

Internal Family Systems as Gender Affirming Care:

A Personal and Systematic Investigation

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Meeting Someone New

Two Augusts ago my therapist suggested we try something new. Maybe she called it “parts work” at the time, or by the acronym “IFS.”

She asked me if I wanted to focus on the feeling that was upsetting me earlier. There had been a couple things lurking this summer; an ongoing relationship just turned long distance, my new restaurant job, a never-ending conflict with my mom’s husband. But none of these things in particular were weighing on me heavily that day. Instead, I had run into family friends of my ex-girlfriend at work the other day and since then I’d had an uneasiness that really stuck with me. The fast heart rate, whole body tense feeling hadn’t subsided yet.

This therapy session, Dana thought we could try a different method. She had just been to a new training and was interested in trying out this method with me. Before we started the method, she explained it a little. She told me that it’s like a guided meditation with visualization. She advised me to just observe what I see without judging or analyzing anything too quickly. Just go with the images that were coming through, be open, and try not to assume that I was making anything up. I’d recently had a very powerful guided meditation with a reiki practitioner, so I was well primed for a more ethereal approach.

Throughout the session we’d been talking a lot about how this feeling has the same cadence as my breakup from 2020, and this memory from when I was 11 and upset my mother that hangs like a sour nail in my chest. So, at this point in the session, she asked if I wanted to try to visualize this feeling.

“Do you want to close your eyes?” Dana asked me.

“Okay.”

“So try to get comfortable, take some deep breaths.” Her speech was slow, meditative. She waited several pauses between most phrases. I sat upright, breathing deeply, trying to relax my thoughts and focus on the nervous, swelling sensation from earlier.

As I focused on the feeling, I started to see a soft shape of my body, almost like a red outline. The shape appeared like a puffy stick figure except he was composed entirely of lava. That stingy feeling.

I spoke out loud to Dana, while I was seeing images under my eyelids, describing his shape and composition. She asked if there is anything this thing wants to show me. So, in my head I asked him. Then, like a dream or a memory, he started showing me drawings he had made. He did not tell me, I simply knew. They were on white pieces of paper, crayon drawings like how little kids make. A house with some grass.

I told these things back to Dana. She asked if there was anything else he wanted to show me. The red figure took me to my childhood bedroom—the youngest version. He took me to my “Thomas The Tank Engine” bed that I had as a toddler. Around the room he had put up framed photos of my mom and dad. He did not speak, but his motivations and intentions cut through as a clear knowing. Quickly I began to cry, and so much. This lava guy was seeking approval so badly and clearly felt like he had to work very hard to receive love. And this guy is inside me.

This process of “parts work” soon became very important to me. I learned that it is formally called Internal Family Systems Therapy, and it is an evidence based psychotherapeutic method developed by Richard C. Schwartz in the early 1980s.

Through various work with clients, eventually the Internal Family Systems method was developed. It was inspired by family therapy and based on the idea that every person has an internal system of “parts” with specific roles, personalities, and even physical appearances.

Schwartz formulated that people are composed of three basic parts that organize in response to danger and, more generally, life itself.

Managers and Firefighters function as protective parts. Managers are calculated, proactive, and strategic. Their interest is controlling the environment and keeping the system safe. Firefighters have the same goals as managers but come up in moments of intense crisis and have less calculated methods of control. Firefighters often show up as symptoms of addiction. They try to distract from the original pain of the experience by taking more volatile courses of action, such as self-harm, bingeing and purging. Firefighters take extreme courses of action to prevent us from experiencing hurt, but ironically often cause more harm in doing so. Traumatic experiences freeze us in the past, leaving our protective parts to take varying courses of action to prevent us from reinjuring our existing wounds.

Exiles are vulnerable parts that have felt injured or deeply hurt and have been banished from the system. Often, exiles are stuck in the past and frozen at the scene of trauma. The process I did, speaking to the “red guy”, involved sending compassion and understanding to an exile.

At the center of everything is the Self. IFS posits that everyone has a Self at their center that is calm, collected, curious and confident. The Self is always accessible to us and one of the main goals of IFS is to have the Self connect with managers, firefighters and exiles. When we do so, these parts are addressed non-judgmentally and often get the support and love they did not have in the past. This helps clients move from the past to the present through using their own energy to heal past wounds. Then clients do not have to rely on others to heal their pasts, and instead have all the tools independently that they need to create internal peace and harmony.

After my first IFS session I became deeply interested in continuing the process. The more that was revealed to me about my system, the more I hungered to know.

What is Internal Family Systems?

Internal Family Systems is an evidence-based therapy created by Richard C. Schwartz in the 1980s, through working with various clients. He describes this process in *No Bad Parts*, the two editions of *Internal Family Systems Therapy* (1995, 2020), and in countless lectures and talks. As recalled by Jack Engler, when Schwartz was working with patients doing family therapy, he stated that he would rearrange “the structural changes” that family therapy “said should help make them better... but when I began to ask individual family members about their actual subjective experience of the changes the family had made, they would often say they didn’t feel any better than before.” (Sweezy & Ziskind 2013, xvii).

In the 2020 edition of *Internal Family Systems Therapy*, Schwartz explains that throughout his process of working in therapy with various young adults, many of them would describe having “warring” parts inside (Schwartz & Sweezy 2020, 9). He describes two patients in particular detail: one named Quinn and one named Roxanne—both being essential in his early development of IFS. During Schwartz’s time working in family therapy with Quinn, the bulimic young adult was completely unreceptive to family therapy. After the unhealthy triangulation in Quinn’s family was resolved, Quinn still suffered from symptoms of bulimia. Schwartz expressed frustration that the woman “seemed unaware that she was cured” (Schwartz & Sweezy 2020, 10). At this time, he asked what was going on inside of Quinn instead of on the outside. To

his surprise, she talked about having different parts of her—each with their own voices and words and tones and personalities, he would learn. This was a shock to someone trained to believe the mind is monolithic.

Using this new information from his time with Quinn, the concept of “parts” arose again with another young adult woman named Roxanne. While in therapy with Schwartz, Roxanne was heavily struggling with self-harm. Schwartz felt adamant to control this habit and heal this part of Roxanne. As he was heavily influenced at the time by Gestalt therapy, he tried to talk to the “cutting part”, speaking to the part that made her feel this way, while she imagined it in an empty chair next to her (Schwartz & Sweezy 2020, 14). He asked the part why it was cutting her, and it responded that Roxanne was “bad and deserved to be hurt” (Schwartz & Sweezy 2020, 14). Schwartz tried to reprimand this part, as he did not want to condone any further harm to Roxanne. He told the part that it was not allowed to cut her wrists anymore.

When Roxanne returned to his office the next week she came back with a gash on her face instead. In defeat, he shifted his tone from scolding to calm, and discovered much more success. He told the part that he gave up and that the part won. The part “softened” and said “I don’t want to beat you” (14). It was then, through curiosity and compassion, that he was able to discover that this seemingly harmful part had a specific role: to take Roxanne out of her body when she had been abused. The part seemed unaware that Roxanne’s situation had changed and this tool was not needed in the same intensity, just as Quinn’s bulimic parts seemed unaware that her family dynamic had shifted from the past.

Through continued work with clients, Schwartz developed more knowledge about parts and their inner workings—the Self and the managers, firefighters, and exiles, that arise when a person is at risk of emotional harm. The goal of Internal Family Systems therapy is not to shame

or get rid of exiles, firefighters, and managers or shame them, but rather to use the calm, collected, curious Self energy to listen to their stories and heal them.

This often takes place through therapy sessions with guided meditation methods. Some people experience parts as images; some people experience parts only as just feelings, or essences, without mental imagery. Either which way, the method remains successful. Many writings have been published on IFS, and a number of studies supporting the efficacy of the method—Shadick et al. 2013, Haddock et al. 2016, Hogdon et al. 2021, to name a significant few. IFS has also made international mention. Several significant empirical studies have been conducted in Korea (Byeon & Kim 2007, Shin & Sun Chae 2022), Iran (Mehrad Sadr et al. 2023) and Pakistan (Nadeem & Ahmad 2023).

IFS has also been investigated as a potential intervention for inflammatory conditions such as chronic pain. Its mindfulness-based nature makes it a good candidate for addressing conditions that encapsulate the body and mind. Nancy Shadick et al. (2013) were responsible for creating one of the first non-correlational studies investigating the effect of Internal Family Systems. Patients with rheumatoid arthritis were randomized into two groups, one receiving nine months of IFS treatment sessions. The other group received an educational program that included materials about treatment and symptom management of rheumatoid arthritis. Of the 82% of participants in the IFS group who completed the protocol, all reported improved self-assessed symptoms of depression, joint pain, overall physical pain and self-compassion. However, no significant improvement was seen in symptoms of anxiety—the authors hypothesize because of low baseline anxiety scores. The study provides valuable insights into the potential multi-faceted benefits of IFS therapy, beyond psychological well-being, into areas such as physical symptom management. Additionally, by being one of the early randomized controlled trial studies in this

area, it has paved the way for further exploration of IFS as a viable therapeutic approach for a range of conditions.

Following Shadick et al.'s foundational work, Haddock, Weiler, Trump, and Henry (2016) conducted a pilot study investigating the efficacy of IFS as a method to treat depression for women college students. Participants aged 18-27 who scored for mild-to-severe depression symptoms on the Beck Depression Inventory and had consistent depression results after a Structured Clinical Interview-I for DSM-IV-R were included. Participants were randomly assigned to two groups: one group receiving Internal Family Systems Therapy, and one group receiving either Cognitive Behavioral Therapy (CBT) and or Interpersonal Psychotherapy (IPT) as per the therapist's choice. The results showed that participants had similar decreases in depressive symptoms from the IFS group as the participants from the treatment as usual (CBT and IPT) group did—both showing significant declines in depressive symptoms. The authors write that these results are “promising because the treatment outcomes of IFS were compared to the ‘gold standard’” psychotherapeutic methods (139). The authors also acknowledge that the sample size of this study was small—15 final participants in the CBT/IPT group and 17 final participants in the IFS group. This is a key area to improve as studies on IFS continue.

Hodgdon, Anderson, Southwell, Hrubec & Schwartz (2021) also had a small sample size (17 participants to final data collection) and had promising results. Their pilot study investigated IFS as a potential treatment method for people with Post Traumatic Stress Disorder (PTSD). Participants received 16 sessions of IFS; At 1-month follow up, 92% of participants no longer met criteria for PTSD. There were significant decreases in the Clinician Administered PTSD symptom severity measures, as well as significant secondary effects such as lowered depressive

symptoms, and higher self compassion scores. These findings encourage more robust research on IFS moving forwards with good control and sample size to further cement this research.

In addition to studies like these, clinicians have been publishing countless case studies suggesting and strongly supporting the use of IFS for varying clients for over thirty years. Schwartz and others have written case studies using IFS to treat eating disorders (Schwartz & Grace 1989), migraines (LeDoze 2006), shame in teenagers (Sweezy 2011), issues with couples (Green 2008), issues with children in family therapy (Wark et al. 2001) and a broad range of other issues.

The breadth of IFS is constantly expanding. Its effectiveness has been written about as a potential tool to combat social injustice (Schwartz 2017, IFS Institute 2023) and its uses explored for a wide range of cultural identities. Cherokee author Suzan McVicker has written several articles about the potential uses and interconnections of IFS with indigenous peoples (McVicker 2010, McVicker 2014, McVicker & Pourier 2020, McVicker & Warren 2020). In her 2014 writing she states that even though IFS “emerged out of Western psychology”, it “aligns with the relational reciprocity of Indigenous worldview” and IFS concept of self is rooted in neutrality instead of “domination over others or nature” (McVicker 2014, 2). As McVicker mentions here, the model of IFS is more compatible with certain Cherokee epistemology than comparative psychotherapy frameworks.

Schwartz and others have addressed using IFS to acknowledge racist burdens in an article from 2001. In a reprinted 2016 version of the article, he writes about his own experience working with parts of him that are racist and how white people can benefit from speaking to racist parts through IFS practices.

First, while denial about racist parts is widespread, flagrant racism is now widely condemned so most of us don't believe we're racist. Second, because we're marinated in a racist culture, we're unaware of the effects of cultural legacies regarding race. Third, who wants to turn the spotlight on their ugliest urges and voices? As you watch what seem like filthy reptiles slither to the surface of your consciousness (Fenelon, 1877), you can easily begin to hate yourself and your race. (Schwartz in Sweezy & Ziskind 2013, 125)

Some may be skeptical of such a gentle, compassion focused method being effective in correcting harshly bigoted beliefs, but Schwartz reports quite the opposite. Repeatedly through his work he finds that “Self-led conversations mobilize people to heal the injuries of racism at a personal and communal level” (124). In *Internal Family Systems Therapy* he discusses racism as one of four American legacy burdens that is transmitted culturally among our peoples—alongside patriarchy, materialism, and individualism. These deep seeded beliefs are ones our parts pick up on through our environment, media, social interaction, and interpersonal relationships. Just as our parts can develop bigoted and harsh beliefs, they can also release them through the usage of IFS therapy.

Though there is some writing on IFS as a tool to fight injustice, and IFS as a tool for culturally specific therapy, the amount of writing on IFS as a practice for gender and sexuality work is lesser. Schwartz addresses gender and sexuality as related to the American socio-cultural burdens of patriarchy and misogyny and how the dominant narratives we have about gender and sexuality have been and continue to be deeply homophobic and transphobic. These burdens make it such that “dominant managerial groups seek to control what we might call the ‘narrative of normality’ in which all deviation becomes fodder for social control” (244).

IFS and sexuality often get a brief mention—throughout various versions of *Internal Family Systems Therapy*, and other relevant texts (Anderson 2021, Schwartz 2021, Sweezy &

Ziskind 2013, Sweezy & Ziskind 2016) but not extensive discussion is given to the potentially fruitful area of discussion.

However, just this January, an article was published in *LGBTQ+ Family: An Interdisciplinary Journal*, addressing IFS and LGBTQ+ experience (Pate et al. 2024). In “Parts of Me: An Internal Family Systems Lens on the LGBTQIA + Coming out Experience”, the authors provide a thorough case for IFS as a therapeutic method, specifically as having high potential for easing the coming out experience of LGBTQ+ persons. One key aspect emphasized in this article is the importance of clarifying the Self by way of IFS. As stated earlier, the Self in IFS is the calm, centered, connected, compassionate energetic force at the base of all people.

Connecting to Self-energy is valuable for all people, but can be particularly helpful for LGBTQ+ persons. As highlighted by Pate et al. (2024), Queer persons often experience external and internalized stigma in larger cultural messaging and in interpersonal relationships. These forces can confuse identity, throw LGBTQ+ people into denial and poor mental health. Queer people are at risk for elevated rates of depression, anxiety, suicide, and a wide variety of other mental health issues compared to their non-queer counterparts (Haas et al. 2011, Marshal et al. 2013).

There are “many factors” that “contribute to the rejection [and stigma] that queer individuals feel”—including “religion, strong values and beliefs surrounding traditional marriages and gender roles, cognitive rigidity, and parental gender”; the practice of IFS can aid in healing the burdens that arise by these rejections and stigmas (Pate et al. 2024, 5). One way to do this is through strengthening the Self-identity of an individual. Helping people un-blend from protective parts with distinct narratives, shamed exiled parts, and panicking firefighter parts, can

better establish what a person's Self *actually feels like* to them—an essential process of distinguishing queer identity.

Though I deeply wish I had access to IFS therapy when I was in the process of coming out, its usage as a tool after the fact has been all the more powerful.

Vacation

I've been doing parts work for over a year and the process asks for upkeep. I constantly find new parts arising that make it hard to stay present. Just this January I broke through several parts that really reshaped my concept of self.

My computer buzzed, I clicked accept on the FaceTime from Dana, adjusting my laptop on the pillow atop the bed.

“Hi.”

“Hi,” I said, reaching my arm over to turn my volume up.

“How are you?”

“I'm okay. How are you?”

“Good.”

“Um, there was an avalanche here yesterday.”

“Oh, wow.”

“Yeah. I...” I looked down and rubbed the hair on my arm. “I... for some reason, became convinced I was going to die on Thursday.” I watched Dana's face soften and her eyebrows lower and slant slightly through the screen. I continued on.

“It was like I had no emotion at all. I didn’t feel scared or panicked or sad. I just had this feeling that I was going to die the next day,” I gulped, “And it felt so convincing.”

“Yeah. That’s really scary.”

I nodded.

“What was the moment when you realized that wasn’t going to happen?”

“Mmm.

“I guess when I made it through the end of the ski day and I didn’t die. I really thought I was going to die on the mountain. It was like my mouth was frozen and I couldn’t tell anyone the entire time. And I felt nothing.”

“Yeah. That sounds really hard.”

“Yeah. I tried to do parts work earlier today and I couldn’t really focus. It was hard to see anything or get anywhere when I tried to visualize.”

“Sometimes when you’re in a moment, you can’t connect to Self. You just have to get through the moment.”

I looked down and rubbed my thumb into my palm.

“Can we do parts work now with this part?” I asked. Dana’s face lightened.

“Yeah,” she said warmly.

“Okay. Close your eyes. Get comfortable. Take a few deep breaths.”

I breathed in and out, trying to let go of any specific outcomes and soften my analytical parts. Breathe in, breathe out. One more time.

“Try to relax. Take a minute. Notice anything that’s coming up.”

I breathed in and out, and again, and again. The images were not flowing to me like they usually would. It almost seemed like the feeling of numbness was translating to the visualization process too.

“I’m finding it hard to focus. I can’t really see anything. It’s like there’s a big cloud covering everything or something.”

“That’s okay. Sometimes it’s not a specific image. It’s just a feeling or a color, or a certain knowing.”

We sat in silence for several more pauses. This time I tried to hold the image of being on the mountain earlier in the week, what the emptiness felt like. In IFS this is often referred to as a “trailhead”—“an emotion, image, inner voice, thought, physical sensation, or impulse that when brought into focus and followed, will lead to a part” (Schwartz & Sweezy 2020, 46). I thought hard about the sensation of being choked at the top of the mountain, how I felt like the soft strap of my helmet was somehow going to block my airway.

After some time, an orange goo appeared in my mind space. It felt like it was covering my throat and my neck. This was an image that occurred to me earlier in the week, but I had trouble focusing on it consistently without someone else guiding me. I’d been tugging at my shirt trying to free my neck. The orange gelatinous substance had moved away from my face and neck and become a tunnel that surrounded me. I could not see out either end. Many other curious, analytical parts kept poking through, wondering what was at the end of the tunnel and how I could get there. Dana redirected me through the centering IFS practice. More often than not, neither of us are speaking—though her simple re-directions and guidance are crucial throughout the process.

“Is there anything this part wants to tell you?”

“It seems like it wants to keep me safe.”

“Is there anything this part wants to show you?”

Internally, I asked the part this question, but before I could, I noticed there were a bunch of small, framed pictures on the wall. I walked towards one and picked it up. The frame was a simple dark brown, 4 by 6, typical looking picture frame. Inside this one was a photo of my smiling, boyish looking father. The tunnel would not show me the other picture frames. I had picked up the only one that was significant or that it was ready for me to see. I felt that this part was trying to emulate the energy of my father. It did not speak, but I knew what it was trying to say. This part wanted me to harness that focused, emotionally separated, energy, the one that is not fazed by physical danger.

I then was washed over by a memory of being in a completely different town and state, and age. It brought me back to when I was in Utah, maybe eleven or twelve and had a big fall skiing with my dad. I had taken off my skis and crawled down the mountain with my stomach facing the mountain surface. The feeling of trying to hook my boots and mittens into the snow was terrifying. At the time, I thought I might have died.

“This part wants to make sure I don’t feel scared when I’m doing stuff like this.”

“Does that make sense to you?”

“Yeah.”

“Do you want to let the part know that that makes sense?”

I nodded.

This part was trying to harness the calmness and ease it had witnessed from my dad and brother, but at the same time, it did not understand why everyone else was so calm in situations like these. It also wanted to protect me in terms of physical danger and the feeling that comes

along with it. This part's particular fear and duty was to make sure I was able to hold focus and move my body effectively to avoid as much danger as possible. It was very good at doing its job throughout the trip. Something about the avalanche had overwhelmed this part and convinced it that the whole system (me) was going to die. Protective parts can lose track of what is realistic when they are so frozen in the past and these particular modes. I felt calmer and more myself after being able to connect to this part and listen to it. As we were wrapping up with this part, I noticed something on my right side in my mind space.

“Oh, there's a big bug on the ground.” It was sort of like a foot long, gray isopod, which I would usually be scared by the size of—even in imaginary space. But this time I didn't feel scared.

“I think I'm supposed to focus on it.” I told Dana.

“Okay. Do you want to say goodbye to this other part for now and focus on the bug?”

I nodded. As I did this, the bug skittered off. The tunnel disappeared; its orange walls faded. The bug showed me a little boy, his face hard to distinguish. I could see his figure, his yellow shirt and red pants. I couldn't tell his age exactly, but he seemed younger than ten and older than five.

“I think this bug belongs to this little boy,” I said.

“Okay. Do you want to talk to the boy now?”

I nodded again. His scenery changed swiftly. He was surrounded by vague walls of a house my family once stayed in on a ski vacation some ten or fifteen years ago. A house in Canada, or Utah, Colorado, or Wyoming maybe... I couldn't tell. Quickly it became clear that the tunnel was protecting the boy from me.

Dana refocused me: “Is there anything this boy wants to show you?”

So much. Memories of staying with our family friends. The feeling of sleeping on the bunk beds whose wood still looked like branches. The necklaces I'd make at dinner out of those bright rubber strings that were all sticky. Memories of the indoor hot tub in that wood paneled living room. Spring break with our family friends whose two boys didn't acknowledge me. How everyone treated me like a girl. How only the women were expressing they were scared when we skied. I didn't want to feel like a girl any more than I already did. I loved the women I knew. I just didn't *feel* like them.

"That must have been so confusing for a little boy."

My eyes welled up. I felt sad that he'd been stuck there holding onto this feeling of being misunderstood. Being confused and alone. He reminded me of how he tried to tell everyone "Don't call me a girl", but the message didn't make it to the adults around him. This was upsetting and uncomfortable to him. I felt a lot of compassion towards him. How frustrating and confusing this must have been for a little boy.

I always say that I transitioned when I was fifteen, that I am trans. I socially transitioned at the end of my sophomore year of high school, had top surgery (masculinizing mastectomy) part way through my junior year, and by senior year I started taking testosterone. These are the events, as they read plainly. I did not have much time to reflect on them in my time in high school and the beginning of college because I still was struggling with gender dysphoria and was extremely fixated on changing my material circumstances.

The DSM-5 defines gender dysphoria as "a marked incongruence between one's experienced/expressed gender and natal gender of at least 6 months in duration" (Nokoff 2022). Much of my teenage years were focused on changing my physical and social presentation to heal

this disconnect. My childhood reads like a textbook transgender case. As soon as I was allowed to dress myself, I insisted on wearing clothes from the boys' section, and felt humiliated when I was expected to wear dresses for formal events. I often asked to not be called a girl and frequently fantasized about being addressed in the same way my brother, friends, and male cousins were. These feelings persisted as I got older, and the discomfort intensified as I started puberty. As my body started going through the expected changes of someone assigned female at birth, I felt completely beside myself. I prayed that I was intersex, the only avenue of physical masculinization that still seemed possible.

Currently these circumstances look very different. I am addressed as a man by my family and friends, testosterone and surgery have taken hold of my appearance to align with my feelings more closely; I feel more comfortable in my skin than I knew was possible. Though these things have changed for the better, many parts of me are stuck in the past and the residue of being a visibly queer child in a sea of family and friends whom I could not relate to at all. Through this experience, I had absorbed the message that in order to be loved I would have to be a girl. Or at a minimum, that it would be better for everyone if I was able to be a girl. I did not see people like me, and I did not see a future where I was myself and happy.

My parents lived with the hope that I would just be Sydney and grow out of it. I lived with the fear that I would *have* to grow out of it, and if I didn't, no one would love me. A belief like this can be addressed as a "Burden" in IFS (Schwartz 1995, Sweezy & Ziskind 2013, Schwartz & Sweezy 2020, Schwartz 2021).

Burdens

Burdens are defined as “extreme beliefs, emotions, and energies” that enter our systems by “direct life experience” or by inheritance from “family, ethnic group or culture.” (Schwartz & Sweezy 2020, 55). The authors emphasize that it’s crucial to distinguish between parts “who are valuable” and their burdens, which need to be freed from the system (55). Common personal burdens often consist of beliefs such as: “I am worthless”, “I am unlovable”, or “I am too much” (56). Though any burden can be personal, burdens are also translated through family culture as legacy burdens—legacy burdens are “first hand from parent to child”, but “second hand in the sense that the origin of the belief... comes from the experience of someone else, or someone who may have lived generations earlier.” (57). Though I had many exiles and protectors that held the belief that I am unlovable, their burdens were also legacy burdens, as their fear of me transitioning and being male came more from the larger lack of queer presence in my familial structure and the silence around my masculine/queer presentation. What’s most important, however, is not the exact origin, but instead, the fact that I was able to connect with those parts and send them the compassion they need.

You may recall the exiled little boy I wrote about earlier in the second IFS session described. He held onto the belief that he was not as valuable as his brother, and the other two boys on the trip—that he was too much. He also held on to the belief that he was supposed to be a girl and would always be seen that way, which was very confusing for him and hard to articulate. Burdens can develop “vertically between generations, and also “horizontally with siblings and peers”; he was experiencing both the larger vertical burdens, but also the horizontal burdens between the other children on the trip (61).

One of the main goals of IFS therapy is to help parts unburden. When we see parts and give them the attention and understanding they did not initially receive, we are often able to take them out of their exiled places and free them of their burdens. Through the unburdening process, I've helped heal my past fears about my gender identity and exist presently as I am now, in full acceptance of what has always felt like my gender.

On Innateness

In “Trapped in The Wrong Theory” (2014), Talia Mae Bettcher discusses two dominant narratives surrounding trans identities: the 'wrong-body' model and the 'beyond-the-binary' model. Though Bettcher writes of both of these particular accounts of trans experience as imperfect, I'm going to focus on rebuking the ‘beyond-the-binary’ model specifically. According to Bettcher, the ‘beyond-the-binary’ model of trans identity claims that “because transgender people don’t fit neatly into the two dichotomous categories of man and woman, attempts are made to force them into this binary system. The medical regulation of transsexuality, in this account, is one of the main ways that society tries to erase transgender people” (384). Like Bettcher, most of my life I felt “problematically aligned with the binary” (384), and I also felt like my narrative of gender went strongly against the ‘born this way’ narrative—one that has been heavily questioned and criticized by various queer scholars, and activists.

Many people think of Lady Gaga when they hear “born this way.” Before Lady Gaga there were Valentino and Carl Bean. The first version of “I was born this way” was released by a singer named Valentino, and two years later AIDS activist Carl Bean released his own version—

making the song heavily popular and associated with queer liberation (Neary 2019). Throughout the past fifty years, the idea that queer people are born with queer identities has been a dominant argument for the case of queer equality.

Queer journalist Callie Hitchcock writes that among queer women she was in a group with, “most were scrambling to assert that they were *always* this way, to the point where they were lopping off their own histories, crossing out all the parts of their experiences that didn’t fit into a fixed category” (Hitchcock 2019, para. 6). Hitchcock cites actress and New York City gubernatorial candidate Cynthia Nixon, who also disagrees with the idea of people being born with innate queer identity: “Why can’t it be a choice? Why is that any less legitimate? It seems we’re just ceding this point to bigots who are demanding it, and I don’t think that they should define the terms of the debate. I also feel like people think I was walking around in a cloud and didn’t realize I was gay, which I find really offensive. I find it offensive to me, but I also find it offensive to all the men I’ve been out with” (HuffPost Voices,” n.d.).

Bennett (2014) expresses similar worries. He writes that “despite the enthusiasm mustered by the ‘born this way’ rhetoric in some communities an array of scholars and activists have cautioned against its appropriation” because the “common maxim ‘born this way’ can never account for all forms of gender and sexual identification, cultural contexts, or more fluid understandings of sexuality and gender” (215). He writes that “in short”— “people do in fact come out late in life, are bisexual, pansexual, or asexual, and often choose to be with members of the same sex” (215). Articles such as the ones by Bennett (2014), Hitchcock (2019) and similar others (Ward 2013, Draz 2017) ring true for many people of minority sexualities. These authors feel that the inflexibility of gender and sexuality in dominant queer narratives invalidate the

experience of queer people and affirm the existing binary boundaries of gender and sexuality or create unrealistic standards for people that come out later in life.

Though, especially for gender, there is a whole cascade of authors that write about identity as innate, as having a thorough consistency. This narrative of innate gender identity has rung true for me and been confirmed through my experience doing parts work. Henry Rubin, in *Self Made Men*, shows that many “FTMs” (“Female To Male” — trans men assigned female at birth) “believe they have always been men, despite their female bodies” rejected the ideas that most “non-transsexuals” believe (Rubin 2003, 143).

In Steensma and colleagues’ investigation of gender dysphoria in childhood and adolescent follow-up, they note that amongst prepubertal children who present with gender dysphoria, many of them do not carry into puberty with symptoms of dysphoria. The authors identify “persisters” and “desisters” amongst those diagnosed with gender dysphoria in childhood (Steensma et. al 2013, 582). Persisters reported larger degrees of gender dysphoria than desisters and their “underlying motives appeared to be different” (583). As reported by Steensma et al. (2011) and elaborated on in this work, persisters “explicitly indicated that they believed that they were the ‘other’ sex”, however, desisters “indicated that they identified as girlish-boys or boyish-girls who only wished they were the ‘other’ sex” (Steensma et. al 2013, 583). For the persisters, the discomfort was specific to their bodies and gender identity, whereas with desisters, the discomfort was “more likely to be a result of the wish for “another body to fulfill the desired social gender role” (583).

By definition, I qualify as a persister, though I often in childhood described myself as a tomboy, or a girlish boy because I did not resonate with the male social roles around me and did

not know that there was an alternative option, despite the fact that I had a deep discomfort with feminine physical features and being addressed with feminine language.

Many parts of me do feel that they have always been male, and their burdens are due mostly to not being able to articulate those feelings properly, not being listened to and understood on these accounts. Collecting information from ethnographic interviews and informed by his own experience as a trans man, Rubin writes that transsexual men “believe that all men have male bodies *and* that they are men despite the evidence of their female bodies” and that this paradox is explained by “claiming a core identity that is obscured by their female bodies” ; transitions are only a means of making “core identities recognizable to the public” (144, 145).

For each transsexual man, their particular ideas about their maleness will be different. Some men interviewed by Rubin express distinctly traditional masculine values that they align with as a testament to their identity; Rubin acknowledges that this conflation “places limits on the kinds of behaviors that are appropriate for men and women” which has made certain scholars like Kessler and McKenna (1978), Grosz (1994), Lorber (1994) and Hausman (1995) skeptical of this theory of innate identity (148). However, there is a consistency among many transsexual people, particularly trans men, of describing being born with or always having a male internal identity.

A.H. Devor also touches upon this topic in his foundational work *Ftm: Female-to-Male Transsexuals in Society*. Devor’s thorough investigation and account of the lives of forty-five trans men seeks less to deliver a specific theoretical agenda than Rubin’s, but instead to deliver accurate and palatable research about FTM experience. In the final chapter of the book, many trans men Devor interviewed were looking for answers as to why they were and are trans. The

author reports that eighty nine percent of them reported that, simply, they were “born that way” (Devor 2016, 554-555). For some participants, they felt that what they were born with was an “error that required repair”; others had more abstract assertions about why they were born that way (555). Of the forty-five participants only three “thought that their transsexualism was something which they had acquired since birth”, and even so, they did not see this “as any more of their own choosing” than the other participants (559). Instead, these three trans men pointed to early experiences in their development.

My experience of gender identity as innate and inherent is not a rare one. That part has always been true in how I described my past. The difference is that I used to focus on the female embodiment more in the sense of physicality and lived experience. I used to say, “I used to be a girl”; now that statement feels untrue. Over time in my work doing IFS, I uncover more and more young male exiles whose pain exists in the incongruence between the internal and the external. For them, the fact that I was being acknowledged as female did not grow an aspect of female identity. This is not to say that the presented gender of each part has to hold significance—what’s important is the experience they express and convey. In my case many parts have wounds relating to gender dysphoria, and the disconnect between the way they felt and the way the world saw me.

This is not to say that all of my parts are male, or that if they weren’t I would not be trans. It is all just to say that acknowledging these parts who wanted to express themselves just as masculinely as I do now, validated this decision deeply. In the end of the chapter “Lessons from the Journey”, Devor writes: “Bruce mentioned biological and social components so as to provide a context for his main contention, which was that it was her childhood home life which had made her transsexual”, referring to Bruce’s present self as male and past self as female (561). This

language used to be familiar to me as well. My family would recount stories of young life, referring to my past self as she. Some would apologize or look at me nervously, to which I'd say: "It's okay, I used to be a girl!"

That description and language usage no longer feels accurate and the acknowledgement of my young self's efforts to express his boyhood are important. Understanding myself as the same gender identity in my pre-transition past has added clarity to my present.

In *No Bad Parts* (2021), Schwartz writes that parts themselves "are innate", citing research from T. Berry Brazelton who reported that infants "rotate through five or six states, one after the other" (Schwartz 2021, 37; Brazelton 1983). This is not to say that we can make a definitive claim that the presented gender of parts is reflective of the gender identity; though Schwartz and Sweezy (2001) in a chapter about managers state "it would be interesting to study their appearances (male, female, or neither) according to the clients' gender identity" (33).

Instead, what we can take away now, is mainly that parts are innate and the feelings they hold about our system can reveal helpful and freeing truths. Parts may have nothing to do with gender identity, or present differently for each person. Still, for trans individuals, it may be helpful to go through the IFS journey as a process of gender affirmation and free up old dysphoric knowings.

On Embodiment

People disembody for any number of reasons, but trauma tops the list. When you face a particular trauma, your parts mistakenly believe that they need to protect your Self, so they push your Self out of your body, which is why so many trauma survivors describe watching themselves being hurt from outside and (usually above) their bodies. Thereafter your protectors come to fear re-embodiment because they remain frozen in the trauma scene and believe you're the age you were when the trauma happened, so they often think they're protecting a very young being. (Schwartz 2021, 172)

Though *No Bad Parts* is sparse of clinical language — perhaps in line with the non-pathologizing nature of IFS — dissociation is briefly mentioned as one of the ways that people “disembody” (173). As described by researchers who developed the Dissociation Scale, dissociation is a “lack of the normal integration of thoughts, feelings, and experiences into the stream of consciousness and memory” (Bernstein & Putnam 1986, 727). In *The Encyclopedia of Personality and Individual Differences*, Rui Miguel Costa writes that dissociation is a maladaptive process by which an individual “chang[es] the usual awareness of self” in response to emotional distress. Usually this is “by feeling detached from the usual sense of body (depersonalization) or surroundings (derealization), or by breaking the autobiographic continuity across time, which can lead to amnesias, or an unstable or divided sense of self (like different personalities in one body)” (Costa 2016). These experiences can also be described more specifically as depersonalization or derealization. Depersonalization describes an “out-of body” experience where individuals often see themselves as outside of their bodies and feel a disconnect from being physically present. Similarly, derealization creates an experience that things are dreamlike, or “not real” (Lanius et al., n.d.).

It seems like this experience may be especially prevalent amongst transgender and gender diverse individuals. A 2015 study assessing gender dysphoria and dissociative symptom severity amongst 118 participants with gender dysphoria found a high prevalence of dissociative

symptoms amongst the gender diverse people studied. Corlizzi, Costa, and Todarello state that they are not looking at dissociative identity disorder, but more broadly, dissociative symptoms and other dissociative disorders. The authors distinguish write that “the body uneasiness is common to dissociative experiences and gender dysphoria” so they seek to answer if “dissociation is to be seen not as an expression of pathological dissociative experiences but as a genuine feature of gender dysphoria” (Colizzi, Costa, and Todarello 2015, 173). They found that the prevalence of dissociative symptoms amongst GD patients as measured by the Dissociative Experiences Scale (Bernstein & Putnam, 1986) was significantly higher than a comparative general population baseline as measured by the same methodology (Ross, Joshi, and Currie 1990). Moreover, when patients were treated with hormonal treatment, they reported significantly lower scores of depersonalization/derealization at follow-up, and lower DES scores than at baseline. The authors write that removing the scale item “some people sometimes have the experience of feeling that their body does not belong to them” leads to a reduction of more than 30%.

There was a high prevalence of pathological dissociation as well. Based on diagnostic (DDIS) interviews, “nearly one out of three patients fulfills diagnostic criteria for a dissociative disorder (29.6%)” (177). This happens to be my experience as well.

“It sounds like you were dissociating,” Aron told me. I had been seeing him for several months for gender therapy, after a recommendation from a school psychiatrist. *This is seven years ago, in 2017.*

“There are lots of exercises you can do when this happens.”

Aron told me sometimes meditation helps, and that I should try to focus on finding five things I can see, four I can touch, three I can hear, two I can smell, and one I can taste. This worked okay sometimes. But I would also go days where it felt like I was floating—like I was barely present in my own life. And often I didn't want to be. The discomfort of dysphoria encouraged me to distance myself from noticing the aspects of my shape that felt misaligned. Frank Anderson (2021), in citing Porges' work (2017), states that when we perceive danger as a “life threat from which there is no escape, the “dorsal vagal branch of the parasympathetic nervous system then activates, and we consequently disconnect, shut down, and dissociate as a survival mechanism” (103).

Much of the dissociation dissolved naturally through social and medical transition. Though, there are moments where I am still slingshot out of my body, that often seem like they are happening for no apparent reason. As Schwartz stated, parts can make us leave our bodies for a number of reasons. So, I talked directly to the part that was doing this. He presents as a muscular man with short brown hair and a gruff face. He usually wears a white tank top and jeans. I call him “Roy” or “the tough guy”. I've spoken to him frequently; when well centered, in Self, and when not, as various different parts. It's hard to pin down the memory of meeting him for the first time, without an active journal log of the session. What I do remember is how much more closed off he was than he is now.

When I first met him and asked how old he was (often parts are stuck in the past and don't know how old we really are), he said he was fourteen. He was shy to let me in and made snide cocky remarks. He was funny and trying very hard to defer any chance to be vulnerable. When I asked what his role was in the system, he said to “make sure that no one gets to [me]” and to make sure I didn't come off as “too sensitive”—a quality he felt had been used to prove

my femininity. When things happened that were hurtful, particularly surrounding my coming out, he would pull me out of the experience, and make me stoic. After he had developed a relationship of trust with the Self, he started showing me different memories and experiences that shaped him. Most of these moments were from when I was thirteen, fourteen, and fifteen—in the thick of coming out as transgender. During this time especially, he made sure I came off as calm and collected, so that this seemed like a decision that came from a rational place, despite the fact that its prevention from occurring caused me a flood of consistent emotional pain. It was important that I convinced my parents of this decision, and ultimately, that it was something I had thought about thoroughly. He feared if I came off as too emotional or irrational, I would not only be interpreted through a female and sexist lens, but also my claim would not be taken seriously. I think he was right in some ways. He is very smart, and his role was absolutely necessary. Though, he still gets flared up even though he is not needed in the same way that he was five, six, or seven years ago.

Managers are “driven by fears”—many of which are no longer valid “but were at some point in the client’s life (140). Once the fears are adequately addressed and the managers feel that cooperation is safe, they will “let the Self access exiles” and sometimes “even help rather than resist” (140). When I addressed Roy’s fears of coming off as too much, too angry, too sensitive, and having my boundaries crossed, he and the exiles were no longer stuck in the past. He rarely pulls me out of my body because he understands that the threat of his fears has changed. Now he understands that I am 21 years old. He told me he would like to fall in love.

IFS and The Body, The Body and Trauma

IFS falls amongst a category of psychotherapies that address the physical experience as well as an active part of the psychological experience. Some of these are called somatic therapies, some are referred to as mind-body intervention. Somatic therapies in psychotherapy “posit that our body holds and expresses experiences and emotions, and traumatic events or unresolved emotional issues can become 'trapped' inside” as explained by Amanda Baker, director of the Center for Anxiety and Traumatic Stress Disorders and a clinical psychologist in the department of psychiatry at Massachusetts General Hospital, (Salamon 2023). Somatic therapies broadly refer to therapies that incorporate this aspect of psychological healing, such as yoga, mindfulness, or the broader term “Somatics” which loosely addresses similar phenomena.

Mind-body intervention refers to health practice “that combines mental focus, controlled breathing, and body movements to help relax the body and mind” (National Cancer Institute 2011). These can include yoga, meditation, guided imagery, and tai-chi. IFS combines meditative practices of breathing, mindfulness, and utilizes guided imagery to effectively guide the client through the therapeutic process, while simultaneously addressing the ways that parts—particularly exiles, firefighters, and protectors, show up in the body. Often in the therapy room, the therapist will have the client focus on a physical sensation that arouses when certain parts are triggered or active. Schwartz and Sweezy (2020) write that parts “can affect the body” and that “IFS can affect somatic processes” (63).

The idea that emotional experiences can affect psychological processes and vice versa has been an expanding conversation in the realm of psychology. Key texts like Bessel Van Der Kolk’s *The Body Keeps the Score* (2015), Lissa Rankin’s *Mind Over Medicine* (2013), Gabor Mate’s *When the Body Says No: The Cost of Hidden Stress* (2011), or Peter Levine’s *Healing*

Trauma: A Pioneering Program for Restoring the Wisdom of Your Body (2008) have transported our conversations to address the mind-body connection in our experiences.

There are several definitions of embodiment, or to embody. Discussions of embodiment in psychotherapy are often (at least loosely) referring to embodied cognition—processes which involve “perceptual, somatovisceral, and motoric reexperiencing (collectively referred to as ‘embodiment’) of the relevant emotion in one's self” (Niedenthal 2007, 1002). Embodied cognition offers a comprehensive re-evaluation of traditional cognitive theories and emphasizes vital roles of bodily experiences and environmental interactions in shaping cognitive abilities, suggesting a more holistic and integrated approach to understanding the mind (Shapiro & Spaulding 2024). The idea of embodiment and its integration has expanded increasingly into conversations about psychotherapies that involve sensorimotor integration—Internal Family Systems is one of them. Other popular methods of note are Eye Movement Desensitization and Reprocessing Therapy (Shapiro 2001) and Emotional Freedom Technique (Craig 2008).

It's clear that traumatic experiences have lasting effects on the bodily experience, therefore therapies that focus on embodiment are particularly important for transgender individuals who are prone to disembodiment. The surrounding social stigma, denial, and rejection can make it hard to stay emotionally—and by extension, physically—present even after successful external changes have been made. When I get flared up and a protector takes over, I'm struck with the feeling that I present how I used to before I came out; that I will not pass. I'll find myself getting utterly shocked at how male I look. This is not a feeling that rings like a calm and centered truth, but rather, a warped and distant blur of a consciousness. I get irritable, unkind, and ungenerous. Using IFS to talk to these parts has not only made me more present, but also affirmed that the feelings of my gender identity are affirmed internally. It can be hard to

make the decision to transition or figure out gender identity when external forces are so intertwined with our processes.

Gender Affirming Care and The Potential of IFS

The cause of gender dysphoria and transgender identities are still unknown. Some studies suggest genetic factors as the leading force, with smaller but significant influence from environmental and cultural factors (Heylens et al. 2012, Diamond 2013, Rosenthal 2014); though we should not seek answers about the cause of gender incongruence through IFS work. What's more important is harnessing its potential as a method of gender affirming care.

The World Health Organization defines gender affirming care as something that can “include any single or combination of a number of social, psychological, behavioral or medical (including hormonal treatment or surgery) interventions designed to support and affirm an individual's gender identity” (“Gender Incongruence and Transgender Health in the ICD,” n.d.). Gender affirming care is crucial if we are going to try to alleviate any of the elevated mental health risks for transgender persons. Just this February the American Psychological Association created a new policy that affirms “evidence-based care for transgender, gender diverse and nonbinary children, adolescents and adults”— “noting that recent legislative attempts to obstruct access to psychological and medical interventions for such individuals” put them at even higher “risk of depression, anxiety and other negative mental health outcomes” (APA 2024).

IFS presents a great opportunity for the potential of gender affirming care. For people who are trying to get in touch with their queer identity, the process helps weed out what feelings

are protective, and what are true emotional needs for the system. By getting in touch with all our parts we can decipher what feels true to self and true to Self.

For people who are already transitioned this process will be just as fruitful and important. My experience and specific validation of innate gender identity will not be true for all trans people, but many people might find insight in early ideas of gender identity through the process of unburdening exiles.

The strengths of IFS as a tool for transgender mental health, both as aiding the coming out journey and as strengthening self-identity after coming out, are abundant. The impact of IFS in validating gender identity by unlocking necessary feelings and connecting to a greater Self energy is key and offers an encouraging practice of trans embodiment. As gender-affirming care continues to be recognized as crucial for transgender individuals, IFS emerges as a promising and meaningful approach to support and affirm an individual's gender identity, ultimately contributing to the holistic well-being of trans individuals. I found it affirmed my sense of inherent male identity, and helped parse out which feelings about my gender identity were actually mine and which were born out of fear and other desire. It has helped me realign with my body in ways that did not get as easily addressed in talk therapy. It has helped me be present with my physical and emotional experience. It has helped me realize that part of me still felt unlovable and unworthy and has helped me feel loved and worthy within my own system, but also has created room for me to feel those positive feelings in my personal life. This project seeks to invite others to do the same.

What Now?

Throughout the expansive landscape of doing parts work and taking on this writing project, at points I have felt really lost. My deep dive into IFS made me feel as though I did not know how to live my life effectively—and I wondered if the work I’d been doing was valuable anymore. Although I was not in a Self-led mindset, my questions held valid poise that many of you may be experiencing as well. I brought my concerns back to the therapy session. This time I did not want to do an exercise, but instead, I searched for clarity in plain conversation.

“The self is almost like a spiritual energy,” Dana said, “It’s associated with those 8 C words—do you know those?” I nodded. Calm, Curious, Compassionate, Clarity, Creativity, Connectedness, Confidence, are all discussed in various texts about IFS. But still, what I was searching for was something larger.

“When I feel inspired am I in Self? When I’m doing a project that I’m really excited about, am I in Self?”

“Well, the Self can be creative. But the self doesn’t feel excitement for a particular outcome. The Self doesn’t have an agenda.” I reached down and rubbed my left palm with my thumb.

“So the Self isn’t funny? And it doesn’t laugh really hard? It doesn’t fall in love?” I don’t know if she could hear the shakiness in my voice.

“I would say those are probably parts. There can be really funny parts, and parts who are very playful and laugh a lot. The Self is kind of like a Bhudda energy.”

I leave the session with the idea that the Self has no stake in a particular outcome which distinguishes it from parts. But I still did not understand how to move through this life without an agenda. And on a practical level—how could I get things done in Self energy? And was I

expected under this framework to never have desire? To never fall in love because I would be completely sustained by my own willingness to heal those needs on my own?

Next week when I returned with similar questions.

“You can’t be in Self all the time,” Dana explains to me. She tells me that the Self is more of a useful tool than anything else. “Parts are really important... Parts can be amazing. We need our parts. If someone crosses a boundary with me and a part lets me know that doesn’t feel good, that’s really important.”

Schwartz describes one of the four goals of IFS as becoming “more Self-led in [our] interactions with the world” (Schwartz 2021, 34); Consequently, he also writes continuously about the importance of our parts. When we heal our parts, “they will manifest their true nature in valuable qualities”—such as “delight, joy, sensitivity, empathy,” and “sexuality” (Schwartz 2021, 38). They can also provide valuable resources, like “the ability to focus, clear discernment, problem-solving” and “passion for serving others or the world” (38). When we heal our damaged parts, we can move through life with clarity, compassion, and a wide range of tools to help combat hardships that arise. Connecting to our Self is a path by which to do this, but we should not simply abandon our parts once we have done this.

Schwartz and Sweezy (2020) write that the process of unburdening this will seem “impossible to many readers—too good to be true” (62). The release of sending compassion and understanding to a part that has never had it in that way can feel euphoric. After unburdening, exiles and other parts may have desires for new roles (protectors), or desires to do other things (exiles). This can present in many different ways. One little boy wanted to play basketball with me, so in the guided meditation, that’s exactly what we did. One small, barely verbal, red

creature wanted to go to the river and get ice cream. I held his coarse hand and together we walked over. The little boy from the previous skiing vignette wanted to play with me over a longer period of time: video games, guitar, and drawing. Many of these actions can take place internally, throughout the session. However, many parts I've spoken to in the past year have wanted to play guitar and sing—in real life. So, that's what I have been doing. A couple weeks ago I played in front of other people for the first time; it felt so tender and warm.

The process of IFS asks for consistent upkeep. I will keep learning, expanding my ability to access Self, and my parts will continue grow with me as beautifully as they already have.

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