# IFS All Ireland All Island Meitheal and Community Gathering

*by Niall McKay*

In May, over fifty therapists from North and South of the border met for the first Island of Ireland Internal Family Systems (IFS) community gathering. IFS is an increasingly popular therapeutic approach used by clinicians working with trauma, addiction and PTSD.

If you have seen the Disney animation *Inside Out* (Docter, 2015), then you already have a useful doorway into the concept behind IFS: a model that suggests we are not simply one unified voice, but an inner system made up of many different "parts," each with its own feelings, fears, impulses and protective intentions. Part of me, for example, wants to write this article, while another part of me would much rather binge-watch season two of *Rivals*. In IFS, the aim is not to defeat these parts, but to understand them, listen to what they are trying to do for us, and allow a calmer, more compassionate Self to lead (IFS Institute, n.d.; Schwartz, 2021; Schwartz & Sweezy, 2020).

Richard Schwartz, the founder of Internal Family Systems, made a special appearance at the gathering via video conference. Schwartz has said that he "came upon" the theory of parts rather than invented it, while working as a family therapist in the 1980s. Versions of the idea, however, have been around in psychotherapy, philosophy and literature for a very long time, and are considered later in this article.

"I was told that you have a word called *Meitheal*," said Richard Schwartz, as he addressed the gathering by Zoom, referring to the Irish word for a collective or community effort (Ó Dónaill, 1977). "That corresponds to Self-energy. Healing happens in connection, and this meeting gives a sense of belonging and connects us to something bigger. I believe that the idea could take hold in Ireland, especially because you have some legacy burdens." (R. C. Schwartz, personal communication, May 23, 2026).

"It is exciting to host this special opportunity to come together, connect and celebrate the growing IFS community across the island," said IFS Lead Trainer, Certified IFS Therapist and Founder of IFS Ireland Marie Tierney. "I am struck by the power of people gathering from all corners and different parts of the island of Ireland – north and south, east and west, and Irish people living in the UK, to build connection and community." (Marie Tierney, personal communication, June 1, 2026).

Organisers Marie Tierney, Jenny Mooney, Samantha Yap and Terry Shevlin used the Open Space Community model (Owen, 2008) — a participant-driven meeting format — to invite the group to propose topics that could help bolster the IFS community in Ireland.

These topics included making IFS therapy available in the public healthcare system, exploring Self-energy and the Middle East, hosting a European IFS conference in 2030, growing awareness of IFS and its potential in Ireland, and creating cost-effective retreats and a more accessible IFS community.

Part of the reason IFS seems to travel so easily is that many people recognise the experience before they ever encounter the theory. I know I did.

I came across my different parts while recovering from an autoimmune disease-induced liver transplant in 2023, which seemed to re-trigger my childhood trauma. I've since learned this is not uncommon under the circumstances. (Annema et al., 2017; International Society for Traumatic Stress Studies, n.d.)

I spent my days walking the beaches near my home in Wicklow Town and finding myself being berated by a cacophony of internal critics. To be fair, I was on a healthy dose of steroids and immunosuppressants, but about six months into this madness, I mentioned it to a therapist friend: *Who the hell am I talking to in my head? What is answering me back? And why are they being so mean to me?*

He suggested I look up Internal Family Systems. Before I had even left the parking lot, I had downloaded Richard Schwartz's book *No Bad Parts* on my phone. I learned that IFS sees the person as made up of parts: *exiles*, often young wounded parts; *firefighters*, who distract us from pain through food, alcohol, scrolling or other escape routes; and *managers*, who try to keep everything under control through work, achievement and vigilance.

Small wonder, then, that I felt I was going bonkers. The coping mechanisms that had kept my childhood trauma at bay had been removed: I could no longer work, push through, perform, or distract myself while recovering from a very serious operation. In IFS terms, my managers and firefighters had lost their usual jobs, and the exiles were getting closer to the surface.

All these parts can crowd out what IFS calls the Self: the calmer, wiser, more compassionate centre in us that can sometimes appear in an emergency and take charge. The aim of IFS is to help us connect with that Self-energy, so the parts can settle and begin to work together rather than against one another. For me, after some very uncomfortable months, something shifted. One restless morning, at 5am, I woke to a voice in my head that simply said: *Niall, I've got you.*

The concepts behind IFS are not new. Psychotherapeutic inner multiplicity has conceptual parallels with Freud's psychic agencies, Jung's autonomous complexes, Janet's dissociation theory, and Assagioli's sub-personalities. Other traditions with related ideas include Berne's ego states, Gestalt chair-work and ego-state therapy (Assagioli, 2000; Berne, 1961; Freud, 1961; Jung, 1960; Perls et al., 1951; Watkins & Watkins, 1997). Similar motifs can be found in Plato, Aristotle, Buddhism and, of course, Robert Louis Stevenson's (1886/2003) *The Strange Case of Dr Jekyll and Mr Hyde* — perhaps the classic story of what happens when one tries to suppress one's darker side.

For clinicians and clients, IFS has several attractive properties. Firstly, it is non-pathologising, which means it focuses on understanding emotional experiences as meaningful responses to life events, rather than simply looking for symptoms, pathology or disorder. Secondly, it is frequently used in trauma therapy because clinicians can work with a client's internal system without necessarily requiring them to recount distressing traumatic experiences in detail.

"I have found it a non-shaming way to work with our guys," said Dr Eileen Corroon Sweeney, a Consultant Psychiatrist with the Inclusion Mental Health Service in Dublin South City and Clinical Lecturer in the Department of Psychiatry at Trinity College Dublin. (E. Corroon Sweeney, personal communication May 27, 2026).

Sweeney, who works with the homeless in Dublin's inner city, said many of her patients already carry a deep sense of shame because so much of their daily life is treated as rule-breaking.

"Sleeping rough is prohibited, as is loitering, consuming alcohol or substances publicly, or going to the bathroom," she said. "Their whole life is prohibited. So with IFS, I am able to work with them in a non-shaming way by asking them, for example: tell me about the parts of you that are worried about trusting us with your story or that may have opinions about taking medications" (E. Corroon Sweeney, personal communication May 27, 2026).

Dr Sweeney said her clients often seem to grasp the concept intuitively. She also finds IFS useful alongside other recovery-oriented models and methods, including CHIME — Connectedness, Hope and Optimism, Identity, Meaning and Empowerment — a five-process framework that emerged from a 2011 systematic review of 97 international studies into how people describe their own recovery from serious mental illness (Leamy et al., 2011).

That is one of the strengths of IFS: it appears to integrate well with other modalities, including Eye Movement Desensitisation and Reprocessing (EMDR), Sensorimotor Psychotherapy and Somatic Experiencing (Levine, 2010; Ogden et al., 2006; Shapiro, 2018). Attendees split into groups and discussed the topics. One group looked specifically at the possibility of bringing IFS into the HSE and the wider public healthcare system in Ireland. But therein lies one of IFS's weaknesses. While the IFS Institute, the organisation founded by Richard Schwartz, describes IFS as evidence-based, there are not yet enough studies to give it the same scientific heft as better-established approaches like CBT, or even EMDR (National Institute for Health and Care Excellence, 2018; World Health Organization, 2023).

The healthcare group discussed the gap between clinicians lived experience of IFS as an effective therapeutic approach and the limited number of scientific trials supporting its efficacy. This lack of research evidence is holding back wider adoption, particularly in public healthcare settings, despite clinicians anecdotally reporting its usefulness with trauma, addiction and PTSD.

In the recent scoping review, *Exploring the Evidence for Internal Family Systems Therapy: A Scoping Review of Current Research, Gaps, and Future Directions*, Megan E. Buys of the University of Notre Dame Australia surveyed twenty-seven studies on IFS (Buys, 2025). Seventeen were case studies, five were experimental studies, three were qualitative studies and just two were randomised-controlled trials. The report found that existing evidence highlights IFS as a promising treatment, particularly for chronic pain, depression, post-traumatic stress disorder, and the development of self-compassion and self-forgiveness. However, it also found that the current body of research remains limited in scope.

This is part of the challenge facing IFS in Ireland. The IFS Ireland community is estimated at approximately 150 Level 1 trained therapists, some of whom have also completed Level 2 and 3 training, and about 100 IFS-informed practitioners, including therapists, coaches and members of the public who have attended an introduction to IFS workshop. (Marie Tierney, personal communication, June 1, 2026).

For Marie Tierney, the question is how to grow interest in the modality so that a sustainable Irish training structure can be established. IFS UK and IFS Institute organise Level 1 trainings in Ireland with the support of a local Irish training coordinator. IFS Ireland's focus, however, is not simply on delivery of training, but also on community building. Sustainable infrastructure will be needed to support ongoing development, particularly if the model is to become more widely available and accessible.

At the gathering, Schwartz took questions from the floor and was asked whether IFS risks encouraging the expression of clients' darker parts. Given that one of the great strengths of IFS is that it is a non-

blaming, non-shaming modality — one in which clients are encouraged to understand their more difficult parts rather than reject them — the question made sense. After all, Schwartz's best-known book is titled *No Bad Parts*. Could accepting these parts mean giving them permission to act out?

Schwartz was quick to point out that there is a difference between accepting a part and approving of its behaviour.

"When I am working with a suicidal part," he said, "you can ask the question: 'what do you think would happen if you didn't kill the person?' Invariably, you will get an answer that the part needs to stop something terrible from happening, or that it can't stand to see its person suffer so much. My response to that is: 'if I can stop the suffering, do you still need to kill them?' What's happening is that the part is trying to sacrifice itself for the good of the whole person." (R. C. Schwartz, personal communication, May 23, 2026).

That distinction — between accepting a part and endorsing its behaviour — may be crucial to understanding why IFS is gaining traction among clinicians. It does not ask people to excuse harmful impulses, nor to suppress them. It asks what those impulses are trying to protect, what pain lies beneath them, and whether the system might be led by something calmer than fear, shame or survival.

In *No Bad Parts*, Schwartz (2021) describes working with a client who had a part that made her cut her wrists. At first, he tried to make the part stop. He and the client badgered it until it agreed not to cut her wrists again. But by the next session, the client had cut her face instead.

For Schwartz, this became a turning point. He realised he needed to stop trying to bully the part into submission and instead ask what it was protecting. The answer was that the part had once helped the client survive childhood abuse by taking her out of her body and controlling rage that might have made the abuse worse. Its behaviour was dangerous, but its original function had been protective. The part was not living in the present; it was still trying to protect her from a danger that had already passed (Schwartz, 2021, pp. 21–22).

Years ago, I had internalised the phrase "estimable people do estimable things." Similarly, the parts I referred to earlier — those voices berating me in my head — had driven me from early childhood trauma and significant dyslexia towards achievement as a writer and filmmaker. They had helped me survive. But during my recovery, they were no longer useful in the same way.

So I used Schwartz's guided exercises to go back and meet those parts. Following his instructions, I asked them what age they thought I was. They were surprised to hear that I was an adult (Schwartz, 2021, p. 38). I then asked what they feared would happen if they stopped driving me so hard. They thought I would stop functioning and become lazy. So I told them that my adult self would make sure that didn't happen. Finally, I asked what they would like to do instead, if they no longer had to protect me in that way (Schwartz, 2021, p. 55).

They said they would like to play.

So that Christmas, my wife and I bought each other gifts for our seven-year-old selves. On Christmas morning, I built a red Lego Ferrari F40.

Perhaps that is why the word *Meitheal* an Irish world used to describe a group of neighbors coming together to gather up the harvest, feels so apt. IFS is not simply about individual healing. At its best, it

imagines the inner life as a community in need of relationship, repair and leadership. And in Ireland, where personal wounds and collective wounds have so often been carried quietly, this may be exactly why the model is beginning to find a home here.



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