



## **Sacred Medicine for Post Traumatic Growth**

**Guest: Dr. Lissa Rankin**

**Alex Howard:** Welcome everyone to this session where I am super excited to be talking with Dr. Lissa Rankin and we're going to be exploring trauma from a few different perspectives.

Particularly we're going to touch on some themes around what trauma really is, but also the experience of collective trauma, the traumas that we share with others and within society. Which particularly with some of the things that are happening in the world at the moment, feels more important than ever. So firstly, Lissa, thank you so much for joining me.

**Dr. Lissa Rankin:** Thank you for having me. I'm really happy to be here.

**Alex Howard:** Let me just give people your, I'm sure many people will know who you are, but let me just give people your professional bio before we jump into this.

Dr. Lissa Rankin is a New York Times bestselling author of *The Daily Flame*, *Mind Over Medicine*, *The Fear Cure* and *The Anatomy of a Calling*. And as a physician, speaker and founder of the Whole Health Medicine Institutes, creator of The Daily Flame and Mystic and bridging between seemingly disparate worlds.

Lissa's is a connector, collaborator, curator, and amplifier. Broadcasting not only her unique visionary ideas, but also those of cutting edge visionaries she discerns and trusts, especially in the field of her latest research into sacred medicine, which Lissa was just telling me is a book that's going to be coming out next year, and I'm excited to get into some of the themes from that. In 2012 Lissa founded the Whole Health Medicine Institute, where she and a team of luminary faculty train physicians and other health care providers about whole health and the six steps to healing yourself.

Lissa has starred in two national public television specials. Her Tedx talks that I highly recommend have been viewed over 4 million times, and she leads workshops both online and at retreat centers like Esalen, 1440, Omega and Kripalu.

Her latest project is nonprofit work committed to eliminating the public health epidemic of loneliness, while bringing sacred medicine out of its current status as a luxury good for privileged elites and bringing it to anyone who needs it and is open to it regardless of socio-economic status, race or gender identity.

I'd love to start with just, what, from your perspective, what is trauma? And you were just sharing with me before we started recording a couple of different definitions, both of which I thought were great. So perhaps let's start there.

**Dr. Lissa Rankin:** Yeah, sure. I think it's really important to talk about this because when I was in medical school and sort of being taught to take social history for example. The extent of what we were taught to screen for was, have you been a victim of sexual abuse? Or are you getting beaten by your partner? And it kind of ended there and there was no consciousness around the necessity to screen for trauma as part of a complete history and physical examination when we're assessing somebody with a physical issue.

But part of what I realized in my research for *Mind Over Medicine*, was that so much of what I was doing once I left conventional medicine and then was spending an hour with people is, what I was discovering is that they were starting to reveal to me their traumas and that many of them didn't even know that they really had trauma. And I think even in the medical industry now, there is an increasing awareness and it's becoming increasingly mainstream.

The notion of things like adverse childhood experiences, the ACEs. And we now have a tremendous database of clinical research validating that the higher the trauma burden from the adverse childhood experiences, which are kind of those big T traumas. The things that people who have been through them kind of know they have trauma. If you're a return war veteran, if you grew up in a war zone, if you were sexually abused as a child, if you had child abuse in the family, if your parents were in jail, things like this.

Then usually people know that that's a traumatizing event. But what has been less studied and less publicly broadcasted and there's really very little conversation about it in the medical world is the relationship of what Buddhist psychiatrist Mark Epstein calls the traumas of everyday life. And many of these are developmental traumas which basically result from poor parenting. And let's face it, most of us did not have perfect parents and many people didn't even have good enough parents.

There's a lot of talk about a good enough parent, which as a parent comforts me because I have a 14 year old daughter and we've been, her dad and I, have been telling her from the time she was born, we will pay for your therapy, don't worry. We'll pay for your therapy, we're doing the best can.

**Alex Howard:** That's very funny you say that, my wife is a child psychotherapist and my background is in psychology. We both say exactly the same thing to our kids, we say, "your trust fund will be a therapy trust fund."

**Dr. Lissa Rankin:** Yeah, exactly. We do the best we can as parents and yet it's inevitable because of our own traumas that we will end up creating these generational legacy's of passing our traumas along to our children, unless we have had intensive treatment ourselves. And sometimes even then, because it's a journey and it's peeling the layers of the onion. But I found these too, when I was researching *Sacred Medicine*, which has been my seven year journey around the world. Working with shamans and Qigong masters, and trauma therapists, and spiritual healers, and faith healers and all of these different types of modalities that really were not on my radar in my medical training, or even when I wrote *Mind Over Medicine*.

So I've learned so much in the past seven years about that, and so much, like every road that I've been down and I've been down many, many roads in the past seven years, many rabbit

holes, and they all keep leading to trauma. And the things that we're calling sort of "miracle healings", I am witnessing that most of the time they are the result of clearing trauma. And so that to me, it was like a massive epiphany, that it's not magic, it's not supernatural.

So we carry trauma in the body and when we clear the trauma that we carry in the body, sometimes that looks like a spontaneous remission from something like stage four cancer. And that's cool, that's exciting for me because that puts more tools from the world's medicine bag into our capacity to help treat people for things that conventional medicine is failing.

Conventional medicine is great at what it's great at and it's so limited in things like what we're facing right now with covid-19. Like, what we've got ventilators? That's it right now. And in April of 2020, that's all we've got right now. So there are many other illnesses like that where conventional medicine just doesn't have good tools. But it's hopeful to me to realize that there are other tools and many of them have to do with trauma. And I think that clearing and treating our trauma is actually preventative medicine. And it may be the most important preventative medicine that we can engage in, perhaps even more than eating well, exercising, taking your vitamins, getting enough sleep.

Those things, of course, are all important, but this may be even more important than that. So like I said, all roads keep leading here. But let me give you the definitions.

**Alex Howard:** Yeah please do.

**Dr. Lissa Rankin:** Yeah. So I went through a lot of literature trying to find definitions of trauma that I thought encompass the scope of what I was witnessing in patients that were going through these sort of miraculous healings. And the two that I really like, both come from the world of energy psychology.

One is from Dawson Church, who is a teacher of Emotional Freedom Technique EFT, he's a psychologist and energy healer. And the other is from Asha Clinton, who is a psychologist who created Advanced Integrative Therapy, AIT. And so I want to read those to you, because I think it helps it to really understand how ubiquitous these kinds of experiences are for pretty much everybody.

So Dawson Church defines a traumatizing event as something that is four things.

One, "It's perceived as a threat to the person's physical survival."

Two, "it overwhelms their coping capacity, producing a sense of powerlessness."

Three, "it produces a feeling of isolation and aloneness."

Four, "it violates their expectations."

So we can look at what's happening with the pandemic right now, for example, and see that every single one of us is going through a traumatic experience right now. Because most of us perceive a threat to our physical survival. We feel powerless and a bit overwhelmed. Our coping capacities aren't necessarily working the way they normally do. It's producing a feeling of isolation and loneliness because we are literally socially isolating and it's violating our expectations of what we thought was going to be happening in our lives right now, because everything has come to a grinding halt.

So this is what would go into the realm of sort of a collective trauma. We're all going through this and there are things that we can all do to be clearing the trauma as it's happening, which again, is hopeful. It doesn't mean that we all have to get PTSD as a result of this if we deal with this in an appropriate way, in a healthy way. Then we can actually experience post-traumatic growth, which is the sort of alternative to PTSD, and we'll talk more about that.

But let me give you the second definition. This is from Àsha Clinton, "any occurrence which when we think back to it or when it is triggered by some present event, evokes difficult emotions and or physical symptoms or sensations, giving rise to negative beliefs, desires, fantasies, compulsions, obsessions, addictions or dissociation, blocks the development of positive qualities and spiritual connection and fractures human wholeness."

In the *Sacred Medicine* book, I wrote the example of a very small thing that happened in my childhood that I think sort of I wanted to just tell a story, to give an example of that so that people can see how much of a seemingly small trauma that can happen early in our lives can escalate and create traumatic patterns that get more and more extreme, as if they're trying to get our attention, as if they want to be healed.

So I have a memory, a traumatic memory of being 4 years old. My brother was 2, he was like many 2 year olds just sort of fighting with his sister. And I was kind of a bookworm and an introvert, and I was sitting in the corner reading my book, minding my own business. And my brother would come and just start clobbering me. And he's 2 he can't really hurt me that much. But he would hit me and I'd kind of fight him off and he would scream for my mother, "Lissa's hitting me again." And my mother would come in and punish me because I'm the older one. And if he's saying that I hit him, then I must have done something wrong. So this is a small thing, right? But if you look at Dawson's definition, perceived as a threat to my physical survival. I mean, he's hitting me, I'm getting beaten, overwhelms their coping capacity, producing a sense of powerlessness. Like I got angry, I tried to defend myself. I told my mother, "I didn't do it." It produces a feeling of isolation and loneliness because she didn't believe me. She kind of defended him when he wasn't telling the truth. And then it violated my expectations, I had the expectation that she would protect me and instead I got punished.

This is a very small thing, but what this did is, it taught me that anger is not an effective way to protect my boundary. And so anger kind of got exiled and I no longer felt the emotion of anger. And this caused me to live most of my adult life, including 12 years of medical education, unable to protect my boundary. And I was conditioned because of these kinds of events to tolerate abuse, because fighting against abuse or trying to remove myself from an abusive situation didn't work. And so pretty much, you don't make it through a surgical subspecialty residency program without tolerating abuse.

My teachers were very abusive, physically abusive, like throwing bloody scalpels at me and things.

**Alex Howard:** Wow.

**Dr. Lissa Rankin:** And then I wound up in a domestic violence situation with an abusive husband. These things got ramped up more and more, to more and more extreme levels of tolerating abuse until things got bad enough that I got in therapy.

Now, who would think that that little childhood event could create such extreme patterns of tolerating abuse and not having the tools of knowing how to stand up for myself? But I'm really grateful, I've been in really good therapy with Asha Clinton now for several years after many years of therapy that didn't really work because talk therapy doesn't work to clear trauma. And I was doing a lot of talk therapy and getting insight, but just kind of looping my traumas rather than clearing them.

So I'm super grateful that we now have some of these cutting edge tools from some of the people that I know you're gonna be talking to in this summit. Thank God we now have, we have more to offer, and I think it's very hopeful when people realize, oh, yeah, I do have trauma in my system, it is treatable. It is treatable.

**Alex Howard:** And I think what's particularly powerful about the example that you shared is that, when we have those sorts of childhood experiences, almost because they're not big T traumas of major physical abuse or sexual abuse, whatever. We just normalize to it and the problem is that when we normalize to it, it becomes familiar and it becomes almost our safety zone or our comfort zone, becomes the dysfunction, because that's what we've known.

**Dr. Lissa Rankin:** That's right.

**Alex Howard:** And so you end up almost, there's the event that happens, but then we almost end up being the perpetrator of our own trauma by recreating those experiences.

**Dr. Lissa Rankin:** Absolutely. And for anybody who's ever really been in intensive psychotherapy, the devastating part of it. In the beginning of my therapy, for example, it was all treating the ways that I had been traumatized. And then, of course, there's that horrible moment where you realize that because of your blind spots, that you have become the perpetrator of the similar kinds of trauma that you have been victimized with and there's this shame spiral if you're not careful. If you haven't developed the ability to hold all of those parts of yourself with a mercy of compassion and forgiveness.

**Alex Howard:** Yes.

**Dr. Lissa Rankin:** So I'm a big fan of Internal Family Systems IFS that Richard Schwartz created. I've been practicing IFS for many, many years, even before I got into therapy with Asha. And I think that was really helpful for my own therapeutic process. Because it deepened this relationship with the aspect of my being that for 13 years I've been calling my inner pilot.

In IFS therapy, it's called self with capital S. You could call it your divine self, your center in AIT based on Sufism. There're many different, every different mystical religions that have a different name for this spiritual aspect of our being that can expand, to hold and contain and re-parent all of our traumatized parts. And that's been really, really loving.

I mean, people talk about self-love, but they don't talk about how, how do you love the parts of you that you feel so ashamed of? But it's possible, it's actually quite lovely.

**Alex Howard:** Yeah. And I'm curious, you mentioned that you'd be doing more talking based therapy for a while that hadn't really shifted what was happening. And then you moved into this different modality.

I'm always curious, how did you know that it was starting to work? Because I think sometimes what can happen is, because people had a lot of time in therapeutic work and they get lots of insight. And there's an idea, I've got insight therefore things must be changing and then find themselves still in the same situations, in the same repetitive behaviors.

I'm curious as to what were some of those moments where you realized that something was changing in you? That something was different beyond insights?

**Dr. Lissa Rankin:** Well it's funny because sometimes it's so hard to see things in yourself, it's almost easier to see things outside of yourself. And one of the things that I started getting reflected is that other people started telling me I was different.

That here was something softer, that there was more humility, that there was a deeper opening and vulnerability, and emotional awareness, and capacity to really be present with what was happening in ways that the people that are closest to me hadn't experienced at that depth.

So, family members and longtime friends. So it is hard to know, like, is it working? Is it working?

I think part of what's really interesting when, I mean, my particular interest has been trauma therapy as treatment for chronic illness, treatment for cancer, prevention of chronic illness, that's been my particular interest lately. And so what's been exciting to witness in other people is that when we heal, when we have physical symptoms that may be related to trauma, it's almost like you have this amazing body compass that tells you when the therapy is working.

So part of it, for example, is when I quit my job as a doctor, I was taking seven drugs for a whole host of chronic illnesses that my doctors told me I'd have to take for the rest of my life. And very quickly, when I got into therapy after quitting my job, I was off all of my drugs. So is it working? Well, that worked.

**Alex Howard:** Yes.

**Dr. Lissa Rankin:** Right. Like, oh, wow. That's a very concrete measure. I can say I am off all medications. I haven't been on any medications for 10 years now.

So my body is no longer somatizing the trauma, but that doesn't mean it was all gone because there are layers that are more subtle. So it really does feel to me like just peeling an onion, and it's fascinating because I had a very strange thing happen recently.

I feel a little strange, I haven't talked about this publicly. But when I was in my third year of medical school, I started needing corrective lenses. I had perfect 20/20 vision my whole childhood, got into medical school, I was fine for the first couple of years. And then my third year, I'm going blind. Anyway, I'm exaggerating, but I became myopic and I needed corrective lenses that stabilized at 22/100. And so I wore contacts for my whole adult life. And a couple of years ago, I couldn't see, I couldn't see. I put my contacts on and I just couldn't see as well. And I thought, oh, gosh, my prescriptions have gotten worse. And so I went back to my ophthalmologist and I said, "it's been 22/100 for years, but I'm getting older.

Maybe I have an astigmatism, maybe something is going on, but I can't see what my contacts." And she retested me and she said, "that's because your vision is 20/30 now, and you're overcorrected with your contacts." And then she said, "but that's not possible." And I said, "please don't say that's not possible. You've been treating me and you've been watching this. And why don't you say: I didn't know that was possible." And she was like, "gosh, I'm sorry, you're right. I didn't know that was possible." And I just went to get my new driver's license a couple of months ago, and they tested me for my driver's license and it's 20/20. I haven't been wearing any corrective lenses at all for a year.

**Alex Howard:** Yeah. That's amazing.

**Dr. Lissa Rankin:** When you think of it metaphorically it's like clear seeing. And now we're in 2020, I'm writing a blog post right now called 20/20 Vision. As I'm looking to the future of the trauma of our culture. I really believe that modern culture is a traumatic event.

**Alex Howard:** Yes.

**Dr. Lissa Rankin:** For modern humans, we are not living the way indigenous humans lived, which was a far less traumatic culture. And so I have to wonder metaphorically, like you say, is my therapy working? Well, my vision is clearing.

**Alex Howard:** That's a great answer. I want to explore this idea of collective trauma. Before we do that, one of the things I also wanted to touch on is that on an individual level, using the definitions of trauma that you shared, which very much resonate with the perspective that we're taking with this conference that we all have different, be it developmental traumas, micro traumas, whatever kind of language we use.

But different people respond very differently to those traumas. So at one extreme we can have somebody who has completely collapsed in themselves, has absolutely no self-esteem, no confidence. And on the other extreme, we can have someone that has exactly the same thing, but they have a massive over compensatory pattern, like a massive, narcissistic, toxic leadership way of compensating for that place.

And I wonder if you want to say a little bit about the different ways and the different responses people have to trying to almost self-medicate or to manage their trauma in life.

**Dr. Lissa Rankin:** Yeah, I think this is, I have had to kind of bow in awe to the human psyche. And this is part of why I love Internal Family Systems so much, I have a whole chapter in *Sacred Medicine* about IFS because the brilliance, the brilliance of how we develop parts, protective parts, parts that think they're protecting us in order to cope, in order to function. It's so intricate and there's a wisdom to it that is so intensely, there is a kind of perfection to the ways that we individually cope with traumas.

I certainly can't say why, why in my family, my brother, my sister and I, we all dealt with a similar trauma from having a very controlling mother. But the ways that we handled it, we look entirely different. So our systems, our patterns of coping were entirely different. Why? You could say it's birth order, you could say it's past lives. Some of us are older souls, some of us are younger souls. I mean, I don't know why some people are so resilient and they come through a trauma with a kind of strength and power and capacity to function that is entirely different than somebody else who may have gone through a similar trauma. I do think it has to do in some way with how the traumas are managed.

That's what I think right now we're in a situation to prevent PTSD from this collective trauma that is going on. By doing our treatment as we go, and by being in community and being held through our traumas. Part of the beauty of my experience with *Sacred Medicine* is that I got to spend a lot of time in indigenous villages watching a different kind of culture.

I'll give you an example, when I was in Peru and it was actually my first night there, I was living in a little hut with 10 people in this remote village at 15,000 feet in the Andes. And the chief, his wife was pregnant and she went into labor the first night that I was there. And I said, "oh, I'm an ob-gyn. Does she need any help?" And he said, "oh, no, the women in our village, they just go to the round huts. We don't really even have midwives. They have the baby, we're used to this." So not wanting to interfere or overlay my western ways on this very lovely indigenous culture, I said, "fine." The next morning I went and I saw the chief and I said, "how's mom, how's baby?" And he said, "ah, baby died." And I was super triggered. I had this massive contraction and I said, "Is she okay?" And he said, "she's in the alpaca fields." I said, "isn't she sad?" And he said, "Oh, yes, she's sad, but Pachamama gives, Pachamama takes back." Mother Earth. Mother Earth gives, Mother Earth takes back. And I said, "isn't she grieving?" And he said, "I guess. She will grieve when we all grieve. Once every season we have our sort of community grief ritual. We all come together. We all grieve together." And I thought, oh my gosh, compared to being an ob-gyn in an entitled suburban community in California where every pregnancy is precious, and if a woman loses a baby, a full term baby, it's like a traumatizing event that is a defining event of her entire life.

**Alex Howard:** That's right.

**Dr. Lissa Rankin** And she's likely to grieve for years and write a memoir about it, and go to support groups with other mothers who've lost babies, and quit their job, and need years of therapy. It's a defining trauma in our culture.



And that's real, I can't even imagine losing my daughter. I cannot imagine, we have this kind of preciousness and attachment and clinging to, every life is precious.

We're seeing it now with the way that we're handling the pandemic. But there are cultures where there's not that clinging, there's not that same preciousness to life and there's community to hold loss.

There's rituals to enter liminal space, to grieve together, to feel the pain together, to feel less isolated and alone. And so I think that's part of what we have lost, we have lost the tribe that would make the traumas of everyday life less traumatic.

**Alex Howard:** One of the things that Bessel van der Kolk, who wrote *Body Keeps the Score*, which I'm sure you know, said in his interview, is that, "it's not so much what happens to us, it's how what happens to us is received and held by the people around us."

And that's often the defining characteristic and whether actually there is trauma or not. And I think that's kind of interesting in the context as well.

You mentioned around Covid-19 and the different reactions that people have. And maybe you can say a bit about some of the ways that people can manage that impact. Because I think it's not just obviously the impacts of people knowing people that are impacted by the virus directly or the fear of being impacted by that, but the impacts on every other part of people's lives.

**Dr. Lissa Rankin** Right. Well, I wrote of a free e-book in the midst of all of this called *The Corona Cocoon* that links to a wonderful group healing that Dick Schwartz, the founder of IFS, did for people. And I thought this is such a useful model for dealing with that. Because part of what he did and it's really meant for people that already are familiar with Internal Family Systems and kind of know how to do parts work.

So it's helpful to understand the IFS model before you do something like a group healing in that way. But, for example, part of what he was doing in that call, there were 5000 people on that call, and he was saying, "okay, find the parts that are kind of lit up right now."

He calls them trailheads in IFS.

So maybe there's a terrified part.

And he said, some of you might be saying, "Wait, if I'm terrified right now, this isn't necessarily a past trauma. Maybe it may be a real live threat right now. And I might actually die right now."

And he said, but what's happening for most people is that terrified parts from young parts from far, long ago are getting re-triggered. And so it's amplifying, it's amplifying the fear because so many people have these terrified parts. In IFS we call them exiles and they are vulnerable.

They are carrying heavy burdens of terror, of panic, of feeling worthless, of feeling disposable, and defective, and unlovable, and broken, and all of the emotions and limiting beliefs that come with those kinds of feelings. And a lot of those parts are getting activated right now. And so part of IFS work is to go in and heal the exaggerated terrors that are

coming from. I actually when I was doing the group healing, I found a birth trauma part, I hadn't ever come into contact with this part that was in utero.

That was this terror, I was a face presentation. So I had a very unusual birth and my dad was a medical student. So I was getting examined by like 50 medical students. Having this traumatic experience of not being protected, of not having my father protect my mother and not having my mother saying no to all the intrusions into my body as a birthing infant. And then again, that traumatic pattern of not being protected when I deserved protection and having that ramp up throughout my life.

So we can go into treating that, treating the terrified little neonate. And then it allows us to be more present with what's actually happening right now, which is right now I'm not actually in danger. I'm sheltered in place in a beautiful part of coastal California and nature. Nobody's sick, everything's actually fine right now. And we can also find other terrified parts, maybe parts that are scared about money, maybe parts that have lost their job, parts that are worried about not having shelter. And often those parts are also very young, parts that had scarcity, or parts that had generational traumas even from grandparents who lived through the Great Depression, or family legacy burdens that are passed through where there's been scarcity maybe for generations.

Again, if we can go back and treat those generational traumas, those collective traumas, those individual traumas and our own system, then we can actually be with what's happening in the present time. And that doesn't mean that we don't sometimes have an actual trauma happening in the moment of right now.

I love the example that Dick Schwartz used. Because somebody said, "what if you're terrified and you have good reason to be?" And I was thinking for myself, because I've been held up at gunpoint, had two masked gunmen holding guns to my head, so I know terror, I know that feeling of like: I'm actually acutely at risk right now. And Dick was describing an experience where he was swimming and he got pulled into a riptide and he couldn't get out. And he was trying to get out of the riptide and it was sweeping him under. And his terrified parts are screaming, we're drowning, we're drowning.

**Alex Howard:** Yes.

**Dr. Lissa Rankin:** And Dick had been doing IFS long enough to have enough of this presence of this center, this divine love inside of himself that he calls "himself" that, that part that's not a part, the part that's not a part, the self was telling the terrified parts, "maybe, maybe we're drowning. But if so, I'm going with you. I'll be here with you. I've got you."

And then the terrified parts actually calms down and it was in that moment when the terrified parts relaxed into the presence of his love, that he could see that somebody on the shore was pointing him to swim in a way that was kind of counterintuitive. And he was able to follow her instructions and get out of the riptide. And that might not always happen. He might have drowned.

But that's part of what's really triggered in me during this pandemic. I have a tremendous trigger around all of these people that are dying alone.

**Alex Howard:** Yes.

**Dr. Lissa Rankin:** As a physician who has practiced compassionate care with dying people for many years and has been witness to many deaths. And both of my parents died in hospice and we got to have the good death, the home death. To me, dying in a glass room with nobody next to you just sounds so devastatingly sad, on a ventilator, isolated. And I just pray that those people know how to be with their own parts. So that, okay we're dying, we're dying. Yes. But I'm going with you.

**Alex Howard:** Yes. One of the things that really strikes me from what you're saying as well, is that as children part of what we need from parents or primary caregivers is when we're afraid or when we're distressed to have that love and comfort and holding. Which is what allows our nervous system to feel safe and on our body to relax.

Often when we haven't had or perhaps had the opposite of that, we've learned to relate to ourselves in a harsh and cruel way and we're re-traumatizing ourselves from the way that we were taught to. And as you're describing the IFS approach, one of things that was coming to mind is the importance of, with those different parts of ourselves and those different places, we have those different feelings. The way that we relate to our own feelings and our own emotions and how important that is.

**Dr. Lissa Rankin:** Oh, absolutely. Yes. One of the key points of IFS is that there is zero bullying of any parts. And I'm watching especially in spiritual circles and things right now, I have parts that are very triggered by all of the spiritual teachers and staff that are saying, "do not be afraid. The only thing to be afraid of is fear itself."

**Alex Howard:** If only life was that simple.

**Dr. Lissa Rankin:** I'm like, oh, my God. They're just bullying scared parts and those scared parts are usually like two. And that is re-triggering to a lot of people who, like in my family, I was raised in a pretty fundamentalist Christian household where there were only a few acceptable emotions.

So emotions like anger, rage, jealousy, fear, even shame, these were not acceptable emotions like joy, ecstasy, gratitude, appreciation, love, these were okay. These were good Christian emotions. And so a good enough parent will help a child learn to be with these intense emotions when they arise, will help them. Because they're overwhelming when you're two and you have rage.

You see the 2 year old having tantrums, that's a lot of energy to run through a little two year old system. They don't know how to handle all that, all that intensity. And a good enough parent will help the child regulate, co-regulate their system so that they can actually tolerate and experience all emotions as valid human emotions, and learn how to be with those emotions. But most of us didn't get that, most of us didn't get a good education in how to not only tolerate all of our human emotions.

I love the work of Karla McLaren and I have a whole chapter in *Sacred Medicine* about her as well. She read a great book called *The Language of Emotions*. And basically she's saying it's

very congruent with IFS. She's saying each emotion actually has a gift and emotions are action requiring neurological programs that carry energy and information in the body. And if we block them, then as Bessel is saying, "the body keeps the score".

So if we don't let those actions requiring neurological programs move the energy and information through our systems, then they get caught in the physical body and they can create physical symptoms. And from the perspective of energy medicine blocks in the life force, that is interfering with our ability, our body's ability to heal itself. From the neurological perspective, of course, this also means that we start going into the limbic brain. We start regulating ourselves through a lot of stress responses and the sympathetic nervous system. The parasympathetic nervous system gets turned off. And of course, we need the body and parasympathetic nervous system in order to be able to heal.

The things that our bodies are breaking down and being exposed to pathogens and making cancer cells and things all of the time. But our bodies are made to be self-healing systems and it's only when our systems get overwhelmed with all of these interference patterns, that lead us to chronic repetitive stress responses, that we become more vulnerable to all disease. And I think we may have certain susceptibilities, certain genetic tendencies.

We are not our DNA. We know from epigenetics that we are not the victim of our genes. But we may have certain predispositions or vulnerabilities in the body that may have come from some past life traumas if you believe in that sort of thing. Maybe we're even born with these sort of karmic, karmic experiences, I don't know. But I think that when we are able to have good enough parents or in the absence of that we learn to be good enough parents for our own parts.

Then we can start to allow all emotions to bring their gifts and to utilize their action requiring neurological programs to help us take action. Like anger, for example, is the protection of your boundary. If you don't have access to anger, then you are vulnerable to abuse, because you don't know how to protect your boundary.

Which ironically in the field that I've been studying, your boundaries should be about six feet around you, six feet above you, six feet in front of you, six feet behind you, six feet below you. It's basically the size of a healthy energy field. And I find that really interesting because we're now social distancing at six feet.

**Alex Howard:** Pretty much perfect social distancing distance?

**Dr. Lissa Rankin:** It's kind of hilarious. Right at the beginning of this, I normally go to a five rhythm stance where there's 150 of us in a sweaty gym. And we were still going to dance because we hadn't stopped gathering yet. But Covid-19 was happening in China and there was some concern here, and so the teacher said, "let's dance together, but let's not touch each other this time. Let's practice six feet between all of us." And it was so interesting, we had the fitness circle afterwards and digest this because people, some people were so triggered that they weren't allowed to touch other people. And other people were like, oh, my God, that was the best thing ever, it was the first time at dance where I haven't felt like I had to fend off unwanted touch.

**Alex Howard:** Yeah.

**Dr. Lissa Rankin:** And I thought, what an interesting time to be learning to protect our boundaries. But also, wow, we're not getting the touch that is often the antidote to trauma.

**Alex Howard:** Which also just, I'm mindful of time, but something else I really wanted to ask you about, and you just touched it very briefly earlier. I think it feeds on from here perfectly, which is this idea of post-traumatic growth that, yes, we can go through trauma and the impact can be very negative for one's life. But that isn't always the case. So it may be said a bit about some of the gifts and some of the opportunities for growth that can come.

**Dr. Lissa Rankin** Well, I think all of us can relate to the idea that we've been through something that felt like hell and it wound up in the big picture of our lives being the best thing that ever happened to us. So the most obvious example to me was what I called my perfect storm, which happened when I was pregnant with my daughter, who is now 14. And within a two week period of time, I gave birth to my daughter by C-section.

My brother, who was a young, healthy 33 year old, wound up in the hospital in end stage liver failure as a rare side effect of these antibiotics, Dectomax that he was taking for bronchitis. My dog died and then my dad died from metastatic melanoma and a brain tumor all in two weeks. It was overwhelming. That amount of trauma in that amount of time. But it was also the kind of catalytic interruption of business as usual that was so extreme that it led to me leaving the hospital, leaving San Diego, moving to Northern California, beginning my study of everything that I've been studying since then.

Everything in my life changed.

And I look back on it as like, wow, thank God for my perfect storm. So I think part of post-traumatic growth is interesting. I'm actually going to give you a definition of it that I like from my book, because I think it's really helpful. So post-traumatic growth is sometimes considered synonymous with resilience because becoming more resilient as a result of struggle with trauma can be an example of post-traumatic growth.

Post-traumatic growth is different from resilience, says Kanako Taku, associate professor of psychology at Oakland University, who has both researched post-traumatic growth and experienced it as a survivor of the earthquake in Japan. "Resiliency is the personal attribute or ability to bounce back," he says. Post-Traumatic growth, on the other hand, refers to what can happen when someone who has difficulty bouncing back experiences a traumatic event that challenges his or her core belief, endures psychological struggle, even something like PTSD, and then ultimately finds a sense of personal growth through the process. It's a process that takes a lot of time, energy and struggle.

Somebody who is already resilient when trauma occurs won't experience post-traumatic growth because the resilient person isn't rocked to the core by an event and doesn't have to seek a new belief system. Less resilient people, on the other hand, may go through distress and confusion as they try to understand why this terrible thing happened to them and what it means for their worldview.

To evaluate whether and to what extent someone has experienced growth after a trauma psychologists use a variety of self-reported scales, but one of them, the post-traumatic growth inventory scale, looks for positive responses in five areas: appreciation of life, relationships with others, new possibilities in life, personal strength and spiritual change. So, when I've been studying people who had "spontaneous remissions," quote unquote, great radical remissions, they were given a lethal diagnosis. And then either without conventional medical treatment or with medical treatment deemed insufficient for cure, they were cured. One of the things that I reliably found in those people is that most of them had experienced post-traumatic growth.

This brush with death, it had rocked them to their core so significantly and made them question everything and ultimately led them to develop a kind of appreciation for things that they had previously taken for granted. And they were some of the most extraordinary people I've ever met because, like every breath I think about that now with Covid-19, every breath to these people became an opportunity for gratitude.

**Alex Howard:** Yes.

**Dr. Lissa Rankin:** Because they faced the possibility of no more breath. And you think about that when you are threatened with the loss of things that you hold dear, like your own life, like your relationship to your children, like your home, like your financial security. When we make this brush with loss, some people, again, some people collapse in the face of that. But the collapse can be again, if you don't have the resiliency to be able to just automatically bounce back, then the collapse can actually create a kind of spiritual process that is a kind of dissolution.

This is why I called the e-book that I wrote the *Corona Cocoon*. Because caterpillars do not just go into the cocoon and sprout wings. They literally dissolve, they become bug soup. And if you were a human going through that process, that must be terrifying to lose your entire identity. To lose every idea of who you are as a caterpillar and what's happening and losing everything. But there is an organizing intelligence to everything in the universe.

In the caterpillar, it's called the imago, you have this bug soup of imago cells that have the image of the butterfly already in it. And humans have the same kind of imago. And when things are going well and we're kind of living a charmed life and we're getting everything that we want, and things are easy and we're achieving our goals, our relationships are good, our health is great.

It's easy to become sort of complacent and to lose that sense of awe and wonder and gratitude for every little breath of life. But when people have these traumatic brushes and are willing to go through the identity dissolving that also happens when you're doing intensive psychotherapy. I've been doing this intentionally so I feel grateful that I am a bit more resourced to handle what's going on now because I have been intentionally dissolving.

**Alex Howard:** You've been practicing.

**Dr. Lissa Rankin:** I've been practicing, yeah. But there's something so potentially sweet about the opportunity that we have before us right now as a culture to go through all this trauma together.

Everybody is going through it in our own way.

And obviously, some people are having much more devastating effects than others.

I am in that privileged, entitled, elite, sheltering place in paradise by the ocean in California and other people are in slums in India going through that like it is, it is not equal. But we are in our own way having our own bug soup and we have the opportunity to potentially have this kind of post-traumatic growth.

And it makes me think, can I read a little poem real quick?

**Alex Howard:** Yes, please do.

**Dr. Lissa Rankin:** There's a poem by Jeff Foster that I've been reading every day because it just reminds me of the sacred opportunity that we have here.

This is called: *You Will Lose Everything*.

And this is what I'm about to read, describes my experience of working with people who have had brushes with death and have come through to the other side to be able to talk about it, because this is how they feel. This describes them very well.

You will lose everything. Your money, your power, your fame, your success, perhaps even your memories. Your looks will go. Loved ones will die. Your body will fall apart. Everything that seems permanent is impermanent and will be smashed. Experience will gradually, or not so gradually, strip away everything that it can strip away. Waking up means facing this reality with open eyes and no longer turning away.

But right now, we stand on sacred and holy ground, for that which will be lost has not yet been lost, and realizing this is the key to unspeakable joy. Whoever or whatever is in your life right now has not yet been taken away from you. This may sound trivial, obvious, like nothing, but really it is the key to everything, the why and how and wherefore of existence. Impermanence has already rendered everything and everyone around you so deeply holy and significant and worthy of your heartbreaking gratitude.

Loss has already transfigured your life into an altar.

**Alex Howard:** That's beautiful, that's really beautiful. And that feels like a great place to end. Lissa, thank you so much. For people that want to find out more about you and your work, what's the best way for them to do that?

**Dr. Lissa Rankin:** Well, my main website is Lissa Rankin, [LissaRankin.com](http://LissaRankin.com) and I have many other websites from there like [InnerPilotLight.com](http://InnerPilotLight.com)

**Alex Howard:** Fantastic Lissa, thank you so much. I really, really enjoyed this conversation. Thank you so much for your time today.

**Dr. Lissa Rankin:** Oh, thank you, it's a pleasure and thank you for having me here.