client click here:

<http://www.youtube.com/watch?v=ybRi78VzWtk&list=PLBF3D0C70A8AA18F3>

them sweet or silly. It is important to be vigilant and ensure that these protectors do not blend and minimise/trivialize the distress of the guilt-ridden part.

Guilty parts stating that they didn't do enough or weren't present enough in the relationship may be unaware of the demands that other parts make on the system. It may be helpful to ask the client to introduce the guilty part to parts that have other agendas (alone time, time with friends etc).

### **Powerlessness/despair/resignation**

Parts can and do feel sad, mad and bad; yet their feelings do not alter the fact of the loss. Over time as the system recognises the irreversibility of the loss this grouping of parts may present. These parts recognise that we are powerless to change the reality of attaching and losing and that loss is certain and inevitable. This recognition can be humbling and inviting of resigned, despairing or hopeless parts. Again these parts may activate parts of the counsellor/therapist that are uncomfortable with witnessing and so attending to these uncomfortable parts in our own systems is important so that we can continue to attend to the other's system. The presenting of these parts is a normal response to significant loss.

### **Working with the exiles**

Many of us may have been unsupported in our grieving as children experiencing loss. In the face of parental/social discomfort and misperceptions of how children grieve, the lack of appropriate support and interventions may have resulted in the grief cluster being burdened with extreme feelings and beliefs that did not get to be witnessed or gently corrected at the time ("No honey, sticking pins into the doll didn't kill your grandmother").

It is important to distinguish between the roles of the parts informing the grief cluster and burdened exiles. I believe that there are parts in the system that have the "job" of responding to the human condition of finitude and attaching and losing. When we experience a loss we will notice our sad, protesting, missing, guilty and resigned parts becoming activated. By attending to them as and when they arise we are better able to go about our lives and move through our grief work without becoming overwhelmed, stuck or incapacitated. However, because many of these parts are burdened from earlier loss experiences, we need to help them to release the burdens that interfere with their ability to help us. This is why they will ride the wave of disruption flowing through the system after a significant loss in order to get out attention so the system can move towards healthier functioning.

### **Complicated Grief**

Complicated or complex grief can result from losses where the death is sudden and therefore unexpected, traumatic (involving suicide, homicide or mutilation), involves extreme or prolonged suffering and distress or occurs "out of order" (as in the death of a child). Disenfranchised grief resulting from a loss that is not socially supported or recognised may also result in a more

complex response. Complex grief can also result from an ambivalent relationship (for example to an abusive parent or partner).

Complex grief activates protective managers that may not be seen in less complex grief, due to the intense affect and/or isolation experienced by the exiled parts. These managers are not “unique” in their responding to complex grief however, and it is prudent to be alert to their strategies for any loss experience.

This cluster of managers tend to use one or more of the following strategies to ensure the exiles don't “threaten” the system:

- **Postponing** – agreeing that there is griefwork to be done but “later”. When asked to be specific about “when” these parts become evasive or propose a future time that subsequently is not used for doing the work.
- **Displacing** – as mentioned earlier with regard to anger, the emotional responses connected to parts grieving the loss are displaced onto other targets; being sad about a movie, angry about poor service in a restaurant etc.
- **Replacing** – reinvesting too quickly after a significant loss, often a strategy in reproductive loss and loss of an animal companion
- **Minimising** – cognitively diluting the experience of parts with big feelings by framing the relationship as one that “wasn't really that close”
- **Avoiding** – not going to the gravesite or talking about the loss. Removing pictures and not going to places that will evoke memories of the deceased and activate the exiled parts
- **Somaticising** – bringing physical distress into the system (migraines, gastrointestinal distress, sleep disturbances) to distract from or channel the emotional responses of exiled parts
- **Shaming** – particularly present in disenfranchised grief, shaming protectors will reinforce the social belief about the loss being one that the person is not “entitled” to grieve. Miscarriage, loss of a child who is a rapist, death of a spouse to AIDS; these are examples of losses that may carry a stigma or be trivialized by the broader community

**Be aware of polarizations.** No relationship is without its polarized parts and especially so when the relationship has been abusive in some way. Therapist/counsellor parts that may wish to support the part that is glad of the death because it means the end of being hurt; and in so doing may inadvertently silence or re-exile a polarized part that misses the deceased and wants him/her back. What are typically defined as “ambivalent relationships” can lead to complex grief.

Attending to the natural (if at times extreme) polarizations within the system can facilitate the more complex responses being validated. For example, after fully hearing from a part saying, "I'm glad he's dead" it is helpful to ask if other parts have a different response.

**Share the above information with clients.** Psychoeducational interventions have the effect of normalising and validating the experiences of the parts and may facilitate protector parts relaxing sufficiently to allow exiles to be recognised. Be sure that you are not determining the client's experience, merely checking with their system to see if the information has any resonance.

To see a role-play of working with a bereaved client click here:

<http://www.youtube.com/watch?v=ybRi78VzWtk&list=PLBF3D0C70A8AA18F3>

This is particularly important to bear in mind with compliant clients, or clients seeking a way to comprehend what is happening to them. Whilst it can be extremely helpful to articulate the terrain of grief, it is important for the counsellor/therapist to attend to their own parts that might have an agenda about how the client moves through the mourning process. Otherwise compliant parts might “produce” according to the expectations of the counsellor/therapist’s parts and this may inhibit rather than facilitate the process.

**Bear in mind that no two personality systems are alike** and there are many individual factors that may contribute to the grief process. Whilst attaching and losing are universal experiences and every individual has parts that respond to loss, the unfolding of those parts is always unique.

**Firefighters.** Inform the client that as they become more aware of exiled parts they can expect increased firefighter activity. I have not focused at all on firefighters in this article because firefighter activity (intended to distract from the activated exile) does not seem to be unique to coping with loss. So the firefighter protectors may be expected to do what they always do in light of activated exiled parts related to loss.

That being said, the firefighter activity may increase (drinking, drugging, raging, TV watching, food bingeing, sex bingeing, overworking etc.) as ways of coping with increasingly activated exiles. It is also possible for new firefighter activity to emerge at this time. For example suicidal ideation is common after the death of a child and may be a firefighter (or manager) protector's solution to the pain of the other parts. Firefighter activities formerly prohibited by manager parts may now experience greater support within the system and alcohol use or sex bingeing may become activities of choice; leading to an increased sense of “not knowing who I am” in the swirl of systemic disruption occasioned by the loss event. When the system is primarily firefighter driven prior to the presenting loss event, the firefighter activity may be chronic in response to one or more significant childhood loss(es).

**Transpersonal/Spiritual phenomena.** It is common for clients to report the presence of absence - an awareness of or experience of connection with the deceased. This experience is generally comforting, and can be a concern to managers operating with a belief system that does not allow an easy recognition of post-death connections. These managers may worry about "being crazy" or "hallucinating". They may prevent the information from being disclosed in session. Open-ended enquiry into how the relationship with the deceased is now can give permission for these parts to be spoken for.

Guides may also be available for some clients - a comforting presence that does not feel like a part and may offer the experience of light, warmth, that "All is well". When a guide appears for the client I find it best to simply step back and witness the experience.

Traumatic loss, may be defined as a loss or losses that are so intense that they profoundly overwhelm the resources of the bereaved (for example being witness to the murder of a loved one). As in other trauma, particularly when experienced at a young age, these incidences can magnetize beings or entities that are not inherent to the personality system, but can enter in from the astral or spiritual realms. Clients often report that these entities don't “feel” like a part and a

helpful assessment tool is to ask the part/critter if it is a part of the system. It will say no or respond in vague terms. Generally speaking they have a limited presentation (perhaps repeating one phrase over and over such as “It’s your fault”, “You are evil” or somesuch) and when asked do not have the full presence and history in the system that a part does. They may also intrude in individuals with a propensity for psi phenomena (thought to occur in about 15% of the population) that have not experienced traumatic loss.

These “critters” (as Dick Schwartz refers to them) need to be expelled from the system. It is possible to bring Self energy to them, let them know that this is not their home, and invite them to leave and enter the light to continue on their journey to their true home. If a critter refuses to leave then it must be clearly and firmly directed to do so. Sometimes there may be parts of the system attached to the critter in some way or worried about its absence. It is important to reassure those parts that the system will be fine without it and with Self in the lead.

### **Conclusion**

To sum up, the IFS model offers much to the bereaved individual. Traditional work in the field of Thanatology can and does recognise the affective states (parts with big feelings) and what are often termed mechanisms of avoidance (the protective system). What IFS offers is an understanding of the relationship between the two, an appreciation of how Self energy is available to all clients for healing burdened parts in the grief cluster, and how to therefore facilitate a return to equilibrium within the system more efficiently and effectively than using traditional methods entrenched in the monolithic model of the personality. In addition the IFS model is able to help individuals experiencing unwelcome intrusions and welcome interventions from the transpersonal or spiritual realms - experiences generally viewed as pathological in traditional therapies.

The compassionate unburdening of grieving parts and the establishment of a Self-led relationship with the grief and restoration clusters serves to facilitate confidence that the inevitable future losses need not be threatening to the system. As the grief/restoration related parts learn to trust that Self energy can lead the system there may be a greater readiness to continue to attach and love again.

To see a role-play of working with a bereaved client click here:

<http://www.youtube.com/watch?v=ybRi78VzWtk&list=PLBF3D0C70A8AA18F3>