



Healing complex PTSD using IFS therapy

Guest: Dr Frank Anderson

Disclaimer: The contents of this interview are for informational purposes only and are not intended to be a substitute for professional medical or psychological advice, diagnosis, or treatment. This interview does not provide medical or psychological advice, diagnosis, or treatment. Always seek the advice of your physician or other qualified health provider with any questions you may have regarding a medical or psychological condition.

[00:00:09] Meagen Gibson

Welcome to this interview. I'm Meagen Gibson, co-host of the Trauma Super Conference. Today I'm speaking with psychiatrist and psychotherapist, Dr Frank Anderson.

He specializes in the treatment of trauma and dissociation and is passionate about teaching brain-based psychotherapy and integrating current neuroscience knowledge with the Internal Family Systems model of therapy.

Dr Anderson is a lead trainer and program consultant for the IFS Institute, is an advisor to the International Association of Trauma Professionals and maintains a private practice.

His new book, *Transcending Trauma: Healing Complex PTSD with Internal Family Systems*, is great for anyone wanting to learn more about trauma as well as anyone treating people with trauma in a therapeutic setting.

Dr Frank Anderson, thank you so much for being with me today.

Dr Frank Anderson

Well, thank you. And I really appreciate you having me here. So I'm excited to be here.

Meagen Gibson

Having used the Internal Family Systems model in my own therapeutic journey towards healing my trauma, I am so glad that you put the two things together explicitly in your book. I'd love it if you could start by describing what complex PTSD is and your motivation behind using an IFS approach to treating it.

Dr Frank Anderson

Yeah. It's a great question. It's something that I think this term, complex PTSD has been circling around for a long time and has never really been an official diagnosis. It's bizarre. I've been working with Bessel Van Der Kolk since 1992, and through his whole career he was trying to get complex PTSD as an official diagnosis, different from all the other kinds of trauma. And so it's a really important distinction and differentiation.

[00:01:53]

And one of the things I talk about in my book is these different types of trauma. All traumas are not created equal. This is one of the things I say. And there is acute stress reaction, there is PTSD that goes from acute to chronic, whether it's a car accident, a single incident, whatever. And then there's this whole arena of complex PTSD, which in a nutshell, is relational trauma, relational violations, repeated relational violations. And honestly, this is what I think most clinicians see in their office.

If you're working in the VA you might see combat bad trauma all the time. But most of us who are sitting with clients are seeing people who have been repeatedly relationally violated. And the thing about relational trauma is there is this slight distinction whether it's childhood trauma, are you repeatedly relationally violated in childhood? Which is what the ACE scores really speak to and highlight. And/or, which is what most of us see if you see adults, people that have been relationally violated in childhood, but have this ongoing repeat of retraumatization in adulthood.

So these are adults who oftentimes have a history of childhood trauma, relationally, repeated relational violation, and then have a series of events in adulthood that cause a lot of symptoms and difficulty in relationships. And so those are the people that I think we see and we call complex PTSD or relational trauma. I interchange those two terms.

So that's the way I think about it. And one of the things that I think makes complex PTSD a little bit unique in the trauma arena is the repeated nature of it. It's not ever a single event. When you grow up with an alcoholic father or a mother who suffers from severe mental illness, you're getting these repeated, ongoing relational violations. And that is complicated. It causes a really complicated internal system within, because of the various wounds that get created. But it's also super complicated to treat because it is anything but straightforward. Anything but straightforward.

The last thing I'll say is that it also triggers therapists' relational wounding themselves. So this is another reason that makes the treatment of complex PTSD so complicated, is that, and excuse me for saying this, I don't know many therapists who go into the field of psychotherapy who have healthy relational backgrounds. Excuse me. I'm a member of that group. We go into the field to heal thyself. The wounded healers.

So that's another super complicated issue for complex trauma is that it triggers our relational wounds. Because we'd rather focus on our client's wounding, not on our own, that's why we went into the field. So there's so many reasons that complex PTSD is complicated. And so to be able to talk about it, to offer some hope for people and to have clear paths towards healing that is hugely important from my perspective.

Meagen Gibson

And you said so much, and I'm going to follow up on a lot of those points, but I'm going to take them one at a time. One of the things, now I'm actually trying to organize my thoughts because I was like, there's so much there. And we're going to acknowledge every point of that.

But it's interesting because even though, as you said, the experts have been doing research on this and trying to bring it forward and make it known in the field for people, ordinary people, everyone is an ordinary person, but you know what I mean. I'm not a therapist. Many of our attendees are not therapists, or not trained in the therapeutic field, but many of them are. But for those of us who aren't, it can often feel like this trauma word is everywhere now. And so everyone is traumatized, and it feels

overused. But really, what it is, is that it's just that the science, the research, the knowledge is new to the public and new to the field.

[00:06:39]

I know for someone like me, we were talking briefly before we started recording that I wanted to check in about something. I know I experienced one of those acute traumatic events that triggered all of my CPTSD that I didn't know, I wasn't aware that I had. That was 5 years ago. Now, 5 years later, after doing a ton of work I know that that's what was going on and have been able to work through that. But it can be so confusing and so disarming to wonder why you're having these experiences in the present that are completely formed in the past.

And so for anybody watching, I would love it if you could just address that feeling of confusion and how you might seek out treatment for that.

Dr Frank Anderson

And Meagen, I'll say the same thing like, oh, my God, there's so much in that question that I want to unpack. It's the same thing I'm going to say. That's because it's such an important question.

And one of the things that I'm aware of as I'm moving out of working only within the therapeutic realm and into the general public, is that there is this stigma around trauma. We've always known about a stigma around mental health issues. But now, I would say largely, not only because of the pandemic, there is this awareness of trauma in a different way. Even Oprah Winfrey and Bruce Perry's book, and Oprah Winfrey and Prince Harry's show, trauma and mental health is getting more mainstream, which I'm thrilled about.

And there's still the stigma that the general population has like, oh, I'm not traumatized, there's this weakness associated with that word. I bury the past, move on to the present. So, many people don't acknowledge or want to identify trauma because it brings up this vulnerability that feels like a weakness, as opposed to vulnerability that's a strength. So there is this aversion to the word trauma, which is why I think complex PTSD took such a long time to actually even become a diagnosis. So we're dealing with a change of tide. I think there's an awareness.

One of the benefits of social media is everybody's out there talking about it now in a way that they weren't before, which I'm very, very grateful for. So this awareness, hey, maybe this is significant. Hey, maybe this does have an effect on me. But most people, when they get triggered in the current day, I can tell you, even in the beginning of the pandemic, there were so many people that got triggered by their family of origin issues, for example, oh, my gosh I'm a Jewish person, and I have a Holocaust history. I'm being trapped at home. I had no idea this would trigger that for me. So I did so much work in that way. People were shocked that these things from the past get activated on such a deep level when something in the current day affects them.

They have no awareness because one of the primary coping strategies for something traumatic is to push it away, to push it away. When our psyche is working, it makes us forget. And so when we get triggered by something like you're saying, I talk about current day triggering past events. Okay, current day triggering, past events. And I'm going to say to people, a signal of that is, and this happened to me recently.

So I was supposed to do this podcast with this big social media influencer. And then I got ghosted. They never followed up. Nothing ever happened. I was like, oh, my God, what happened? What

happened? It was kind of weird. And apparently they decided to go a different direction and just didn't reach out, didn't let me know. But I had a really big reaction, oh well, what a bummer. I had a huge reaction. I was like, wait a minute, Frank. What is going on here? Why are you having this exaggerated response? Like my rational mind, okay, fine. These things happen. No big deal. But something else was really activated inside.

[00:11:07]

And honestly, at least I was aware that this is bigger than it should be. And started getting curious. And it really did activate this kind of interest, I didn't know it at the time, but I knew something big was up, bigger than normal. And as I got curious internally, which is one of the things we do in IFS looking at, listening to all the different parts inside, it really triggered this competitive thing that I felt with my brother. And the way I felt as a little boy. My dad liked my brother better than me. Oh, they don't want me. They want somebody else.

And it was really interesting. I had no awareness except for this big reaction that was larger than it should have been. And so with that internal curiosity, with that, okay, Frank, something's up here, at least I know that. Then it brought me back to the origin.

And one of the things I say, which I think is really important in this day and age particularly, is when there is something in the present day that is significant, because there's plenty of that right now, losing jobs, financial security, relational difficulties, kids struggling, there's so much currently that is problematic in and of itself. I think it's super important to also be aware that this does often trigger our early relational trauma, and it really is an opportunity to heal on both levels. The real possibility. This is one of the things that I love about IFS and love about the work that I do. The message I want to get across is, both can be dealt with, both can be healed. It's not just the one, forget about the past. So these current day triggers bring us to the origin of our wounding in a way that's super important and is an opportunity for growth, both present and past.

Meagen Gibson

We're just going to keep doing this where we say so much. But one of the things when you were speaking that I was thinking was that, and you didn't speak to this directly, but the experience that I had around my trauma revelation was that it was like, how dare I associate myself with people who have been through real traumas. Like Holocaust survivors, refugees, people who are veterans of war or were in countries where they were directly impacted by war.

And I literally just did this two weeks ago when I was experiencing something, I was going through with my therapist, and I said, I cannot believe I just compared my experience to XYZ. And she said, but it's valid. It doesn't matter. You're not outside telling everyone else that their experience is equal to yours. What matters is how you feel about it and what your experience of it is and that it feels similar to this kind of big trauma.

And so I think that's where a lot of people have that disconnect and coming to this work and acknowledging their own trauma is that there were these two separate camps of these huge big T traumas, and then this much more subversive, long term repeated exposure.

And then you said something earlier that our brains, our nervous systems are doing a really good job of pushing things away so that we can cope in the present. And that brings me to parts work, which is like that over time, when we have to do that repeatedly, over and over again, is that where these parts

of ourselves form, they get assigned jobs. I'd love it if you could start talking about the different parts, the big three, if you would, and how they form and what makes them form.

[00:15:10] Dr Frank Anderson

Okay. So I'm going to break it down into two pieces. Because the first piece that you said around trauma comparison, and then I'll talk about the different parts. So oftentimes most people have parts of them that downplay the significance of their trauma or have parts of them that compare their trauma. Oh, this can't be significant. This isn't real. I'm not starving. I didn't get beaten. I have no broken bones.

So most people, which is a protective coping mechanism, is to downplay the significance of our own trauma. It's really easy to search or attach to somebody who has it worse. That, for me, is largely protective. Like mine isn't as bad. And we want to hold it as protective.

The other thing that I'll say about it, and you mentioned this, and this is just the way I think about it is, it's all about the perception or experience of the part that went through it. So it doesn't matter whether you were in an earthquake, you were bullied in school or shamed by your parents, in a single event. It is the perception of the part.

And if you think about it, when we're young, we're very vulnerable, and we're very sensitive. And so those little events can have a profound effect on the perception of the part. So I always say, yes, I understand those parts that want to compare. And I really appreciate the way they're trying to help here. Because those parts that are trying to compare are trying to help by downplaying it. And let's see if we can be with the part that experienced it directly and hear its experience firsthand. So then we want to open the door in this way to give room for whatever that experience was, for the part that had that experience. And that's what we can heal and help release. That's the healing. So we're always looking at perception versus what we think it should be or those comparison parts.

So I want to speak to that because it's an important piece. We don't do this with kids. I think about Amy, I didn't talk to her, but Amy Poehler who worked on the *Inside Out* movie. In the *Inside Out* movie she was the voice of Joy. And one of the things she said in an interview that I read about her, is, oh, my gosh, do you know how many times I told my kids, don't be sad, don't be sad? I'm never going to do that again. She learned a lot by being the character voice in that movie is the perception of her children. Oh, are you sad? Tell me more about that, as opposed to don't do it, don't do it.

So there's always these constant messages, no no no, it's not that big of a deal. So listen to the experience and the perception internally is one thing I want to say.

And this does bring us to the second part of your question, your statement is, the way that IFS use these different parts of ourselves. And I did do a little work at one point with Pixar and I love the *Inside Out* movie for this very reason. For those of you who remember that, *Inside Out* was a perfect example of what we're talking about in IFS around parts, we all have different parts of ourselves. From the IFS perspective all parts are normal. It's not pathological.

Which is a huge shift. Because when I went to medical school, we learned that parts were pathological. If you had parts, you were civil. You had multiple personality disorders. There was a big negative stigma around parts. And that's why I love the *Inside Out* movie, I'm like everybody has parts. And we all do. I'm in my work part right now, which is different from when I'm hanging out in the backyard playing with my kids in the pool. Different aspects of our personality.

[00:19:30]

So IFS and Dick Schwartz, who is the founder of this model, really said, we all have parts. They're normal aspects of our personality. They're not pathological. The difference is that because of overwhelming life experiences, parts are forced to take on certain roles. So we differentiate a part of me that's sad or a part of me that likes humor or a part of me that enjoys exercise, with a part of me that gets devastated and overwhelmed because I had a traumatic loss when I was 6 years old. So parts can take on extreme roles because of overwhelming experiences, whether they're big or small.

Meagen Gibson

And that's really the difference between just a character trait part and something that's getting in the way, getting activated and getting in the way of your ability to connect with people in your life, for instance.

Dr Frank Anderson

Exactly. And the getting in the way and getting activated, if you start getting curious about it, ends up being protective. This is one of the other big things. People who drink, who exercise too much, who have panic attacks, who overwork, any symptom that, I would say the general mental health population or communities at large look at these negative pathological, bad things, suicide, drug use, IFS sees those as protective parts. Parts that are trying, in the ways they know how, to protect pain or hurt or trauma inside that is being buried. So we'll look at any symptom and we're looking at the positive intention of the symptom.

That's another huge piece in IFS. What do you mean positive intention of suicide? Yeah, suicide has a positive intention. It does. It is the ultimate protector. If this gets bad enough, I know a way out, says the suicidal part. Depression too, anxiety. Oh, my God anxiety can, if we're worrying, anticipatory fear, it's a beautiful way to get us away from something here. Let me focus on something in the future.

So, IFS is so beautifully non pathologizing, that every symptom that you try to get rid of, that you're pushing away, if you can shift looking at the positive intention of the symptom, not the effect it may have. The best example, the one that people I think relate to the most is, drinking. My husband is an alcoholic. How could that be positive? It's destroying our life, he's abusive to our kids. Totally get that. That's the effect that that part has. But what is the intention? Usually the intention is getting away from early childhood wounding. For the husband who's the alcoholic, he's seeing his kids, he gets triggered by his kids, he's maybe not feeling great in his relationship with his partner, and so he's drinking to get away from those feelings that are deeply buried, that get triggered in his current day life, so he doesn't have to feel the inadequacy, the loneliness, the feeling unloved himself.

And so if you can start seeing these aspects of our personality that look problematic, that seem like we want to get rid of them, through the positive intention by listening in that way, it's a game changer for people. Then we're not bad and wrong, and then we don't need to be fixed and we're not broken. We see them as adaptive responses for the ways we learned how to adapt from the environment we were in.

I'll give one other example of that and then I'll talk about the wounded part because that's the other thing too. Some people don't understand. I had one client who said, I have a drinking part, drinking part, drinking part. When we started exploring her drinking part, we learned this drinking part was 8 years old. And she was like how could a drinking part be 8 years old? That doesn't make any sense to me. She couldn't fathom that. And when we started listening, internally listening to the part, I said, I

don't know. Let's listen to the part. I have no idea. IFS is all about listening, not interpreting. Getting curious.

[00:24:33]

She learned that this little 8 year old girl would see fighting and yelling and screaming in the house all day. And as soon as Daddy came home from work, Mommy and Daddy had a cocktail in the lounge and all the fighting stopped. So this little 8 year old part said, oh, alcohol makes the fighting go away. So it got this idea, every time a fight shows up, reach for alcohol, that solves the problem. And when you hear that, you say, oh, my gosh, it makes so much sense. As opposed to bad, wrong, stop drinking, get sober. So we join the positive intention and then the part is like, somebody's trying to help me. And it changes the whole internal system from one of fight to one of we're here to help and there's hope for healing.

Which brings up those wounded parts, what IFS calls exiled parts or wounded parts. We all have been shamed. We all have been hurt in some way. There's rarely a person that I know who hasn't had at least one or two traumatic events in their life in some form. So the parts that carry the pain and carry the hurt, the wounding, are called exiles. Those are the ones that are exiled, they're buried. And in the IFS world we work with the protective parts that are trying to push away the pain. We get their permission to access the vulnerability. We don't push, and we don't force anything. Because the more you push, the more resistance you're going to get. So it's a very respectful way to move towards vulnerability and healing.

It's like Dick Schwartz will say, these parts are like little people in our mind, just like they are in the *Inside Out* movie. And you don't tell somebody, shut up, get out of here, I don't like you. You're respectful to people. We're respectful to all of these parts. We appreciate them for the ways they're trying to help and we get their permission to access vulnerability. It's a much safer way to do this painful work, which is why it's spreading so much and it's so popular because it feels respectful and it's safe. It's a safer way to do this difficult work.

Meagen Gibson

I love the way that you described in the book as well that this methodology doesn't necessarily have to be or feel overt. You don't have to be in a session with someone and say, what is that part's job? All of this inquiry and dialogue can be very subtle so that you're not even really aware of how you're actually moving through IFS work. It's not necessarily explicit.

Dr Frank Anderson

That's right.

Meagen Gibson

And I also love the story that you told a little bit earlier about the podcast reaction. And that's been my signal over the last 5 years of when I've got a part to listen to or get curious about is when a reaction is super exaggerated, it feels irrational. Even though my feelings are valid. That should have been upsetting. It is hurtful to be dismissed or overlooked, in your case, not chosen. These are all normal feelings to have, that should sting. And it's also just plain rude. Somebody should have told me. Those are all valid feelings to have.

[00:28:17]

But they're really attacked and over emotional, and why is this affecting me so deeply and for so long? I'm still thinking about it 36 hours later. These are signals that we should tune in and get curious. And I'd love it if you could talk about that work. Obviously, a lot of that work happens in an office with somebody like you, a facilitator. But sometimes this work is just a long curiosity, a long listening, a long mental intention of like, I don't know yet but I'm listening and I'm open to whatever information this part is going to give me, whether I have its permission yet or not, or whoever I'm doing dialogue with.

Dr Frank Anderson

Yeah, definitely. And that's a really important thing is the way that I personally, and I think the IFS Institute, as a matter of fact I know, are really bringing this work to the general public. Because, yes, it's a psychotherapy modality. And yes, you can do a lot of your own work here. I think about self awareness, self connection, in this most basic form, this is about getting to know yourself better. And this is about having more internal compassion and self awareness of who you are. It's a very cool journey to get to know yourself better.

And you say the terminology, the parts and doing therapy, everybody's like, am I weird? Is this weird? Is this normal? Like, most people get into this, wait, I have parts, I must be civil. So that's a very common thing. And one of the things I say about that is you don't have to use all the language. You don't have to use all the language. I'm always using the person's language that I'm talking with. I get so pissed when my kids fight. Tell me about when you get pissed when your kids fight. The translation is, tell me about the part that's pissed when parts of your kids fight. I don't have to use the language when you get pissed, when you get shut down, when you are exhausted at the end of the day and want to give up. I just use the language of the person. I don't have to use all the fancy therapeutic jargon.

So it's just being with somebody using their language, following their lead. So that is one thing that I'll definitely say is, it doesn't have to be that and it doesn't have to be this whole big psychotherapy thing in that way. This is about just following the language and the perception and experience of the different aspects of who we are.

The other thing I'll say about this is bringing this to the general public, like mindfulness meditation is so popular now. And in some ways it's as simple as just take 5 minutes every day and sit quietly with yourself and see what comes up. I can't tell you how difficult that is for people, 5 minutes a day, with phones and this and that, like our lives. That was one of the beauties of the pandemic, not to downplay all the hardship that it caused, it forced everybody to stop. It forced me to stop. I was traveling all over the world, and I was able to stop for a while. It was such a gift. Because we're going going outside outside outside. Can you shift and can you sit with yourself for 5 minutes a day?

And it's really hard. People say, yeah, I did it once. And if you get used to that, stuff will start showing up inside. And if you can start getting curious, you start developing an internal relationship with your parts. They're like, oh, somebody cares. Somebody's going to show up. I don't have to do this all alone. So you're building, it's almost like these internal neural networks that have been severed because of trauma. And so you're rebuilding. I think of IFS as internal attachment work. We're always talking about attachment with our children or relational connection, which is super important, but what about that internal connection and those internal relationships that have been severed.

[00:32:34]

So people can do this and I'm very committed to bringing this to the general public. To be able to let people, whether it's through an app, I'm currently writing a new book for the general public, this is something that everybody can do, and everybody will benefit at getting to know themselves better and being with themselves in a more effective way. It just is a game changer. So I really am very hopeful for people to be able to do this work on their own.

And when, here's what I'll say, when it becomes too much for you, when it does trigger and activate maybe your sexual abuse or your physical abuse, when it is overwhelming for you, then go for help. There's a lot you can do on your own, and if it does get to be too much, there are resources and people to heal. So I really want to teach people when to do it on your own and when to reach for help. Because some things you can work through on your own with no problem and other things you are going to need help. And there's nothing wrong with that, because there are people, professionals that know how to do that.

Meagen Gibson

It's interesting that you brought up meditation because I'm like, I feel attacked. So I've been meditating since 2003. However, for what I don't know, many, many years, more than a decade, it was absolute agony and miserable because I had not acknowledged and started my trauma work. So meditation was a hostile environment for me. And it's never been easy.

But now, like yesterday, literally, I worked out and I find that I can meditate more peacefully after I work out. But I worked out. I sat down to sit and it was a really noisy room. And I was able to acknowledge like, wow, in that case, my manager was working a lot overtime. And it was throwing up a lot of other things I should have been doing and other things I should have been thinking about. And so I don't know if it helps anybody out there, but if you struggle to meditate I think that's normal, and there's a lot of methodologies and there's lots of approaches, there's lots of guided ways to do it, there's apps, there's just sitting quietly.

So it's not a one size fits all thing. But even when you don't feel successful, not that it's a competition around meditation or contemplation or just quiet time in your own brain, but that sometimes when it's super noisy and hostile in there, that that's an invitation to just unpack that. Wow, there seems to be a lot going on. I can't quiet down. So what are, just naming all the things that are going on and all the parts that have a voice in there and what they need.

Dr Frank Anderson

Yes. So you bring up two really important points, and I'm glad you said that. And let's work with the parts of you that felt attacked.

Meagen Gibson

That really is a joke.

Dr Frank Anderson

No, I totally get it, because in fact, it's terrifying to go inside if you have a trauma history. Terrifying. So sitting for 5 minutes a day is no joke. It's torture for many trauma survivors.

[00:36:01]

When I'm with somebody, I'll say, why don't you just check inside? They do this. Okay. I'm done. And that was a second. Awesome. Let's double it and go to two. But I know how terrifying it is to go inside. It's the last place a trauma survivor wants to be. So I don't want to minimize how difficult it is. So that's one thing I'll say, it's very difficult for people to go inside and be with the very things, all of your parts are trying to push away, particularly in trauma. So that's important.

The other thing I'll say is meditation is one way to gain access inside. It's one of many different ways. And interestingly enough I think about, like, I don't sit and meditate. That doesn't work for me. My partner sits and meditates, that works for him. That's his way of connecting and going inside. I need to be physically moving in order for me to connect.

What I think about is different entry points. For some people quiet is an entry point in for them. Other people is through thinking and thought they can access. Some people access through emotion. Other people can access through physical sensation. I'm one of these people who has to be moving. I'll do the stairmaster, I'll be running, I'm doing yoga, and then I access my internal world. I am a physical, and it's partly because a lot of my trauma was physical. Not only was it emotional and physical, but I needed to access the entry point through physical. And I don't do it other ways. So when I can't exercise it's very hard for me to be self connected.

Another place I'm going to talk about, because I really believe this, is energy is nature. A lot of people connect through nature, and that's a place for me too. When I'm hiking, when I'm out at the beach, oh, my God it's just a different state of mind. You can access what IFS calls, self energy. Which is that internal wisdom, that internal connection, the place that some people can get through meditation. But I really want people to know that's not the only way in. If meditation is too hard for you, it's totally okay. There's many body centered things.

There's this new thing that I'm really excited about called Kinergy. It's this method of movement to access healing, spiritual healing. Julianne Hough, who's somebody who's a dancer is somebody who's developed this movement towards healing. And so I'm really intrigued by it. And I really want to learn more about it because there's different ways. Because everybody's not the same. And so just know that you can connect and you've got to get a little bit curious and creative about what your entryway is. Meditation is one of them.

Meagen Gibson

Thank you so much for addressing that.

Dr Frank Anderson

You're welcome.

Meagen Gibson

And it brings me to another point, but while I was reading your book I was reminded of something that I saw on social media a couple of years ago that said something like, are you an empath, or do you just have unhealed trauma? And that sent me back to the therapist's office to do some work.

[00:39:46]

But your explanation in the book of the difference between compassion and empathy are such great examples of this. So I would love it if you could describe the different things, especially in the role as a therapist.

Dr Frank Anderson

Absolutely. Yeah, it's a really important distinction. And I think it's one that people confuse. I didn't even know the difference between empathy and compassion before. And there's a body of research by Tania Singer, she's a neuroscientist in Germany, and she did this neuroimaging and really mapped out the neural networks between empathy and compassion. And she says, hey, there's different parts of the brain that get activated when we're in a compassionate state versus when we're in an empathic state.

And basically, the definition is when we're in compassion, it's a care and concern for others suffering with the motivation to help them, it activates the care seeking network. Interestingly enough, similar to some of the addiction networks, the seeking, seeking, seeking. But it's about the other person. So I'm here for you. I care about you. I'm okay. I'm not triggered when I'm with you, so you can be panicking, overwhelmed, sad and I'm holding space for you. We do this. All of us can do this. To be there for somebody.

Which is different than empathy, which is more about resonating with somebody else's feelings. You're crying, and then I start tearing up. That is empathic resonance. And I was really surprised by this. It wasn't that I'm feeling your feelings, it ends up being, I'm feeling my feelings while you're feeling your feelings, so that I'm resonating because I've had a similar experience emotionally. It doesn't have to be if you were in a car accident, I have to be in a car accident. It's if you were terrified in your car accident and you were in your feelings, I can get activated by a time in my life triggered that I was terrified, and I'm resonating with you. And so we all do all of these. Sometimes we feel our feelings when we're with somebody. IFS calls that blended with somebody. Or we can be a compassionate witness and hold space for somebody when they're overwhelming.

The beautiful thing about both of these is that one is not good and the other is bad. They're both very important. They're both important components to connection, to relational healing. We need both. At times, we need somebody to feel it with us. You don't get it, you don't get it. You're not empathically resonating. And at other times, we need somebody to hold the space because we're feeling overwhelmed. So compassion and empathy are both incredibly valuable, and they're important distinctions around healing.

The other piece I'll say about it is this self to part internal relationship that I'm talking about in IFS, compassion and empathy are both important too. Sometimes our wounded parts need ourselves to feel it so that the part feels like we really get what it was like. And sometimes our wounded parts need ourselves to just be with us and listen and be a compassionate witness.

So compassion and empathy goes internally as well as relationally. And this is true with therapists and clients. It's also true with our parents and children. And it's true with intimate relationships. We need the capacity relationally to be with somebody and hold space as well as to feel it with them sometimes through connection.

[00:44:02] Meagen Gibson

That's so hard I imagine, when you're directly impacted by the actions or emotions that the other person, in the case that you brought up where somebody has a partner that's drinking and might have a substance abuse problem, to have compassion and not be also activated around the impacts of those actions on yourself, that's some deep work.

Dr Frank Anderson

It's some deep work, and that's where it's getting to know yourself. That's the internal exploration, is can I put aside temporarily the part of me that's really pissed and angry? And can I hold compassion for this person who needs me to be there for them? And that's the whole, this work in IFS is not only about clients or people getting to know themselves better, it's also about the people doing the work, getting to know themselves better. It's like clients are not the only ones with parts. All therapists have parts, and anybody who's been in therapy knows and can see when their parts are triggered. All kids know when their parents are triggered.

Meagen Gibson

They can't put the language to it but they know.

Dr Frank Anderson

They can feel it. They can feel it. So everybody gets triggered including therapists, including parents. And it's getting to know your own system and getting to be able to maneuver and work with it so that you can be in relationship in a way that's effective and healthy. Absolutely. This is why it's a paradigm. Sorry.

Meagen Gibson

No, go ahead.

Dr Frank Anderson

I was just going to say this is why it's a paradigm for living because everybody has it and impacts all of our relationships.

Meagen Gibson

I was going to say since you brought up the parent child relationship, that especially as the parent to know when you've been activated and develop at least enough self awareness and be able to take accountability for your parts enough to go and then repair.

I've been doing this work specifically for 5 years and still blow up at my kids. You're still there yourself. But now I know how to repair that and say like, wow, I really overreacted there to you forgetting your mask for school for the fifth day.

Dr Frank Anderson

Exactly.

[00:46:32] Meagen Gibson

I really overreacted. I'm super sorry. You're a kid. You're going to forget things. And I'm going to work on my reactions being better. It's not that you're going to fix yourself or you're going to not be yourself or you're not going to exhibit human qualities of these parts getting activated. It's that you're going to be accountable, responsible and curious about it.

Dr Frank Anderson

Well, it's a huge piece, and I will talk a little bit about this because I do a whole curriculum on parenting. Because interestingly enough we get triggered by our kids all the time. Kids exhibit immature behavior. And what parents aren't aware of, and what I really want to teach parents, is that when our kids trigger us, it actually does activate something within our history. And when we get triggered and activated our instinct is to stop our kids, don't do that, stop that, so that I don't get triggered.

So oftentimes when parents lose it, and everybody loses it, it is an opportunity for parents to learn about their triggers. I have healed so much of my trauma because of the ways my children have triggered me. Even more than partners, significant others, I think children are our best teachers because they're primitive, they're immature by nature, because that's what kids are. But they trigger very deep stuff within our history that we have pushed away. And so every time I lose it, and I lose it, it's like, all right, what's the opportunity here? All right, what is this about? What is triggered in me that is making me react to my kid by making them stop?

And it's such a common thing and it happens all the time, and it will continue to happen. And, like you said so beautifully, every moment of being triggered is an opportunity for learning and growing and repairing. Because with my kids I have this trauma history, as I've said, and I have a huge startle. They know that about me. Oh, Papa's got a huge startle. Papa reacts big and strong. They don't take it personally. But it's about my history. And they know that. And so they could be in relationship to that and I apologize and take responsibility for it. It's mine, not theirs. If I didn't take responsibility for it, they would feel it was their fault.

Meagen Gibson

And they would start developing coping mechanisms around the way that they feel like they can be in your presence in order to manage not doing that, and it creates another legacy cycle of retraumatization, and that's why it's so important.

Dr Frank Anderson

Totally. That's exactly right. If we don't take responsibility, if we don't do our own work as parents, it's passed down to the kids. And then kids start reacting to us, respond to, this is one of the things that Gabor Mate says, when children need attachment for survival, they're going to focus on the parent relationship and disconnect from themselves. So then kids start focusing on parents for survival, and then they lose their own self connection. And so if you can take responsibility, own it like you're saying, deal with the repair, then kids say, okay, my parents know themselves. Yes, they can lose it and it's their responsibility. It's safe enough for me to be me. And it's safe enough for me to lose it and manage my own feelings. It's a positive cycle instead of retransgenerationally repeating the trauma.

[00:50:22] Meagen Gibson

Absolutely wonderful. Gosh there's a lot more I want to talk to and ask you about, but I think we'll stop there.

Dr Frank Anderson, thank you for being with us today. If people want to find out more about you and your work, where can they do that?

Dr Frank Anderson

Yeah, that's great. Thank you so much for having me. This has been great. What a wonderful discussion. I love your openness and your willingness to talk about yourself and your journey, so I really appreciate that.

If people want to get to know my work more, get to know me better, a couple of things. One is probably the easiest way is to connect to my website, that's frankandersonmd.com

So that's one way. And I'm all over social media. So I have an Instagram account that's [@frank_andersonmd](https://www.instagram.com/frank_andersonmd) on Instagram.

I'm on [Facebook](https://www.facebook.com/frankandersonmd). This is the way. I'm on [LinkedIn](https://www.linkedin.com/company/frankandersonmd) so you can look me up.

Meagen Gibson

You're on Twitter, too. I follow you there.

Dr Frank Anderson

I am. That's exactly right. I am on [Twitter](https://twitter.com/frankandersonmd).

And the website has newsletters, what I'm teaching, where I'm teaching, things that I'm doing and a lot of really exciting new things coming out.

So one of the things I always like to say is as we've made this connection, now we've expanded the network of healing. So anybody who's listening to this is part of this new healing journey and this new healing network. And I just want to keep expanding this network of healing trauma because it makes a huge difference for all of us.

Meagen Gibson

Fantastic. Thank you so much for being with us.