

When Different Parts of Us Want Different Lives

Inner conflict, protective adaptations, and helping the whole person participate

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The person who understands and still feels trapped

A person arrives with an unusually clear account of their inner life. They recognize the voice that demands more, the response that disappears under pressure, and the longing that neither seems able to protect. They can draw the cycle. They understand something of its history. Yet by the end of another exhausting week, they are still asking why understanding themselves has not made living any easier.

Sometimes our next intervention adds another explanation. Sometimes what is needed is a different kind of encounter: a few moments in which a familiar response can appear without being hurried, corrected, or recruited into another improvement project.

I am interested in what happens when the person who has spent years managing themselves begins to feel accompanied in being themselves. A map can help us arrive there. Its usefulness depends on whether it opens a relationship with experience that was previously met with pressure, contempt, fear, or abandonment.

This is the clinical invitation behind BKL's parts pathway. The learner may begin by naming an inner conflict. In therapy, we can ask what happens between the responses, between the person and their experience, and between the two of us as we try to help.

What the language of parts makes possible

"Part of me wants to go, and part of me wants to stay" is ordinary human language. It gives expression to multiplicity without requiring a diagnosis or a belief that the mind contains discrete internal people. For some clients, personifying a response brings immediate relief. Others prefer to speak of an impulse, a state, a habit, or a familiar way of coping. The clinical task survives any of these choices.

Richard Schwartz's IFS framework describes protective roles: managers anticipate difficulty, firefighters seek urgent relief, and exiles carry vulnerable experience. Self describes a compassionate, curious capacity for relationship with parts. These are concepts within a particular model; behavior alone cannot establish a role. Working late, for example, might express fear, pleasure in mastery, an economic necessity, or several things together.
[1]

Voice Dialogue offers a related but distinct account. Its Aware Ego process concerns developing a relationship to opposing selves while living with the tensions of choice. It does not require making every self happy. This differs from IFS's account of Self and from AEDP's descriptions of changing experiential states. The differences matter, even when the approaches illuminate similar clinical moments. ^[2]

In practice, I might ask: "Would it help to call this a part, or does another description fit better?" That small question establishes something consequential. The client can use our language, change it, or decline it. Their capacity to correct us is part of the work.

The relationships we carry inward

David Calof brings a systemic sensibility to inner life. In his writing about adults who survived childhood abuse, he examines how internal organization can preserve family roles, rules, and contradictory demands. The family relationship may continue as an internal relationship: one position monitors, another submits, another holds what could not safely be expressed. His invitation to "put the psyche back in the system" keeps the interpersonal and intrapsychic in conversation. ^[3]

That specialized account should not become an explanation imposed on every client. Ordinary ambivalence does not establish dissociation, and a punitive inner voice does not prove a particular childhood event. What travels usefully into broader practice is a question: What kind of relationship is being enacted inside this person?

Does uncertainty meet ridicule? Must tiredness justify its existence? Is longing permitted only when disguised as usefulness? Can anger be heard without being given permission to injure? These questions help us move from a catalogue of parts toward the conditions under which a person lives with themselves.

A client may tell us, "I understand why I push myself." Then, almost in the same breath: "But I should be over this by now." The explanation has changed while the relationship remains familiar. We can stay close to that moment: "As you say you should be over it, what happens to the part of you that is already tired?" The inquiry concerns an event occurring here, where both of us can notice and revise our understanding.

When protection becomes a struggle for control

Consider a fictional client, Alex, who alternates between relentless effort and refusal. As a deadline approaches, Alex works late and becomes increasingly severe: "You cannot afford to fall behind." Eventually something in Alex answers, "I am doing nothing." Tasks accumulate. The accumulating work appears to confirm the need for greater pressure.

Calling this a polarization becomes useful when we can describe the reciprocal escalation. Pressure strengthens refusal; refusal strengthens pressure. The term adds little if it merely means that Alex has two wishes.

The therapist can be drawn into either position. We might become the sensible organizer, offering a plan that sounds to Alex like another supervisor. Or we might align so thoroughly

with exhaustion that the real deadline disappears from our account. Each response risks leaving one concern unrepresented.

We could ask, “What does the pushing response fear would happen if it eased up?” Then, with equal seriousness, “What does refusing protect you from?” We need not assume that either will answer in words. We can also ask about workload, unclear instructions, sleep, available help, and whether the task is realistically possible.

A useful experiment might include a limited period of work, a genuine stopping point, and a request for clarification. Both concerns must alter the plan. A break that exists only as a reward for finishing everything leaves the original pressure intact. A break that indefinitely abandons an important obligation leaves another problem unattended.

Understanding protection deepens responsibility when it helps Alex choose with more information. “A part of me took over” can describe an experience; it does not transfer authorship of conduct away from the person who must respond to its consequences.

Self Leadership

Compassion can become one more demand. A client who has learned to earn acceptance may try to become exceptionally good at accepting themselves. Now there is the original distress and the additional failure of not meeting it correctly.

IFS’s Self Leadership offers a way to consider how we relate to experience rather than merely control it. Clinically, we must notice when our invitation to curiosity becomes another test. If a client reports irritation, we can begin there: “What is it like to be asked to feel kindly toward something that has made your life so difficult?” ^[1]

Suppose a fictional client, Maya, tries a self-compassion exercise and immediately begins evaluating whether it worked. When the therapist suggests relaxing the evaluation, Maya feels newly corrected. The important next move may be the therapist’s acknowledgment: “I think I have just given you another thing to do well.” If Maya recognizes that account, the room may become a little less organized around achievement.

Self Leadership need not look serene. A person may be angry and still able to consider another concern, grieving and still aware of the room, uncertain and still able to refuse an unsuitable intervention. We can notice a small increase in perspective without asking the person to become an idealized version of a model.

Finding the words that belong to the experience

Eugene Gendlin’s account of felt meaning helps us stay with what has not yet become clear. Felt meaning includes a situation’s implicit complexity; it is more than a bodily sensation considered in isolation. A tentative phrase can be checked against that complexity, adjusted, and checked again. Thinking and feeling participate together. ^[4]

We might offer “afraid” and hear, “No, more cornered.” We might assume an image means danger and discover that the client experiences warmth or possibility. Such corrections

bring us closer to the person. They also reveal whether our clinical confidence has left room for surprise.

Questions can remain modest: “Does that word fit?” “What is different about cornered?” “Would you rather leave it unnamed?” A sensation does not have to yield an age, an image, or a childhood explanation. The person who says “I do not know” may be giving us the most accurate account available.

There is also a difference between staying near experience and continually asking someone to go deeper. More inward attention can become intrusive. Some clients need to move, look outward, speak concretely, or think something through before returning to sensation. An intelligent explanation can help a person remain present. Its function becomes clearer through what happens next.

Making room for what receiving brings up

A fictional client, Robin, describes relief when the therapist responds warmly. A moment later, Robin becomes suspicious: “You probably say that to everyone.” We could treat suspicion as an obstacle to receiving, or become interested in how closely relief and danger have arrived together.

Jerry Lamagna’s intra-relational approach within AEDP considers how a person’s relationship to overwhelming inner experience can shift from threat toward engagement. His account is especially helpful when distress makes interpersonal comfort difficult to receive. It also cautions us that directing attention into the body can intensify dysregulation rather than help. ^[5]

For Robin, a useful question might be, “Would it be all right to notice the relief and the doubt together, without deciding which should win?” We can ask what amount of contact is welcome, accept a change of subject, or name our own uncertainty about what would help. Trust needs room for refusal.

The therapist’s presence matters through its actual qualities: whether we listen when corrected, remain emotionally available without pressing, and keep appropriate limits. Warmth that requires gratitude can reproduce a burden. An interpretation of mistrust that leaves the client unable to question us can do the same.

I would want to know whether Robin feels freer to say what is true, including what is disappointing about me. That freedom offers a more useful clinical direction than winning an argument on behalf of my sincerity.

When grief opens into a different experience of self

Sometimes the work moves beyond understanding a protective response. A person begins to feel what maintaining it has cost. Someone who has always had to be exceptional may encounter grief for the ordinary, imperfect life they did not feel entitled to inhabit.

In a fictional illustration, Sam speaks about the exhaustion of having to justify every mistake. The therapist allows time. Sam becomes tearful, then describes a little more room

in the chest. Asked what it is like to be accompanied, Sam says, “I do not feel judged.” There is sadness, and also something unfamiliar: a sense of being acceptable while unfinished.

Fosha’s concept of undoing aloneness gives language to the relational dimension of such work. Her emphasis on moment-to-moment phenomenology asks us to follow what actually occurs. Metatherapeutic processing extends attention to the experience of change itself: what it is like to feel relief, tenderness, or a new capacity, and to experience that with another person. ^[6]

We might ask Sam, “What is it like to hear yourself say that?” Then we wait. There may be pleasure, embarrassment, skepticism, nothing further, or a wish to stop. A welcome experience deserves the same freedom from pressure as a painful one.

Descriptions of spaciousness, warmth, release, or connection can resemble accounts of other profound experiences, including psychedelic experiences. Resemblance does not establish identical mechanisms or equivalent outcomes. Here, the clinically useful question is what this experience means to Sam and whether it becomes available in living: perhaps in asking for help, tolerating an error, or enjoying something without immediately earning it.

The therapist’s parts enter the room too

Calof’s instruction, “Stay centered, authentic, use self as instrument,” brings the therapist’s presence into the heart of the work. We attend to the needs expressed through a protective response while noticing our own impulse to rescue, persuade, withdraw, or take control. Can we remain emotionally available without becoming another voice in the client’s familiar inner struggle? ^[7]

Perhaps we become unusually persuasive with the client who doubts everything. Perhaps we feel compelled to rescue the person who expects disappointment, or grow distant when someone needs us openly. Calof invites us to notice these shifts in ourselves: becoming controlling or appeasing, feeling helpless, or losing concentration when the work reaches an impasse. Such moments call for curiosity about our participation in the encounter, while keeping responsibility for our responses with us. ^[8]

The Person-of-the-Therapist Training model, developed by Harry Aponte and colleagues, makes our own emotional struggles relevant to clinical usefulness. Aponte and Karni Kissil describe working with enduring “signature themes” as resources for connection, assessment, and intervention. The task involves knowing and using ourselves with discipline rather than waiting until we have no vulnerabilities. ^[9]

Our inquiry can be quite personal. What happens in me when someone will not improve? Do I become ashamed when a client declines my invitation? Can I feel protective without taking over? Do I explain when I am uncomfortable remaining with sadness?

Our own therapy, supervision, and reflective practice can help us recognize these movements before they organize the session. Having encountered our own reluctance may make another person’s reluctance less offensive. Having learned to receive care may help us offer care without needing it to be accepted immediately.

These capacities do not require narrating our history to the client. Sometimes the most useful expression of our inner work is a brief repair: “I moved too quickly.” Then we make room for the client’s account of the impact, without asking them to reassure us.

Slow enough to notice what our help is doing

Allan Schore’s account of right brain-to-right brain communication draws clinical attention to implicit, nonverbal dimensions of the therapeutic relationship: affective timing, tone, expression, and regulation within an encounter. It offers a reason to examine the manner of an intervention alongside its words. It does not let us infer a particular brain process from a client’s expression. ^[10]

For this work, slowing down means leaving enough space to discover the effect of what we just did. A client’s quick agreement may accompany genuine recognition or a familiar accommodation. We can ask. A long silence may be welcome contact, confusion, or distance. We can ask about that too.

I am especially interested in the moment after something meaningful happens. My wish to explain may arrive just as the client begins to feel. A good formulation can orient the encounter, but there are times when putting it into words takes us away from what is still unfolding.

The practical discipline is to follow rather than assume: “What happened as I said that?” We remain responsible for direction and judgment while allowing the client’s response to change both.

Bringing the five modules into therapy

The BKL parts pathway gives learners a modest structure for noticing and reviewing ordinary experience. The companion *The Parts of You That Disagree* introduces the language. Therapy can provide responsive accompaniment where a self-guided exercise reaches its limits.

1. Read the map without becoming the map

Ask whether the learner recognizes themselves in the description. Separate the event, bodily response, interpretation, action, and consequence. A map that increases shame or creates a fixed identity needs revision. No childhood origin or hidden part has to be discovered to make an ordinary encounter more understandable.

2. Make room without forcing calm

Explore what helps the person have some perspective while remaining in contact with feeling. This may involve the chair, the room, movement, or your steady company. If the learner stopped the practice because it felt wrong, begin by understanding that decision. The aim is sufficient choice, not a prescribed emotional state.

3. Understand the protector's job

Keep the possible function tentative and examine present conditions. An anxious response may need accurate information; an exhausted one may need fewer demands. Ask what your interpretation misses. The module does not ask learners to retrieve painful memories or undertake unburdening alone.

4. Negotiate one small behavioral experiment

Help both concerns influence a specific, reversible choice. Clarify responsibilities, a stopping condition, and a review point. Then examine what happened. If the trial increased strain, revise the proposal rather than treating the result as evidence that the client is resisting change.

5. Build a sustainable inner check-in

Review capacities in ordinary life: noticing sooner, asking clearly, making a repair, receiving support, or setting a responsible limit. The final portrait and encounter cycle remain editable accounts. A more elaborate diagram does not establish improvement. Help the learner keep what serves them and put down what has become another obligation.

A life with room for more of oneself

There is a particular tenderness in discovering that a response we have despised once tried to preserve something important. There can also be grief, anger, or impatience. We need enough room for the entire response to that discovery.

The work becomes useful when a person can hear an old warning without surrendering the whole decision to it; when relief can be felt without immediately being mistrusted or converted into a task; when a mistake can be repaired without becoming a verdict on the self.

Our part is to offer a relationship in which these possibilities can be encountered, questioned, and practiced. We bring knowledge, and we bring the self who has learned something about staying with what is difficult. We remain willing to be surprised.

Eventually, the person may need the map less often. They recognize a familiar pressure, feel the concern beneath it, and make a choice that belongs to their present life. Something once managed at a distance has become possible to meet.

References

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