

System Ecology Mapping

*An IFS-Informed Framework for Understanding
Eating Disorder Parts*

Clinical Purpose

Eating disorder parts often function as central regulators within an internal system, coordinating affect, attachment strategies, identity protection, and trauma containment.

This worksheet invites clinicians to move beyond “the ED part” and instead map the relational ecology of the system—how parts interact, protect, polarize, and stabilize one another.

This is not intended for early-stage clients or rapid unblending and is best used when:

- The clinician has an established Self-to-part relationship
- The client has some internal awareness and affect tolerance
- The goal is integration, not symptom suppression



Integration

What might it be like to thank this behavior for how it tried to help—without letting it continue to lead?

Therapist Note:

Use this worksheet to soften shame and open meaning-making. Avoid rushing toward change.

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Section 1: Locating the Eating Disorder Part in the System

Rather than starting with category (manager/firefighter), explore function and influence.

Name or describe the eating disorder part as the client experiences it:

Primary roles this part plays in the system (check or add):

- ☐ Affect regulator
- ☐ Attachment protector
- ☐ Identity organizer
- ☐ Trauma container
- ☐ Boundary enforcer
- ☐ Protester / communicator
- ☐ Other: _____

When this part is active, what improves internally?

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Section 2: Mapping System Relationships (Ecology Lens)

A. Parts That Rely on the Eating Disorder Part

Which parts benefit from the ED part doing its job?

Part	What It Avoids	What It Gains
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B. Parts Polarized Against the Eating Disorder

These may include judgmental managers, “recovery” parts, or externalized expectations.

Part	Its Fear	How It Relates to the ED Part
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C. Vulnerable Parts the ED Part Protects

(Do not access directly unless Self-energy is strong.)

Exile / Vulnerable Part	What It Carries	What the ED Part Fears Would Happen
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Section 3: Self-Energy Assessment (Clinician-Guided)

Invite the client to reflect from within the system, not cognitively.

When the eating disorder part is present, how much access to Self is available?

Rate each from 0–10:

- Calm: ____
- Curiosity: ____
- Compassion: ____
- Clarity: ____
- Connection: ____

Clinical reflection:

Is the ED part allowing limited Self-energy, or blocking it entirely?

What conditions seem to increase Self-access?



Section 4: Legacy & Burden Hypotheses (Not Conclusions)

Without rushing toward unburdening, explore gently:

- What might this part have learned about:
 - Need?
 - Control?
 - Visibility?
 - Dependency?
- What relational or cultural contexts may have shaped its role?

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Section 5: Reframing the Treatment Stance

Complete collaboratively (client with clinician):

"If we treat the eating disorder part as an organizer rather than an enemy, our work might shift by..."

"This system seems to need _____ before the ED part can soften."

Section 6: Clinical Cautions (For Clinician Use)

Consider slowing or resourcing if:

- ED part becomes increasingly rigid
- Polarization intensifies
- "Recovery parts" become coercive
- Client reports loss of internal stability

Stabilization and alliance with the ED part is not failure—it is often prerequisite.

Closing Clinical Frame:

Eating disorder parts are rarely "maladaptive" in isolation.

They are brilliant responses within constrained systems.

IFS applied well in ED treatment is less about unburdening quickly and more about earning trust from the part that holds the system together.