

Internal Family Systems Therapy with Black Men Navigating Racialized Traumatic Grief

Allen Eugene Lipscomb

Department of Social Work, California State University Northridge, Northridge, CA, United States

Email: Allen.Lipscomb@csun.edu

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Abstract

This theoretical article examines how Internal Family Systems (IFS) therapy can be adapted as a culturally responsive clinical framework for supporting Black men navigating traumatic grief shaped by racialization and systemic oppression. Building upon Dr. Allen Lipscomb's scholarship on Black male grief which foregrounds the cumulative emotional toll of oppression, chronic racial trauma, and the phenomenon of invisible mourning, the article proposes an integrated framework for conceptualizing the protective internal dynamics that often emerge in response to racialized grief. Using an IFS lens, clinicians are invited to engage with protective parts that guard against the overwhelming pain of racialized loss while facilitating the safe unburdening and reintegration of exiled emotional wounds. A clinical case vignette illustrates the application of this model in practice, followed by implications for delivering culturally attuned, congruent, and anti-oppressive mental health care to Black men.

Keywords

Black Male Grief, IFS, Internal Family Systems, Grief, Racialized Trauma

1. Introduction

Black men in the United States experience grief in ways that are profoundly shaped by racialized loss, systemic devaluation, and social silence (Lipscomb, Ashley, & Riggins, 2019; Curry et al., 2022; Lipscomb, 2020). While grief is often conceptualized in Western models as a response to personal bereavement, for Black men it frequently involves cumulative losses linked to premature death, community violence, police violence, and structural oppression. Research has shown that racial trauma “emotional, psychological, or physical pain as a result of racism” is chronic among Black Americans and contributes to complex grief responses (Lipscomb & Ashley, 2018; Lipscomb, Ashley, & Marks, 2021; Lipscomb et al., 2019).

Furthermore, traditional grief models fail to account for how systemic oppression and racial identity influence how grief is experienced and expressed. For example, research on Black male grief emphasizes how racialization imposes a lens on Black men's loss, often rendering it invisible or unacknowledged in clinical and social settings (Lipscomb & Ashley, 2018). Thus, grief for Black men is not only about individual personal loss, but also about living within systems that consistently devalue Black male life, making grief both a personal and sociopolitical experience.

The purpose of this article is twofold. First, it aims to offer a theoretical integration of the Internal Family Systems (IFS) therapy model with the conceptual framework of Black male grief articulated by Lipscomb & Ashley (2018). By doing so, the article proposes a culturally congruent lens through which therapists and clinicians alike can recognize, validate, and support the emotional complexity and internal multiplicity of grieving Black men. Second, the article seeks to provide clinicians with concrete considerations and a culturally responsive framework to guide their practice when working with Black men experiencing racialized traumatic grief, thereby moving beyond pathologizing grief responses to honoring survival-based protective processes in anti-oppressive and antiracist ways.

2. Theoretical Relevance

Dr. Lipscomb's scholarship collectively argues that grief among Black boys and men must be understood as a phenomenon inseparable from racialization, structural violence, and anti-Black state practices; grief is frequently racialized, misrecognized, or "mis-bereaved", and thus requires clinical frameworks that center racialized trauma, cultural specificity, and anti-oppressive practice (Lipscomb & Ashley, 2018; Lipscomb, Ashley, & Marks, 2021; Lipscomb et al., 2019). Across community and clinical contexts from barbershops to families and correctional reentry settings Black male expressions of mourning are shaped by gendered expectations, survival adaptations, and constrained access to culturally congruent supports, which can lead men to somaticize, sexualize, or otherwise privatize grief responses rather than access formal care (Lipscomb, Ashley, & Riggins, 2019; Curry et al., 2022; Lipscomb, 2020). Lipscomb work underscores that grief among Black men is often invisible, unprocessed, and emotionally suppressed as a survival strategy in response to racialized trauma and marginalization within and outside of societal systems. Within this framework, grief is not simply the reaction to a discrete loss; rather, it frequently stems from chronic exposure to violence, premature mortality within one's social network, and ambient threat of loss in Black male life. Meanwhile, the IFS model offers therapeutic tools to access internal parts and promote self-leadership without pathologizing survival-based protective responses (e.g., numbness, emotional withdrawal). Emerging empirical research (e.g., Phillips, Rose, & Strickland, 2022) has begun to demonstrate that self-leadership—a core component of IFS—is a significant mediator in the relationship between racial identity attitudes, race-related stress, and mental health outcomes in Black populations. By merging Lipscomb's model of Black male racial-

ized grief with the IFS framework, this article advances a culturally responsive therapeutic approach that acknowledges the structural, interpersonal, and intrapsychic dimensions of grief for Black men, and leverages a parts-based model to facilitate healing aligned with cultural and racial realities.

3. Literature Background: Black Male Grief and Racialized Oppression

Before the experience of grief among Black men cannot be fully understood without situating it within the intersecting forces of race, gender, and systemic oppression. As Lipscomb and Ashley (2018, p. 52) emphasize, Black male grief is “racialized” in that losses are often compounded by racial trauma, generational disenfranchisement, and the ongoing dehumanization of Black male bodies. In their qualitative study of 77 racialized Black men, Lipscomb and Ashley (2018) used a Critical Race Theory (CRT) lens to illustrate how grief emerges not only from individual bereavement, but from a continuum of racialized harm and collective trauma. Briefly grounding their approach in core CRT tenets such as the permanence of racism, which asserts that racism is a normal and enduring feature of U.S. society helps contextualize how systemic and structural forces shape the grief experiences of Black men. From this perspective, grief is understood as embedded within unrelenting racist structures that continually reproduce loss, invisibility, and psychological threat. Their framework identifies four core themes: (a) grief as racialized; (b) grief as invisible and unacknowledged; (c) protective strategies that mask vulnerability; and (d) systemic contexts that shape loss experiences (Lipscomb & Ashley, 2018).

3.1. Core Themes from Lipscomb’s Framework

1) Grief as Racialized

Lipscomb and Ashley (2018) argue that Black male grief is fundamentally shaped by the legacy of systemic oppression. Black men often confront multiple and overlapping losses including the death of kin, exposure to community violence, and the ambient devaluation of Black male life which are intensified by racial trauma. This framing expands grief beyond a personal response to discrete bereavement and acknowledges its sociopolitical roots. (e.g., Wilson & O’Connor, 2022).

2) Invisible and Unacknowledged Grief

Lipscomb and Ashley (2018) highlight that grief among Black men is seldom given permission or space to unfold. Clinicians, social systems, and cultural narratives often fail to recognize the unique expression of grief among Black men. This invisibility means that losses are marginalized, and the emotional work of mourning may go unsupported.

3) Protective Strategies

Within Lipscomb’s framework, Black men frequently adopt survival-oriented protective strategies such as emotional suppression, detachment, hypermasculinity, and resilience masking vulnerability to navigate bereavement amid racialized

threat. These coping responses may serve immediate survival purposes but complicate the natural unfolding of grief.

4) Systemic Contexts

The framework explicitly ties Black male grief to broader systemic contexts: disproportionate death due to police violence, health disparities, high rates of incarceration, economic marginalization, and community violence. Lipscomb and Ashley (2018) note that the scale and nature of losses faced by Black men differ qualitatively and quantitatively from those captured in traditional grief models.

3.2. Impact of Oppression on Emotional Expression

Racialized oppression has profound implications for how Black men process and express emotional pain. When emotional suffering is chronically invalidated or minimized by societal structures, internal fragmentation may follow. For example, restricted emotionality among Black men has been empirically associated with childhood abuse and parental relationships in incarcerated samples (Thorpe et al., 2021). In their study of 183 incarcerated Black men, Thorpe et al. (2021) found that men with lower parental closeness and higher abuse histories reported greater emotional restrictiveness an outcome suggestive of disrupted grieving processes.

Moreover, coping with racialized stress and gendered expectations specifically the mandate to appear emotionally unaffected interferes with the natural trajectory of grief. In their analysis of Black American men's reactions to perceived discrimination, Wilkinson et al. (2020) documented associations between emotional and physical reactions to discrimination and depressive symptomology, underscoring the toll of emotion-suppression in racialized contexts. Meanwhile, Barringer et al. (2023) coined the term "trauma-altered identity" to describe how systemic oppression, masculinity ideologies, and multiple losses converge to shape Black men's identity and emotional experience. These survival adaptations while protective can impede emotional processing, reduce opportunities for meaning-making, and limit grief resolution. In sum, when grief is both racialized and socially silenced, it becomes not only individual sorrow but a manifestation of systemic injury.

4. Internal Family Systems (IFS) Therapy: An Overview

The therapeutic model known as Internal Family Systems (IFS) therapy (Schwartz, 1995; Schwartz & Sweezy, 2020) conceptualizes the human psyche as a self-organizing internal family of parts and a core Self. This section provides an overview of the foundational concepts of IFS and its relevance to trauma work, which is especially pertinent for interventions with Black men navigating racialized traumatic grief.

4.1. Foundational Concepts

Central to IFS is the notion of internal multiplicity: humans possess distinct sub-personalities or "parts" that enact various roles within the internal system (Schwartz

& Sweezy, 2020). Among these, three primary categories are commonly described: Exiles, Managers, and Firefighters. Exiles are the young, vulnerable parts of the system that carry emotional burdens—shame, grief, fear, and trauma from past experiences (IFS Journal, n.d.). Managers function as proactive protectors; they attempt to maintain control and keep exiled parts from emerging, often through perfectionism, rationalizing, or over-responsibility (Crowe Associates, 2017). Firefighters are reactive protectors that act impulsively to numb or distract from pain when Exiles' emotions break through (Schwartz & Sweezy, 2020; IFS Journal, n.d.). At the center of this system is the *Self*—a core state of healing energy characterized by compassion, curiosity, calmness, and clarity, often described as the “8 C's” (IFS Institute, 2023; IFS Recovery, n.d.). The Self is not another part, but rather an innate capacity for internal leadership and integration. Within therapy, the clinician's task is to help clients access this Self energy, unblend it from extreme parts, and facilitate harmony and healing among them (Schwartz & Sweezy, 2020).

4.2. IFS and Trauma

IFS is recognized as a non-pathologizing, trauma-informed model that enables clients to approach internal wounds with compassion and curiosity (IFS Institute, 2023). The framework posits that trauma symptoms arise from parts being stuck in extreme protective roles rather than from any inherent defect or pathology (Just Mind, n.d.). This stance is particularly relevant for individuals and communities who have internalized systemic trauma and developed protective emotional structures such as Black men navigating racialized traumatic grief. Empirical studies have demonstrated the efficacy of IFS for trauma-related conditions. For instance, Hodgdon et al. (2021) conducted a pilot study of adults with complex trauma and found that participation in IFS treatment was associated with significant reductions in post-traumatic stress symptoms and improved emotional regulation. Such findings affirm IFS's value as an evidenced-based trauma treatment. Additionally, the model's emphasis on compassionately engaging protective parts and facilitating Self-leadership supports healing for those whose grief and trauma are compounded by systemic oppression (IP-Trauma, 2025; Parts & Self, n.d.).

In the context of racialized traumatic grief among Black men, IFS offers a culturally attuned therapeutic approach that aligns with non-pathologizing principles. It validates protective responses as adaptive, invites compassionate curiosity toward wounded parts, and empowers individuals to lead their internal systems from a place of authenticity and wholeness.

5. Theoretical Integration: Applying IFS to Black Male Racialized Grief

In seeking to integrate the therapeutic model of *Internal Family Systems (IFS) Therapy* with the racialized grief framework developed by Allen E. Lipscomb and Wendy Ashley (2018), it is helpful to map key observations about Black men's grief onto core IFS constructs. Lipscomb's qualitative work with Black men

demonstrated patterns of suppressed grief, hypermasculine regulation of affect, explosive or avoidant emotional responses, unacknowledged sadness and fear, and collective or intergenerational loss (Lipscomb & Ashley, 2018). When viewed through an IFS lens, each of these phenomena correspond with parts-dynamics: protectors (Managers and Firefighters) and Exiles.

For example, Lipscomb's observation that Black men often suppress grief in order to survive within environments of racial threat aligns with the IFS concept of Manager parts those inner voices or sub-personalities whose job is to maintain control and prevent vulnerable feelings from surfacing (Schwartz & Sweezy, 2020). The pattern of hypermasculine affect regulation where strength and stoicism are valorized can likewise be conceptualized as Manager parts enforcing rules like "I must not show sadness" or "I must appear unbreakable." When emotional triggers cannot be contained by Managers, Firefighter parts intervene impulsively through anger, substance use, withdrawal, or detachment paralleling Lipscomb's description of explosive or avoidant responses to emotional stimuli (Lipscomb & Ashley, 2018). Furthermore, the unacknowledged sadness, loss, and fear that Black men carry correspond to Exile parts in IFS young, wounded parts burdened with grief and trauma that protective parts work tirelessly to conceal (Schwartz & Sweezy, 2020). Lipscomb's attention to collective and intergenerational grief rooted in historical oppression, premature death, and racialized violence also suggests the presence of systemic Exiles or inherited trauma within parts systems, a concept increasingly explored in IFS trauma work (Hodgdon et al., 2021). Incorporating the IFS concept of *legacy burdens* further enriches this framework, as legacy burdens describe emotional, cultural, and historical wounds passed down through families and communities. Applying this concept to Black men's racialized grief highlights how intergenerational transmission of racial trauma shapes internal parts systems, burdening Exiles with inherited narratives of survival, vigilance, and unresolved grief.

Beyond mapping, a culturally responsive application of IFS with Black men navigating racialized traumatic grief must attend to several clinical considerations. First, therapists must validate the protective parts that have developed to survive racial trauma rather than pathologize them, for example recognizing that a stoic Manager part may have kept the individual safe in hostile racialized environments. Second, employing culturally sensitive language enhances resonance: within the therapeutic dialogue, "parts" might be introduced as "survival voices" or "emotional roles" rather than clinical jargon. Third, clinicians should honor spiritual and ancestral traditions as internal resources aligned with the Self understood in IFS as the core state of healing energy characterized by compassion, clarity, calmness, curiosity, connectedness, courage, confidence, and creativity (Schwartz & Sweezy, 2020). Finally, acknowledging community-based grief expressions rituals, collective memorializing, intergenerational remembrance ensures that the therapeutic process aligns with cultural and communal practices of Black men. The role of the clinician in such work is also distinct. Therapists must

understand the socio-political context shaping Black men's grief namely racialized violence, economic marginalization, health disparities, and social silencing (Lipscomb & Ashley, 2018). They must also remain aware of countertransference and racial dynamics in the therapeutic relationship: for example, a Black male client's protective parts may perceive the therapist as another racialized system, making trust building essential. Approaching the client's internal system with cultural humility, patience, and relational attunement enables the Self-lead to emerge and guide healing of wounded parts.

In sum, integrating the IFS model with Lipscomb's framework offers a relational and systemic therapeutic approach that is both internally coherent (within IFS theory) and culturally congruent (with the lived grief experiences of Black men). This synthesis aims to facilitate recognition of protective parts, access to underserved Exile parts burdened by racialized grief, and emergence of Self-led healing within a context that honors both personal and collective loss.

6. Clinical Application and Illustration

To illustrate how the integration of Internal Family Systems (IFS) therapy with a racialized grief framework can unfold in clinical practice, consider the following hypothetical case of a 35-year-old cis-gender heterosexual Black man, Lamont Williams who is grieving the sudden death of a childhood friend due to police violence. The client presents with detachment, irritability, avoidance of emotional conversations, and self-blame. From an IFS perspective, his internal system might be mapped as follows: *a Manager part enforcing the rule "keep it moving" and emotional suppression; a Firefighter part resorting to substance use when grief threatens to surface; and an Exile part carrying grief and helplessness tied to both the specific loss and historical racial trauma.*

In therapy, the first goal is to build trust with the protective parts (Manager and Firefighter) and to recognize their positive intent they have developed to preserve the client's survival in a context of racial threat. This aligns with IFS theory, which emphasizes that protective parts are not pathological but enact protective strategies. Next, the clinician supports the emergence of the Exile holding deep grief and racialized trauma into conscious awareness, facilitating unburdening through the client's access to the Self—characterized by curiosity, compassion, and clarity. The therapist guides the client in reintegrating emotions as valid and non-threatening, thereby restoring inner cohesion and agency. This process honors the culturally embedded grief of Black men formed not only by discrete losses but by systemic oppression and intergenerational trauma by embedding IFS interventions within a culturally responsive frame. Throughout this process, the clinician remains attentive to the socio-political context of the client's grief: the devaluation of Black male life, the invisibility of racialized loss, and the cultural expectation of emotional stoicism. The approach recognizes that emotional suppression and hypermasculine self-regulation often serve survival functions. In mapping these dynamics into IFS terms (Manager, Firefighter, Exile) or making cultural modifica-

tions of the IFS terms (e.g., Craig, Debo, Felicia), the therapist neither pathologizes the client's survival strategies nor asks immediate disclosure of trauma but instead invites parts of the system into dialogue through culturally sensitive language perhaps referring to "survival voices" or "inner guards" or "Debo guards" rather than clinical Eurocentric jargon. Ancillary resources such as spiritual or ancestral traditions are incorporated, aligned with the Self's capacity for leadership and healing. The clinician navigates counter-transference issues, engages with cultural humility, and frames trust-building as foundational to dismantling internalized racialized grief.

In sum, this clinical illustration demonstrates how IFS offers a structured yet flexible map for addressing the complex grief of Black men shaped by racialized trauma, systemic loss, and protective emotional adaptations. It invites a process of parts-recognition, compassionate Self-leadership, internal reintegration, and culturally congruent meaning-making promoting healing within both personal and community-embedded dimensions of grief.

7. Implications for Clinical Practice

A culturally grounded clinical practice application of IFS requires expanding the understanding of "Self" beyond an intrapsychic construct to include culturally specific sources of strength, identity, and healing that resonate with Black men. In the IFS model, Self is characterized by qualities such as compassion, clarity, courage, and connectedness. For many Black men, these qualities do not emerge in isolation but are nurtured through deeply rooted cultural, historical, and communal traditions. Ancestral wisdom, often carried through oral histories, generational storytelling, and collective memory, can serve as a powerful pathway to accessing Self energy. When framed within IFS, connection to ancestors or lineage can help clients anchor themselves in a broader narrative of survival and resilience, countering internalized messages of devaluation. This cultural grounding supports Exile parts by offering a sense of continuity, belonging, and affirmation across time.

Similarly, spirituality in Black communities, whether rooted in Christianity, African diasporic traditions, or personal spiritual practices, often embodies core qualities of Self such as hope, compassion, and inner guidance. Clinicians can help clients draw upon these spiritual resources not as a method of avoidance, but as a culturally congruent pathway for strengthening Self energy during experiences of grief, fear, or emotional fragmentation.

Community connection is another essential source of Self energy. Black communal practices, including collective mourning rituals, mentorship relationships, barbershop culture, and faith communities, often cultivate shared care, accountability, and emotional grounding. Integrating these relational and communal aspects into IFS work allows clients to recognize that Self is not only an internal capacity but also expressed through cultural, spiritual, and relational systems. In this critically conscious expanded framework, Self becomes more than an individ-

ual healing resource. It becomes a culturally and historically situated source of empowerment that supports Black men as they navigate racialized grief. By clearly linking Self energy to ancestral, spiritual, and community-based strengths, clinicians can offer a culturally congruent model of healing that honors both the internal system and the wider sociocultural context shaping Black men's emotional experiences.

The following are additional clinical practice considerations.

7.1. Emphasizing Contextual Grief

In clinical work with Black men navigating racialized grief, it is essential for practitioners to acknowledge that grief is not solely a personal or intrapsychic process but is deeply embedded in broader racial and societal contexts. Research demonstrates that for Black Americans, experiences of loss are often compounded by structural injustices, collective trauma, and premature bereavement rooted in racialization, thereby making grief simultaneously individual and collective. Consequently, clinicians must orient their understanding of grief to include the historical, communal, and political dimensions of loss not simply the death of a loved one but the loss of safety, dignity, community, and future possibilities.

7.2. Avoiding Pathologization and Incorporating Positioning

One of the critical implications for practice is the imperative to avoid pathologizing behaviors that serve as adaptive protective responses to racialized trauma and grief. Emotional suppression, hypermasculine displays of strength, avoidance of vulnerability, or even anger and irritability can be understood as protective parts of the internal system, a viewpoint aligned with the non-pathologizing orientation of the IFS model. For example, culturally responsive grief literature affirms that many African American clients may experience and express grief in ways that diverge from conventional Western models such as minimal verbal expression, communal ritual, or relational spirituality and these forms should not be viewed as deficits but as culturally congruent adaptations. Clinicians thus can support clients in relating to their "parts" (in an IFS sense) with compassion, acknowledging the protective intent behind strategies like detachment or stoicism rather than responding with shame or judgment. Additionally, the therapist's own racial identity and positionality play a critical role in this process. A clinician's identities, social location, and lived experiences can significantly shape the therapeutic alliance, particularly when working with protective parts that may be wary of oppression, mistrust, or racial harm. Therapists must engage in ongoing reflexivity regarding how their positionality influences attunement, trust-building, and the pace at which protective parts feel safe enough to soften or unblend.

7.3. Cultivating a Culturally Affirming Space

A culturally affirming therapeutic space recognizes and integrates the cultural, spiritual, and communal resources that Black men bring into the grief process.

This may involve incorporating metaphors, rituals, or language drawn from the client's cultural context (e.g., communal memorials, ancestral remembrance, faith traditions). Research points to the importance of spirituality and community ritual in African American grief processes. Therapists should allow space for a broader spectrum of grief expression including anger, numbness, silence, stoic resilience as valid and meaningful rather than solely targeting standard grief symptoms. Such an approach honors the multifaceted nature of racialized and collective grief and aligns with culturally responsive training and practice that centers lived experience, resilience, and community narratives.

8. Potential Challenges

Applying an IFS-informed, culturally responsive framework to Black men's racialized traumatic grief offers significant therapeutic potential, yet several challenges may arise in practice. One of the most prominent obstacles involves navigating strong coping behavior of resistance or mistrust from clients whose protective parts have been shaped by generations of racialized harm. For many Black men, skepticism toward mental health systems and toward therapists themselves is not merely individual reluctance but is rooted in historical and ongoing systemic oppression. These protective parts may perceive vulnerability as dangerous, view the therapist as a potential threat, or resist exploring Exile parts associated with racialized grief. Additionally, therapists may encounter challenges in differentiating between parts-based resistance and deeply ingrained survival strategies that have functioned adaptively within oppressive contexts. Efforts to engage protective parts too quickly may inadvertently retraumatize clients or reinforce mistrust. Clinicians must therefore balance pacing, transparency, and cultural humility while consistently reaffirming client autonomy.

An additional challenge involves the therapist's own positionality. Providers who are not attuned to their racial identity, implicit biases, or the historical context of Black male oppression may unintentionally trigger client defenses or misinterpret culturally grounded expressions of grief. Without sustained self-reflection, consultation and supervision, therapists may struggle to maintain the non-pathologizing stance central to both IFS and anti-oppressive and antiracist practice.

Finally, systemic constraints such as limited session time, organizational pressures, or a lack of culturally informed training in IFS may hinder clinicians' ability to fully implement this model. Addressing these challenges requires ongoing professional development, institutional support/accountability, and a commitment to relational trust-building that honors both the cultural and psychological dimensions of Black male grief.

9. Future Directions

Future scholarship should examine how Internal Family Systems (IFS) therapy can be intentionally adapted for Black men who experience racialized grief and

collective trauma. While IFS has demonstrated efficacy in addressing complex trauma and internal fragmentation (Hodgdon et al., 2021), there remains a significant gap in the literature regarding its cultural translation for racially marginalized populations. Research on culturally responsive trauma interventions suggests that Black clients benefit most from therapeutic approaches that explicitly acknowledge racism, historical trauma, and systemic oppression as sources of psychological distress (Bryant-Davis & Arrington, 2022; Carter et al., 2021). Qualitative methodologies, including phenomenological and narrative approaches, could be particularly effective in capturing the nuanced internal systems of Black men navigating grief that is both personal and collective. Such research might explore how parts (e.g., Managers, Firefighters, and Exiles) manifest in response to racialized trauma, community violence, and intergenerational loss. Furthermore, empirical studies could assess how integration of ancestral and communal frameworks within IFS interventions enhances engagement and therapeutic outcomes for Black male clients (Comas-Díaz, 2021).

Clinical Practice Development

In clinical practice, future developments should include the creation of IFS-informed grief support groups and community healing circles specifically designed for Black men. These spaces could foster collective healing and mutual witnessing of grief within culturally affirming and relational contexts (Lipscomb & Ashley, 2018). Community-based interventions that integrate IFS principles such as parts mapping, compassionate witnessing, and unburdening may offer Black men opportunities to reframe grief not as weakness but as an act of resistance and remembrance. Additionally, culturally adapted IFS tools should be developed that integrate narratives of racial resilience, spirituality, and ancestral strength, aligning with research on Afrocentric and liberation-based healing practices (Phillips et al., 2022). Such adaptations might include the use of culturally resonant metaphors (e.g., “inner ancestors” or “protective spirits”) to describe Self-leadership and internal parts, fostering deeper connection between IFS practice and Black men’s lived experiences. The future of IFS with Black men lies in its ability to hold both the intrapsychic and sociocultural dimensions of healing honoring the internal system while acknowledging the external systems that shape it.

10. Conclusion

Black male grief, as Lipscomb and Ashley (2018) underscore, cannot be understood or treated without addressing the lived realities of racialization, systemic violence, and intergenerational oppression. For many Black men, grief is entangled with survival strategies that have developed within a sociocultural context marked by racism and marginalization. Thus, any clinical approach that fails to consider the historical and collective dimensions of loss risks reproducing the very conditions that silence and pathologize Black men’s emotional worlds (Lipscomb & Ashley, 2018; Thomas et al., 2022). Internal Family Systems (IFS) therapy offers

a culturally responsive and trauma-informed framework to help Black men reconnect with vulnerable or “exiled” parts of themselves that have been suppressed in the face of racial trauma (Schwartz & Sweezy, 2020). By engaging the protective “manager” and “firefighter” parts with compassion, clinicians can facilitate a process of unburdening that honors both individual and collective experiences of grief (Hodgdon et al., 2022). Ultimately, the integration of IFS within a culturally grounded and antiracist clinical lens enables practitioners to support Black men in reclaiming emotional wholeness. Through honoring the inner system, unburdening racialized trauma, and restoring Self-leadership, clinicians can promote healing that affirms both the personal and political nature of Black male grief (Anderson et al., 2023; Lipscomb & Ashley, 2018). Importantly, connecting this intrapsychic healing to community level advocacy and action reinforces the understanding that personal restoration is inseparable from broader movements toward social justice and collective liberation.

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Conflicts of Interest

The author declares no conflicts of interest regarding the publication of this paper.

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