

# SEX, SHAME AND THE INNER CHILD

**Victoria Kirby** describes how the internal family systems model helps clients explore their real motivations for having sex

**A**lex\* was a 29-year-old, single woman who came to me for help in understanding the source of her low self-esteem. She had been online dating for a while in the hope of meeting a life partner. In one session, she talked about an upcoming date, and I was struck by her reflection that she would rather not have sex but that it might happen anyway. When we unpacked this, Alex identified that a *part* of her liked the idea of spending the night with her date because it would prolong the time she spent with them. Alex also voiced a belief that, inevitably, this date would leave her at some point, and therefore she needed to take every chance possible to be close to them.

When we dug into this more deeply, we discovered that a 'young part' of Alex desperately wanted to feel cared for and feared being abandoned. These childlike yet potent desires and fears were at the heart of the conflict Alex was experiencing around not wanting yet also feeling compelled to have sex. Mapping this out allowed us to explore whether sex could realistically meet these attachment needs.

The above vignette describes how internal family systems (IFS) theory can be applied to therapeutic work with sex and relationships. Adding IFS to my skill set has added richness and depth to my work as a psychotherapist in private practice, and I have been particularly excited to discover what it has brought to my work around sexuality.

Well established in the US and gaining popularity in the UK, the IFS model is based on the concept of the multiplicity of the mind - that our diverse thoughts and feeling states belong to different

parts of us.<sup>1</sup> At its most basic level, the language of parts helps clients to normalise the experience of feeling two or more different things simultaneously. For example, someone experiencing relationship challenges might say, 'a part of me thinks this is too difficult and wants to leave, yet another part of me thinks there is still hope'.

This terminology can also help clients to avoid becoming over-identified with challenging feelings or behaviours. Imagine the difference in feelings evoked by saying, 'The rage-filled part of me took over and I lashed out, and now my inner critic is chastising me,' instead of, 'I feel so much shame for being a rage-filled person.' By naming two different parts of them - their 'rage-filled part' and their 'inner critic' - the client can separate their identity from their regrettable behaviour and negative self-talk.

## Attachment

At a deeper level, IFS can be used to help clients understand their attachment needs, including their longing to feel seen and the desire to be kept safe by another person's love and care. We know that children who are not always emotionally met can feel

unsafe and develop painful, unconscious beliefs such as that they are unworthy of love.<sup>2</sup> We also know that if a child has critical, withdrawn or abusive parents, rather than turn against them - they need their parents to survive - they often turn their pain and anger inwards and believe there is something wrong with them.<sup>2</sup> IFS theory explains that our 'young parts' hold onto these painful experiences and fears.

IFS theory also identifies protective parts that aim to shield and defend the more vulnerable parts of us.<sup>3</sup> In the above example, the client's rage might have been a protective part attempting to advocate for another part of them that felt small or disrespected. But our protective parts can also work hard to keep exiled and hidden away the parts of us that feel scared or sad, as a defence against acknowledging their existence. We may banish young parts from our conscious awareness because their pain is frightening. In addition, we might also exile the parts of us that suffer rejection, loss or trauma later in life. These ousted parts remain frozen in time, left to repeatedly relive the painful events they have endured. These parts are known as 'exiles', and the negative beliefs they have absorbed about their safety and worth are termed 'burdens'.<sup>3</sup>

IFS therapists guide their clients to connect to their exiled parts from a loving, open state, to witness their pain, allow them to feel seen and cared for and help them let go of their burdens. This process allows the client to integrate complex and traumatic experiences and release painful core beliefs.<sup>3</sup>

## Shame

Shame, the 'intensely painful feeling or experience of believing that we are flawed ►

**'IFS can be used to help clients understand their attachment needs and their longing to feel seen'**



and therefore unworthy of love and belonging', is arguably ubiquitous.<sup>4</sup> Clients often present with exiled feelings of shame after experiencing relational difficulties and trauma. The terror of feeling unworthy of love and belonging can be intolerable. We will do anything we can to keep this fear locked away, desperate to avoid situations in which it could be proven true. The desire to escape or prevent shame is often at the root of perfectionism, procrastination and addiction.

For some, sexual attention and contact become ways to keep shame exiled while also getting attachment needs met. Sexual contact arguably enables you to be as physically close to another human as possible, which may temporarily alleviate the horror of feeling inadequate and undeserving of love.

According to IFS theory, young feelings can come alive within adult interactions; this can feel particularly complicated and confusing in relation to sexual behaviour. The drive to seek sex as adults might be driven by young parts who are desperate to feel seen, wanted and loved. These young exiles might desire to be held, stroked and physically comforted, as children are soothed by parents.

Yet the act of sex alone cannot meet the attachment needs of these young parts, who long to be deeply attuned to and cared for. At best, their needs might be met partially and temporarily by the physical act of sex. If sex is not accompanied by emotional intimacy, the experience of having only fleeting feelings of closeness and safety can create a fresh wave of pain and loss.

### Internal consent

If we accept that we all have multiple parts exhibiting conflicting desires and behaviours, then it follows that there will be potential complexities of 'internal consent'. Internal consent refers to *wanting*, as opposed to just agreeing to, sex.<sup>5</sup>

Imagine, for example, a person on the brink of having sex with a new love interest. A part of them might feel a burning desire towards their potential partner and want to have sex, while another part might recognise that, if they have sex before defining the nature of the relationship, they

## 'IFS views the different parts of us as separate entities, with their own feelings, behaviours and histories'

could get hurt. This conflict might be manageable, but if a part of them also fears rejection if they say no to sex, that could make the situation trickier to navigate.

For my client Alex, that conflict led to an upsetting experience after enjoying an evening of receiving flirtatious compliments and attention from a man she met in a bar. Overtaken by the pleasure of feeling seen, Alex decided to go home with her new companion. However, as soon as the pair began engaging in intimate contact, Alex began to experience internal conflict. Alex remembered that she rarely enjoyed sex with casual partners, and a part of her wanted to stop. Another part, however, which Alex subsequently termed a 'people-pleaser', did not want to let her partner down by withholding what now felt like a sexual promise. Therefore, to make it tolerable, a dissociating part stepped in to stop Alex from having to fully experience sex while it was happening.

IFS views the different parts of us as separate entities, with their own feelings, behaviours and personal histories. If someone has sex without full internal consent, this can be traumatic for the parts of them who do not want it. Encouraging people to examine how *every part of them* feels about sex can help them tune more deeply into internal consent.

### Shame cycles

Identifying and letting go of shame is often at the heart of therapeutic work around sex and sexuality. In today's society, we grow up receiving conflicting messages about sexual and gender expectations. As well as being exposed to highly sexualised images in the media and the unrealistic sexual expectations portrayed in pornography, we

may also absorb ideas about sexual stigma from family members, religious groups and even our peers. Poorly thought-out sex education programmes and fear-based public health campaigns may inadvertently represent sex as dangerous and morally questionable. It is impossible not to internalise some of these messages. IFS terms the internalisation of stigmatising societal beliefs as 'cultural burdens'.<sup>3</sup>

Most of us are familiar with the idea of the inner critic - the internal voice that puts us down and questions our abilities or likeability. IFS views the inner critic as a well-meaning but misguided part of us that uses undermining language to protect us from pain and rejection. It can also shame us to try to restore order when we act out. Sexual inner critics are common and often carry multiple cultural burdens around sex.

As already explored, some people use sex to try to alleviate the shame held by their terrified exiles who have experienced attachment challenges. However, those burdened with shame might also fear rejection, find it hard to set boundaries and so have sex without full internal consent. Others use drugs and alcohol to crush sexual inhibitions. Some people's inner critic may be vocal during sex, preventing them from being in the moment. Others long to feel connected during sex, yet because it does not feel emotionally safe, find themselves disconnecting or dissociating while it takes place.

When sex is used for connection and validation in the face of shame but then feels emotionally or physically unsafe, or results in feelings of disappointment or rejection, the act of sex can further hurt attachment exiles and trigger an inner critic, deepening the shame already felt.

### Wounded exiles

Another client, Casey,\* had young exiles who feared abandonment and felt worthless. While Casey yearned for connection (from both their young and adult self), a fiercely protective part of them rejected romance out of fear that it would lead to unbearable loss and hurt. Casey, therefore, attempted to find closeness and validation through sex with casual partners.

Against a backdrop of wounded exiles and ferocious protectors, a part of Casey

often felt panicked during physical intimacy and blocked arousal, making penetrative sex impossible. Casey's inner critic, who was terrified of rejection and worried about letting people down, would then become active. This inner critic, who had internalised rigid ideas around sexual expectations and masculinity, harshly berated Casey, rendering further sexual arousal and enjoyment impossible.

To complicate matters further, Casey was attracted to all genders but had always been told that bisexuality was 'not real'. They often found themselves questioning their sexual attraction to the gender of whichever partner they were with because, despite their adult self wholeheartedly believing in the validity of bisexuality, a part of Casey was still burdened with the confusing and stigmatising things it heard when growing up.

Through our work, Casey managed to let go of the burden that 'bisexuality isn't real', but what was more difficult to challenge was their deeply engrained and rigid thoughts around the meaning of masculinity and the importance of penetration within sex. By mapping out how the needs and fears of young exiles play out during sex and understanding the protective role of their inner critic, Casey began to develop deeper self-awareness and self-compassion.

### Exploring conflict

We can use the language of parts to explore internal conflict in clients without having to explain IFS theory. For example, you might say to a client, 'it sounds like a part of you felt like you *had* to have sex, while another part of you wasn't so sure

'IFS can be life changing for clients because it reduces inner conflict - they no longer hate themselves'

you wanted to.' This intervention also opens the door to exploring internal consent using parts language. Helping clients name and map out specific parts, such as the 'people-pleaser' or the 'disconnecting' or 'panicked' parts, can help them understand their dynamics during sexual interactions. Going deeper by assisting clients in connecting to their young parts and examining how these inner children's attachment needs and fears play out during sex can facilitate further insight.

You can also use the concept of burdens without explaining IFS theory. For example, you can point out to a client that their belief that they should have a perfect body is a burden they took on because of air-brushed images in the media. Or you might explain that a young part of them is burdened with the fear that they are not good enough because of complex events that took place in their childhood.

### Self-compassion

One of the aims of IFS is to help clients support their young parts so they feel safe and seen, eliminating the need to look to other people to have these needs met. In attachment terms, the client's adult self becomes the secure base for their young parts. Secure internal attachment can be explored with clients by enabling them to recognise when childlike feelings and fears are triggered. You can encourage them to consider how they can support themselves in vulnerable moments like a good parent would a child. One of the ways we do this is by developing self-compassion.

Self-compassion is at the heart of secure internal attachment. IFS practitioners believe that everyone can access a state of open, calm curiosity, regardless of the abuse and trauma they have experienced.<sup>3</sup> It is from this profoundly loving state that self-healing can take place.

Self-compassion is the antidote to shame,<sup>6</sup> and love enables healing from trauma.<sup>7</sup> Therefore, enabling clients to access self-compassion and love is essential when working with sex and sexuality issues. A starting point could be helping a client separate from their inner critic by naming shame as a feeling that a part of them has absorbed, rather than a fact about who they are. In addition,

mindfulness-based self-compassion work and compassion-focused therapy provide helpful frameworks.<sup>7</sup>

IFS can be life changing for clients because it reduces inner conflict - it helps them let go of self-hate and self-judgment for having certain feelings or exhibiting particular behaviours. And by releasing their parts from the extreme roles they've been forced into, clients can begin to grow into their authentic selves.

It has been a privilege to watch the transformation in clients such as Alex and Casey, who have begun to make truly informed choices about sex for the first time in their adult lives. ■

\*Client names and identifiable details have been changed



About the author

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is trained in internal family systems (IFS) therapy and specialises in working with sex and relationships. She works integratively, combining psychodynamic and humanistic techniques, as well as offering IFS to individuals and couples. She also writes and delivers workshops for practitioners on IFS, sex and sexuality.

### REFERENCES

1. IFS Institute research and bibliography. [Online.] [www.ifs-institute.com/resources/research](http://www.ifs-institute.com/resources/research) (accessed 1 May 2022).
2. Cassidy J, Shaver PR. Handbook of attachment: theory, research, and clinical applications. New York: Guilford Press; 1999.
3. Schwartz R, Sweezy M. Internal family systems therapy (2nd ed). New York: Guilford Press; 2019.
4. Brown B, Daring greatly: how the courage to be vulnerable transforms the way we live, love, parent and lead. New York: Penguin Books; 2015.
5. Javidi H, Widman L, Evans-Paulson R, Lipsey N. Internal consent, affirmative external consent, and sexual satisfaction among young adults. *Journal of Sex Research* 2022; 22: 1-11.
6. Gilbert P, Simos G. Compassion focused therapy: clinical practice and applications. New York: Routledge; 2022.
7. Anderson F. Transcending trauma: healing complex PTSD with internal family systems. Eau Claire WI: PESI Publishing; 2021.