



SELF-LED GRIEVING: TRANSITIONS, LOSS & DEATH

By Derek Scott

Introduction

Loss is not a problem to be solved. It's an unavoidable recurring life event to which we adapt by grieving. Although grief never feels simple, I use the word *simple* in this chapter to differentiate grief that runs its natural course without obstacle from grief that is made complicated either by unresolved prior loss or by the traumatic nature of the loss. When grief is simple and straightforward the job of the IFS therapist is to be a companion and occasional guide for the bereaved client, keeping company and embodying *Self-energy*, a state of mind characterized by presence, curiosity and compassion. But when we notice the client isolating and feeling overwhelmed or bewildered by loss our enquiry is likely at some point to encounter parts holding stories of unsupported loss in the past, which means we are looking at more complicated grief and our job is to hear those stories and help the parts to heal.

Chapter Overview

In this chapter I illustrate common complications that arise in therapeutic work with grieving clients, including their non-acceptance, guilt, shame, isolation, problematic (or absent) social supports, depression, the urge to suicide and countertransference. For clarity, I divide the chapter into three sections. The first describes simple grief. The second describes grief made complicated by unresolved early or traumatic loss, which can show up in the delay, absence or chronicity of grief. The third covers countertransference, which I place in a category of its own because the therapist must be able to help his parts unblend (i.e. not take the lead in the session) if he is to be effective regardless of the client's history of loss. I illustrate how the principles of internal family systems (IFS) therapy apply throughout the chapter, whether a case is simple or complicated for either the client or clinician.

Section 1

How Grief Shows Up in Therapy

Therapists encounter bereavement during their work in one of three ways. A client seeks therapy because of a loss, a current client becomes newly bereaved, or the therapist experiences a loss in his own life. In the first case, when a client with no experience of IFS seeks therapy after a loss and affect-laden parts are blending and venting as they tend to do in the early stage of grief, we hold the Self-energy for the client's system, that is to say offering "compassionate curiosity" (Wolfelt, 2006, p. 85) and supporting the client with "tenacious caring" (Schwartz 2013, p. 4). In the second case, when a client familiar with IFS is already in therapy, we help her to understand her protectors and listen for vulnerable parts who have stories to tell. Finally, if we are the ones in mourning, our awareness of parts who have experienced loss along with our willingness to seek support will help us stay present and available to our clients.



History Matters

Over the years I've heard clients new to therapy say things like *my family was good, they never beat me or anything*, and I've often heard protective parts summarize childhood as *not too bad or pretty good on the whole*. While I appreciate protectors who gloss over adversity, report no significant early losses, and are casual as they mention the death of a beloved one, they may block other parts who have helpful information about the client's distress and ways of coping.

Therefore, I combine a classic bereavement tool with IFS by taking a *loss history*. The loss history gives the client an opportunity to acknowledge his losses, notice how he survived and appreciate his resilience. At the same time, his history may give me insight into his current response to loss. In order to be as complete as possible with this history, I ask about his supports at the time, what he was told about loss and what his parts learned from watching the way others responded to loss.

I also point out that loss is inherent to the many transitions of childhood. When parents separate, for example, a child may lose the future she expected along with her current life. When a family pet dies, a child may have lost a virtual sibling or a magical being who held many confidences. When a family moves to a new house, a child may lose the fabric and structure of her world. When we listen with open hearted curiosity we hear about the client's attachments and the significance of her losses, which may not be what we would have assumed.

Simple Grief & First Responders: Donna

Donna had been coming to me for about nine months to work on anxiety when she reported that her father had died from emphysema after being admitted to hospital with a chest infection.

"It's funny but even though I'd been expecting him to go I can't quite believe it. I find myself planning a visit to the hospital." Donna looked thoughtful as the afternoon sun shone through the window, illuminating the side of her face. "It was good though. A couple of days before he died he told my boy Kevin that his time had come and he wanted Kevin to grow up and be a man of good conscience like his father. Kevin is only eight. He was so sweet, listening very seriously to everything Dad said."

"How is it to be talking about this?" I asked.

"Strange. After those sessions when I was so sad that he was going and then mad at him for smoking, now I just feel... calm. I thought I'd be much worse off than this."

"It takes a while for the whole system to realize what's happened," I offered, "you may notice different parts responding as the information reaches them."

For the rest of the session Donna reminisced about her life with her father.

"It sounds like you have a storyteller part who wants to take the lead today," I said at one point.

"I guess I do," she said. "Is that okay?"

"It's okay with me, is it okay with you?"

"Yes, this feels like what I need."



I nodded and reached for my tea. In my system I could hear, *But what about focusing on her anxiety? That's what she came for.* I reminded this part that parts who have stories to tell often blend soon after a loss, and my job is to witness them with Self-energy. I assured my part that we would track her system and get back to anxiety when it was once again her main concern.

As we see with Donna, first responders who react to loss with shock, disbelief, denial and numbness, are often closely paired with story telling parts. They titrate the influence of our more vulnerable parts (who will only be revealed gradually) and allow managerial parts to cope with required practicalities like arranging funeral services. In early bereavement work I often use an IFS technique called *direct access* in which my Self speaks directly to the client's part rather than helping it to unblend and guiding her to talk to it. If she is flooded with strong feelings and parts are blending one after another, using direct access allows me to hold the Self-energy in the session while we hear from them. Since grieving can't be rushed, many sessions of direct access may be needed.

Time Passes

Donna stared out my office window at the rain.

"How have you been?" I asked.

She turned to me with a sigh, "Flat. Now that I'm not going to the hospital any more I could get back to the gym or take a course – or even write that damn novel that my writing part has been twittering about for 30 years!"

She smiled and I smiled back, familiar with her inner writer and its persistent dream.

"But I don't have the energy," she went on. "I don't care. Am I depressed? I lie awake at night and feel like a zombie all day. I miss Dad!" Tears began to stream down her cheeks. "I miss him so much! He was there for me. He had my back no matter what. Even when I made poor choices, which lord knows I have." She blew her nose. "Even when I didn't know what I was doing my father always respected and trusted me." She blew her nose again. "Now that he's gone it feels like... no one will ever love me that way again."

I met her gaze and nodded, aware of a heaviness in my chest. "Missing him is painful," I said.

She looked out the window, "It's so painful."

We sat in silence. When she finally looked at me again I could tell that another part had taken over.

"You know what really pisses me off?" she asked.

I raised my eyebrows.

"My husband doesn't get it. He loved Dad, too. And now he's all *What's done is done; your dad had a good run.* And I'm like *what the fuck?* My father did so much for Jeff, among others, and he gets summed up with five words? It makes me want to smack him."

"Sounds like Jeff's not there the way you want him to be right now," I said.



“He’s not!” Then softening she went on, “I wish he were more like Dad. Dad’s message was always *You’re fine. I don’t want to change you.* No questions asked. For me, I think that’s gone now forever.”

Donna put her head in her hands and sobbed, and I felt honoured to hold space for her grieving parts. In this session Donna had first spoken of having no energy, which is common in bereavement, and had then wondered if she was depressed. Andrew Solomon (2001) wrote, “The opposite of depression is not happiness, but vitality,” (p. 443). Since vitality is usually absent for a time during bereavement, Donna was not alone in wondering if she was feeling depressed. But since answering her question at that moment would have taken her out of grieving, I chose to mirror her feelings and stay open and present with the parts who showed up.

The Grief Cluster

As we see in Donna’s sessions, after initial responders we usually hear from the *grief cluster*, the sad parts who are protesting, missing, searching, longing, regretting and feeling guilty. These parts help us on the unavoidable journey after we lose what we need and love. Whether or not they are connected to earlier unresolved losses, grief cluster parts are generally held at a distance until protectors are convinced that the system can tolerate their distress without being overwhelmed. I therefore think of grief cluster parts as neo-exiles. Unlike exiles connected to childhood events whose stories are kept out of awareness until the Self is available, neo-exiles are only held in abeyance at first, so that their experiences can be heard, held and assimilated gradually. I will often share this information with clients as it both normalizes and informs the internal dance between affect-laden neo-exiles and protectors.

Normal Oscillations in Grieving

As I illustrate throughout the chapter, grieving individuals tend to oscillate between being blended (i.e. fully identified with) the grief cluster as it seeks to integrate the meaning of the loss and the restoration cluster as it focuses ahead and urges action. This mixture of grieving and planning ensures periods of relief during a process that can be intensely painful (Stroebe and Schut, 2010). When the whole internal system has had as much processing time as it needs and all has gone well, the restoration cluster will begin to dominate and a new reality that accommodates the loss will be established.

Meanwhile, the meaning of the loss to different parts flows through the system slowly, like a wave. Parts can have intense feelings for weeks or months after a loss, as if just realizing what has happened. I call these *grief attacks*. If the person is blindsided by a grief attack, managers may set about distancing and firefighters distracting. Therefore, I make a point of predicting the possibility of grief attacks and we spend time reassuring protectors that these events are not a signal that something is wrong; rather they are an opportunity for the client’s Self to witness grieving parts.



Section 2

Complicated Grief: The Interface of Bereavement and Burdens

Chronic or delayed-onset grief affects roughly fifteen percent of mourners (Kersting, 2004) and is more likely to occur if the individual has experienced significant loss early in life which remains unresolved, traumatic loss or psychiatric illness; especially if the client had a dependent or ambivalent relationship with the deceased (Lobb et al, 2010). Relational factors like lack of social support or the client's attachment style can complicate grief as well. Wayment and Vierthaler (2002) found that individuals with "an anxious-ambivalent attachment style reported greater levels of grief and depression" (p. 129).

I often see certain protective strategies with complicated grief that Wolfelt (1992) described, including downplaying the importance of a loss by *minimizing*; converting feelings into physical symptoms by *somatizing*; avoiding grieving by *replacing* with a new attachment; feeling anger or sadness in relation to other people and events by *displacing*; and trying to shelve the whole experience by *postponing*. Once we have identified a protective strategy in therapy, I ask the protector if the strategy is working and what it believes would happen if it let the client engage with the loss cluster, as illustrated below.

Over the years I've developed great admiration and respect for protectors and I firmly believe that grief, when uncomplicated, has its own timetable. In consequence, folkloric wisdom about how long grief ought to last is not helpful. That said, when grief is complex, being curious about which protective parts may be contributing to its chronicity or delayed onset is essential.

Postponing Grief: Susan

When Susan was 19-years-old she was the driver in a car accident that killed her older sister and her best friend, leaving the friend's baby an orphan. She came to see me six years later because she had a part who would not allow her to love her own young son, Tyrone, for fear of losing him. Susan found it easy to connect with her parts and by the third session she was familiar with the method.

"Like I told you, the problem is I'm worried that I don't love my son. He's all lovin' his momma with those Christmas and Valentine cards they get him to make at school and I'm all, *Whatever!* I'm pretty sure that's not normal, is it?" she peered at me.

"It sounds like you have a part who's concerned. How about if we ask inside about what's going on?"

"Okay. Hmm. Well, this part is showing me Tyrone and it's drawing a big red circle with a line through it in the air."

"Are you clear what it wants you to know?" I asked.



"I haven't the foggiest! Now it's doing a mime show and... Now it has a little buddy translating. I swear to God I have the weirdest parts. It's saying I can't love Tyrone because he might die and then I'd be in that mess over there."

"That mess over there?" I said.

"It's pointing to a pile of images from the accident. Did I tell you I collapsed in court? The judge thought I was crazy."

"Would it be okay to get to know the parts who are connected to that pile of images over there?"

Her eyes lost focus, "Oh no! No way! This uber-giant just popped up with his arms folded to say we're not going there. He says his job is to keep me sane and that pile will make me crazy."

My policy is to respect the wishes of a protector like this, whom I expect to exert a lot of control in therapy. Because these parts are often aware of the client's history and level of Self-energy, they have a good instinct for the right timing to approach a significant loss. But in this case Susan's uber-protector was polarized with the part who brought her to therapy – her parenting part – whose concerns were also very important; so I wanted to see what kind of negotiation might be possible.

"The uber-protector worries that thinking about the accident could make you crazy, right? And he doesn't want you to be close to Tyrone in case he dies. But the part who brought you to therapy wants you to be Tyrone's mother."

"Well, yes I have a part who is worried about Tyrone needing a mother. But the uber-protector is not the one who wants me to stay away from Tyrone. That's a part who works with the uber-protector," Susan explained.

"How do they work together?"

"Well," Susan's eyes lost external focus again, "it's like if I open up to Tyrone and then something happens to him, he goes onto that huge pile over there. And if that happens they're showing me that the pile will wobble and fall and I'll be crushed. No more me."

"Does that make sense to you?"

"Uh-huh," she nodded, her eyes still glazed.

I was not surprised to hear that Susan's protectors had decided to cut off attachments as well as feelings. I assumed her uber-protector's job was to handle some strong, scary feelings (exiled parts), and that her internal system had little room – after a frightening childhood and the deaths of her sister and best friend – for self-compassion. Although I knew that a client like Susan would have protectors whose goal was to postpone grief or avoid it entirely, I kept in mind that I was also working with parts who longed for connection and balance.

"So the uber-protector and this other one are holding you together, is that right?"

"Yes," Susan said.

"How's it going?" I asked.

"They say they can do it," she said.

"I can see how hard they're willing to work," I said. "But if you could be safe without them having to work so hard, would they be interested?"

"They say only they can be in charge," she reported.



Although I had to respect the uber-protector's wishes, I wondered if it would allow us to work with some of Susan's other vulnerable parts. My idea was to build Self-energy and revisit these more heavily burdened parts later. I wondered if the protectors would allow that, or if we needed to spend more time working with them.

"Would it be okay with them if we worked with some of the other young ones you've talked about – from back when you were a kid? Like the ones who got bullied."

Susan listened internally for a moment and then said, "They're okay with that. But this one," she touched her left shoulder and jerked her head in the same direction, "wants to know if all this is gonna make me a better mama?"

"That's where we're headed," I said.

"Then it says, *Well, all right! Let's go.*"

Susan and I worked on her loss history starting with her youngest exiles. At the same time, we helped her parenting part take better care of her son. After several years in which we focused on creating a sense of internal spaciousness and self-compassion, Susan's uber-protector decided she could attend to the accident without going crazy.

When Oscillations Are Absent: Fran

As therapists we can attend to and support the natural oscillations between the grief and restoration clusters. But when there are no oscillations we want to know why. For example, we may notice that a client is mired in the loss cluster or, conversely, is only looking ahead. If the latter, the person is stuck in the agenda of the restoration cluster and rarely seeks bereavement counselling or therapy until serious consequences build up.

After Fran's adult son Mark died of AIDS she came to therapy because, in reaction to their loss, her husband was spending all his time building a garage. On those rare occasions when Peter spoke of his son's death, he would say, *One door closes and another opens; we have to get on with our lives.*

Peter's relentless focus on restoration made Fran feel she had lost her partner as well as her son. Yet at the same time Fran had parts who were telling everyone that Mark had died of leukemia. As a result, she felt cut off from family, friends and her son Mark as well as her husband. Along with her shame, this self-imposed isolation caused Fran's restoration cluster to step in vigorously so she believed that she, too, should be moving on.

"I just don't know what's wrong with me, Derek. It's been over a year and I keep trying to get on with my life but I feel... I don't know, lonely I guess? And I can't stop thinking about Mark. I know I should be over this by now. Sometimes I have nightmares where he's dying and the life is literally being sucked out of him by a huge... machine-like thing. And his eyes are staring at me, pleading. I wake up with the sweats."

Fran was wringing her hands and shifting uncomfortably in her seat. "The other day I was shopping and I saw some candy Mark liked as a kid and I just lost it. Broke down and had to leave the store. I left my basket in the middle of the aisle. Now I can't go back there. I think maybe something is wrong with me. Do you?" she looked at me anxiously.



“I think you’re grieving, Fran. And you’re trying to deal with this all alone so some parts are eager to put it behind you. But some other parts are missing Mark and they want attention.”

Fran nodded.

“I think it would be most helpful to get to know the parts who are trying to get your attention through dreams or what happened in the store. Would that be okay?”

“Ummm. I’m hearing that I shouldn’t need to do that. I should be strong.”

“Do the ones who want you to be strong have a specific concern?”

Fran listened and then said, “Their concern is that if we open up to all that pain I’m going to be humiliated again like when I was shopping. They’re also talking about how ashamed I felt when people found out Mark was gay.”

“I get what they’re saying and I’m glad they spoke up. But I also have a concern. Would they be willing to hear it?”

Fran nodded.

“In my experience, not paying attention to a part makes it work harder and harder to be heard. Like the one who took you over when you were shopping or the one who interrupts your social time or disturbs your sleep. But after you spend time with a part who’s upset, it will let you listen to other parts, too. Let’s invite your parts to choose who needs your attention first.”

Fran listened inside for a moment and said, “The one who feels ashamed.”

Disavowed Grief

Kaufman (quoted in Doka, 2002) coined the term “disenfranchised grief” to refer to losses that are disavowed or not socially supported, and observed that such losses can intensify emotional reactions across the board (Doka, 2002). He suggested that the “self-disenfranchisement” (which IFS therapists would understand as shaming protectors) is more likely with certain kinds of loss, including miscarriage, the death of a pet and separation from a partner who has perpetrating parts. In Fran’s case, her grief was being disavowed by parts who feared that she would be rejected by her stoic husband and shamed socially because of her son’s sexual orientation and his illness. In the language of IFS, her protectors were trying to save her from being hurt and shamed while her distressed, grieving parts were getting louder in order to get her attention and were, at times, overwhelming her. In response, her restoration cluster was urging her to move on. As we continued with Fran’s therapy, she gradually got more and more access to Self-energy and was able to help her fearful, socially conforming parts relax as well as being able to reassure her restoration cluster that grieving Mark’s death would help her system to stabilize so she really could move on.



Protectors who Minimize: Gordon

Minimizing is an extremely common protective strategy – not just with loss but with problems as imperative as climate change or as banal as running out of orange juice, so naturally we would expect this protective strategy to be present with grief. Gordon had been seeing me for a while when his dog, Bailey, died. His experience of losing Bailey illustrates how a person with a history of early unsupported loss can be flooded with grief in response to a current loss while at the same time feeling deeply ashamed of his grief.

"I couldn't believe it was happening," he said. "When she stopped eating I thought it was just because she was old. Then it went on and I realised she was saying goodbye. I felt really bad but reminded myself that she was just a dog." Gordon was sitting upright, tapping his leg rhythmically with his left hand.

I wondered if he had a part who wanted to move away from thinking about Bailey's death. "I hear you have a sad part along with a part who says she was *just a dog*. Would that one be willing to soften so you can hear from the sad part?"

"Okay. But really I feel kind of stupid talking about a dog so much."

"Maybe the part who feels stupid would be reassured to know that I don't judge you for loving your dog?"

After a silence, Gordon sat back and his fingers stopped tapping. In a quiet voice he said, "Oh wow. This sad part is really, really sad. I feel it now."

Gordon's Struggle

A few weeks later, Gordon told me he had decided to go to a potluck. He had promised to bring his famous bean salad and while preparing it had found half of a limp cucumber in his refrigerator.

"I weighed my options," he said. "Either cycle ten minutes to the store to buy a whole fresh cucumber as the recipe said or use what I had. I just couldn't be bothered to go – and that's not me. I felt apathetic."

"Do you think this apathy is about parts who are missing Bailey?" I asked.

"No, I don't think so," he sighed. "There's just no point in going over it – she's gone and that's that!"

"Sounds like the part who feels resigned about her death has a lot of energy," I said.

"Where did it get the idea that you should forget someone who has died?"

After a pause Gordon said, "It says that's just the way it goes. Everything dies. If we think about it we feel bad."

"We could help the part who's feeling bad."

"It doesn't think you can."

"Why?"

"Because too much has happened to him."

After negotiating with Gordon's vigilant protector for a while we got permission to help the part who was feeling bad. This turned out to be a 6-year-old boy. Gordon's family had emigrated to Canada when he was six. As his parents prepared the new home,



Gordon, who was English, was sent to stay with his mother's Irish parents whom he had never met. In addition to being harsh and mean like his mother, he found his grandparents and their culture alien. After a couple of weeks in their house, Gordon sat down at the kitchen table to write a letter to his best friend and emotional anchor, Jane, whom he missed terribly. Halfway through the letter his grandfather asked who he was writing to and then how he planned to send the letter. Did he have Jane's address? When Gordon said *no*, his grandfather laughed and called him *stupid*. His grandmother, who was standing at the sink, laughed too. Gordon began to cry and then sob. In a flash of rage his grandmother strode over and hit him on the head, declaring that she would *give the cry baby something real to cry about!*

This was the moment in Gordon's life when his resigned 6-year-old took over. Ever since, this part had been reminding Gordon that nobody wanted to hear about his feelings so he should just be quiet. After thanking the resigned part for all his work, Gordon got permission to hear from his sad part. And after listening to the sad part describe his desperate longing and loneliness, along with his fear and hatred of his grandparents, Gordon asked him what he needed.

"I want to turn into a robot and kill my grandparents," he said.

When Gordon was silent, I asked, "Okay with you?"

Gordon nodded and with his compassionate witnessing, the sad part turned into a huge metal man and pummelled the grandmother with one fist and the grandfather with the other. Then he grew larger and smashed their apartment building and finally destroyed their entire town. Satisfied, he turned into Superman and flew off to deliver the letter to Jane.

"Now," said Gordon, "he has a mission. He wants to fly around the world righting wrongs."

"What do you say to him?" I asked.

"I think it's a good idea. And the resigned part is very happy for him. He wants to give up his job and says I can help any other parts who feel bad, too."

"Who needs help next?" I asked.

"The parts who miss Bailey," he answered. "They're crying and saying they want Bailey back." He was quiet for a few moments. "You know, Bailey actually thought I was her puppy." Tears began to roll down his cheeks. "Even though Bailey was blind and crippled from arthritis before she died, if she sensed that I was crying she would struggle up onto her feet and come over to lick my face. This young part is telling me that he was the puppy and she was his mother – his real mother. No wonder I've been so sad." He chuckled, "Oh, that last comment was from my figuring-out part."

A week later Gordon reported how being able to listen with compassion to his grieving young parts had affected his relationship with his surviving dog. "Now I lie down with him in the morning and give him a cuddle. I know he'll die one day so I'm more determined than ever to love him up while I can."

A few weeks later Gordon described walking in the park when a part, as he said, *hijacked* him with sadness. "I noticed this ball of sadness rising from my belly and I asked it, *Do you just need me to know how sad you are or would you like to express yourself*



through my body? The part said it wanted to cry real tears with me present and I was fine with that.”

Gordon’s main protector had learned early in life that open grieving would bring pain and humiliation. So minimizing his attachments became this part’s primary strategy for dealing with loss. When he finally allowed Gordon to access his sorrowful young exiles, he was able to process the real meaning of Bailey’s death – losing the unconditional love of a mother – and feel his grief.

Suicide & Early Traumatic Loss: John

John was a transgendered man who had been my client for a few years. He had taken a break from therapy and then returned to see me after ending the relationship with his girlfriend. He and Rebecca had lived together as monogamous lovers until Rebecca began to seek out casual sexual encounters. This turn of events caused John great distress. Although he had transitioned many years earlier, he had a very young exile who felt castrated and other parts who felt inadequate in comparison to what he called *bio-men*. His experience shows how early traumatic loss can eventually convince protectors that suicide is the only option.

John appeared in my office at the appointed hour, sullen and slumped. “Hi,” he said flatly.

“I hear you’re having a rough time,” I said.

“I guess,” he shrugged, “I guess it’s over between me and her.”

“I’m sorry. I know how much you wanted this to work. How bad has it gotten for you?” I asked.

He sighed, “Normally I can keep my suicide parts at bay by talking about what it would be like to leave the cats and Rebecca and my family. But this time it doesn’t seem to matter.”

I sat quietly for a moment. Internally I noticed a part who was talking about loving John and not wanting him to die. I acknowledged the part and asked him to soften so that I could stay with John. “My guess is that your suicide part is connected to some parts who are in a tremendous amount of pain, is that right?”

John nodded.

“So your suicide part believes it can only end this pain by ending your life?”

More nods.

“Would it be willing to give you some space so it can feel you?”

Looking up, he said, “It’s more than one part. They say, *We all want to die*. As far as they can see, nothing can help.”

“I know they believe that. On the other hand, maybe there are some parts buried inside who don’t want to die but do want to live without pain. What do you think?”

“I guess,” he shrugged. “But they don’t think so.”

“I get that you have a lot of parts who believe there is no answer to your pain except dying. And I want them to know that we can heal the pain instead of you dying.”

“They don’t believe that,” he said.



“They don’t have to believe it,” I replied, “but how about giving me and you a chance. Would they agree to seeing what we can do?”

After a pause John nodded, “They like you so they agree.”

“If you don’t mind, just double-check for me on whether the parts who want to die are agreeing? Sometimes a manager steps in.”

“No, it’s them.”

“Great. Please thank them from me.”

After this John’s suicide protectors stepped down. In subsequent sessions it became clear that his relationship with Rebecca validated his parts needing to feel equal to bio-men. We had formerly worked with his dad parts and their regret about not being able to father a child, as well as many of the young boy parts who were distressed at being schooled in an all-girl environment. The breakup with Rebecca triggered a part who felt less than bio-men, which became a trailhead to a deeper exile who was in great anguish regarding his castration. The pain of feeling he had lost his penis was so intense that protectors in John’s system believed suicide was the only solution.

My preferred approach with suicide parts is to negotiate enough time to do exile work. However, if suicide parts don’t have sufficient trust in the client’s Self they may decide that suicide is the only possible option and hospitalizing the client becomes a life saving necessity. Of course, if a suicide protector is determined, it can bide its time, say the right things and achieve its goal with or without hospitalization, but I have not had this experience. The most important element of working with suicide protectors is attending to our parts who over or under react to risk.

From an IFS perspective, contracting against suicide is ineffective at best and dangerous at worst. It’s ineffective because the part who agrees is likely to be a compliant manager and not the suicide part. It’s potentially dangerous because exiling the suicide part can increase its desperation and the risk that the client will be injured or killed. An active suicide part may be allied with some other protectors or claim to speak for the entire system, but whatever a suicide protector says, these parts don’t want to die – they simply see no other way to handle the extreme distress of exiles (Richard Schwartz, personal communication, December 12, 2013). Their goal is to stop emotional pain. As I did with John in this example, I assess for suicide by asking, *How bad does it get?* In my experience, suicide parts soften when I treat them with respect and understanding, helping them to realize that the Self is around to care for the exile and making sure they feel connected to the Self.

Section 3

Countertransference: Helping Parts Unblend

Because attachment, loss and grief are universal experiences, our own loss experiences are inevitably awakened by grieving clients. We may have managers who consider the grieving of clients who are flooded with emotion every session to be excessive. Or our firefighters may start fantasizing about cheesecake or a drink as we listen to their stories. Empathic parts may get overwhelmed when imagining us in a similar situation.



The key to IFS therapy is: know yourself. The key to IFS grief work is: know your losses and feel your own grief. Acknowledging our internal life makes us far more able to respond to our client's needs appropriately.

Losing a Child: Janice

Some losses are terrifyingly random and sudden. The violent death of a child is particularly heart breaking and often evokes a feeling of dread in adults who are parents. After Janice's 21-year-old daughter was killed by a hit-and-run drunk driver, she went to three therapists before coming to me. I asked her why she had not stayed with the others.

Her tone flat and despondent, she said, "I just didn't like them."

"Can I ask what it was you didn't like about them?"

Janice shrugged, "I guess they were okay. I just didn't feel like they could help me."

I wondered what had prevented Janice from feeling connected to these other therapists. She clearly wanted help with her pain and I wanted to help her; but I had a part who was concerned about being dismissed as unhelpful, too.

Reassuring my concerned part that we could learn more, I asked, "What was unhelpful?"

Janice raised her head to look at me. "One said that she thought the pain must be unimaginable." Although her tone was still flat, I could see the challenge in her eyes.

"The other told me it was every mother's worst nightmare and started crying."

I sensed that my response would determine if she could consider me a potential support or not. Inside I heard parts agreeing with the other therapists. One started to imagine losing my 6-year-old daughter and tears came to my eyes. I acknowledged this part and asked it to step back. Staying curious was essential to establishing rapport with Janice. I said, "When they said that, what did you feel?"

Angry tears sprang to her eyes, "I know what a nightmare this is, I'm living it! I don't need someone who has no idea what it's like to sit there and cry. It's not my job to take care of the therapist – I'm here for help!"

I indicated the tissue box and said, "Sounds like you feel isolated in this experience and these therapists made it worse."

Janice, blowing her nose and nodding, added, "I hear the same thing from friends and coworkers. And then they feel completely awkward and I know they wish I'd just go away so they wouldn't have to deal with me."

After several sessions, Janice was still speaking from a blended part, "Nothing helps. I come here week after week and it doesn't help. My daughter is gone!"

"This part sounds hopeless," I said.

Janice replied angrily, "I'm sick of hearing you say the word *part*. She's gone." Suddenly she shouted, "Don't you get it? Gone!" Then she slumped as another part blended. "Of



course you don't get it. How could anyone? Why would anyone want to? God, I'm so alone!"

I nodded.

Janice cried softly and then wiped her eyes. "Sometimes I think I should just move. Get out of the apartment with all those memories. But I don't have the energy. I feel trapped."

Using *direct access* I met her gaze and said, "This is so, so hard." She nodded.

I have noticed that when I use direct access my parts are more likely to blend and I need to be internally vigilant. In the role of *parts detector* I consistently invite the client to be curious about her own experience, which is easier for me because when I shift to responding to the client's blended parts directly, a number of my parts want to take over. I find I need to pay particular attention to my *helpful* parts, who are not my Self. A curious, Self-led approach includes open-ended questions that invite the client to share her experience. For example, when Janice described the bleakness of being home alone without her daughter, I asked *What brings you comfort?* And she replied that sleeping with her daughter's clothes on the pillow helped. If, in contrast, my advice-giver had sprung to life (perhaps offering a suggestion *How about if you lit a candle by your bed for her each night?*), I wouldn't have been available or curious. His temptation, however, is great. Faced with an anguished client who feels she cannot make decisions, my advice-giver longs to mobilize with helpful suggestions. I remind him that taking over is siding with the client's helpless part against the client's Self and her capable parts, which will just reinforce her despair.

He reluctantly steps back, saying, *But this is so hard*. Yes it is. I offer him compassion, which helps him tolerate feeling helpless. As Wolfelt (2006) wrote, "It is out of your helplessness that you ultimately become helpful... 'compassionate curiosity' is what you really need" (p. 86).

I'm also alert to my agreeing part, who gets seduced by the beliefs of *self-evident truth* parts in the client – at least if he agrees with them. These truths are many and varied: *I guess I just need to resign myself to feeling this way, or I don't think anybody really wants to know what's going on inside me*. When I catch myself nodding or giving that therapeutic grunt of assent, I know my agreeing part has taken the lead. He blocks me from feeling curious and helping my client to feel curious about the parts who generalize their feeling of impotence.

Over months of work I witnessed Janice struggle with meaninglessness: *I live in a world nobody understands. I don't get how they can care about such ridiculous shit!* and alienation: *I need to leave the conversation whenever people talk about their kids – I know they stare at me. I can't help it!* Her world felt very small to her: *When I'm at work I'm going through the motions; when I'm at home I sit and rock until I'm sleepy or wander around like a zombie*. Each week seemed to bring a fresh aspect of her missing of her daughter: *I still can't cook. We used to cook. We'd put on music and dance around*



the kitchen chopping and laughing. I mean, I do cook. But I'll never, ever cook like that without her.

I noticed parts who would prepare for our session. Some were heartbroken at her despair. Some wondered what we would do if Maya (my daughter) died. How would we go on? Some felt we weren't helping her. Some wished she would *get over it*. Others were distressed about not being able to *fix it* for her – they were allergic to feeling helpless in the face of suffering.

I know these parts well. As I acknowledged them, they settled into a big stone semi-circle behind me. In my personal therapy I attended to my feelings. When my intellectual protectors wanted to talk loftily about the existential condition, my therapist helped me catch them. I was reminded that my grieving clients give me the gift of noticing my own trailheads. In sessions with Janice, I focused and refocused on her, whose suffering I could not fix, whose unrelenting misery my parts had to endure.

Cultural and Spiritual Beliefs: Go with the Flow

Therapist parts can be challenged when clients share experiences that are outside of our cultural or personal framework, including beliefs about afterlife. In grief work our imperative is to acknowledge and welcome a variety of cultural and spiritual beliefs about death. For example, mourners who feel their experience is being pathologized in therapy will avoid sharing information about the continuing relationship they have with the person who has died. A simple question, *Are you still talking to him? Is she showing up for you in some way?* invites this information. In general, I normalize and welcome discussion about any and all aspects of a person's grief.

Conclusion

Grieving typically starts with the shock, disbelief and numbness of first responders. As they give way, the storyteller often steps in, followed by the cluster of parts who are actively grieving as well as some parts who blank out and distract to ensure respite from grieving. Finally, our need for balance after profound disruption is so great that we have another set of parts, the restoration cluster, whose job is to restore equilibrium. Once they get to work, we oscillate between their efforts to welcome new connections and the grieving we need in order to know the depth of our loss.

The job of the IFS therapist is to be a compassionate companion, a witness to the client's experience and sometimes a guide. The role of guide is most relevant when the current circumstance is extreme (as with suicide, homicide and the death of a child) or complicated by unresolved prior loss. Although simple grieving is a matter of keeping company with the client, when grieving is complicated I apply the usual principles of IFS therapy: I spend a lot of time validating, reassuring and inviting protectors to ally with the Self. I am always on the look out for suicide parts, who are common with complicated grief. I keep a particular eye out for physical distress because warded off feelings are often communicated somatically. And my goal is to unburden exiles.



Whether the client's process is simple or complicated, I try always to be aware of my parts. Unlike addiction or childhood trauma, which may or may not be part of the therapist's story, we all have a history of loss. I work to stay in connection with my experience as it manifests in my parts. I notice my therapist parts when they feel they should be *doing more*, and I notice parts who get swamped with empathic distress. The gifts of countertransference are many: one is the opportunity to help our parts to unblend and differentiate their empathic distress from Self-energy; another is the opportunity to follow our parts' feelings as trailheads for our own healing.

In sum, as I work with grief using IFS I follow the natural oscillations of grieving. I normalize the mourner's investment of energy in the process and I remain alert to early unresolved losses that complicate grieving. In addition, I'm aware that my feelings and my cultural and spiritual beliefs can be obstacles to their healing. My job throughout is to be vigilant in helping my parts to unblend so that I can access Self-energy, stay present with the client's pain and spot protectors who avoid grieving now because of unsupported loss in the past.

Our capacity to both embrace and facilitate Self-led grief "bolsters a lifelong practice of learning to trust Self-leadership" (Schwartz, 2013, p 22) and affords us the opportunity to welcome new connections fully – aware of the possibility that we may lose them and secure in our knowledge that the Self will attend to our grieving parts.



REFERENCES

- Kauffman, J. (2002). The psychology of disenfranchised grief: Liberation, shame, and self-disenfranchisement. In K. Doka (Ed.), *Disenfranchised grief: New directions, challenges and strategies for practice*. Champaign, IL: Research Press.
- Kersting, K. (2004). A new approach to complicated grief. *APA: Monitor on psychology*, 35(10), 51. Retrieved from <http://apa.org/monitor/nov04/grief.aspx>
- Lobb, E. A., Kristjanson, L. J., Aoun, S. M., Monterosso, L., Halkett, G. K. B., & Davies, A. (2010). Predictors of complicated grief: A systematic review of empirical studies. *Death Studies*, 34(8), 673-698.
- Schwartz, R. C. (2013). The therapist-client relationship and the transformative power of Self. In M. Sweezy & E. L. Ziskind (Eds.), *Internal family systems therapy: New dimensions* (1-23). New York: Routledge.
- Solomon, A. (2002). *The noonday demon: An atlas of depression*. New York: Touchstone.
- Stroebe, M., & Schut, H. (2010). The dual process model of coping with bereavement: A decade on. *Omega*, 61(4), 273-289.
- Wayment, H.A., & Vierthaler, J. (2011). Attachment style and bereavement reactions. *Journal of loss and trauma: International perspectives on stress and coping*, 7(2), 129-149. Retrieved from <http://dx.doi.org/10.1080/153250202753472291>
- Wolfelt, A. D. (1992). *Understanding grief: Helping yourself heal*. Bristol, PA: Accelerated Development.
- Wolfelt, A. D. (2006). *Companioning the bereaved*. Fort Collins, CO: Companion Press.