



Conscious Life presents

# TRAUMA SUPER CONFERENCE

## Using Internal Family Systems to transcend trauma

**Guest: Dr Frank Anderson**

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### **[00:00:09] Meagen Gibson**

Welcome to this interview. I'm Meagen Gibson, cohost of the Trauma Super Conference. Today I'm speaking with Dr Frank Anderson, psychiatrist and psychotherapist, Dr Frank Anderson 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 book, *Transcending Trauma: Healing Complex PTSD With Internal Family Systems*, is fantastic for anybody that wants to learn about trauma, as well as anybody treating people with trauma in a therapeutic setting. Dr Frank Anderson, thank you so much for being with me today.

### **Dr Frank Anderson**

Thank you so much for having me. It's always a pleasure to be here, so I'm honored to be asked back again. So thank you.

### **Meagen Gibson**

Frank, I would love it if you could start by telling us a little bit about yourself and what inspired your work in trauma.

### **Dr Frank Anderson**

Yeah, boy, that's an interesting journey. Always good to kind of reflect on. I would say, like most people, my journey started externally focused and then it shifted internally. So I had a really close family member I grew up with who ended up having psychotic episodes when they were younger, and it had a profound impact on me. It was devastating for me. And I have this, like, oh, my goodness, I need to help this person. The ultimate caretakers within me got activated.

Because I always thought I would be a pediatrician. I've loved kids. I've loved kids my whole life. And it's kind of like, oh, I want to be a doctor someday, and I want to be a pediatrician. So when my family member had this mental illness pop up for them, it really shifted things for me. Unbeknownst

to me at the time, that was the beginning of my own personal healing journey because that event moved me into psychiatry as opposed to pediatrics.

**[00:02:22]**

When I was in medical school, I couldn't tolerate really, really sick kids. That was another kind of sign for me at the time, like, this is too painful. I can't work with kids in the PICU. I remember the Pediatric Intensive Care Unit was too much for me. So I moved into psychiatry for my field of specialty. And then, lo and behold, when I started getting into my own therapy, I was like, wait a minute here.

There's a lot about what's going on in this mental health world that has to do with me, and it's also nice and altruistic that it has to do with other people that I love and care about. So it really came full circle for me when I started discovering, oh, maybe I'm in this field, the wounded healer, so to speak, right? So I have to say it's been a both and, I've loved helping people throughout the course of my career. It's been really rewarding to be able to do that. And I've gone through so much healing myself.

I almost feel like a totally transformed, different person than I was when I started this journey. So it's been so personally rewarding as well as professionally rewarding. So it's a win win and I kind of feel like I was meant to do this.

### **Meagen Gibson**

Thank you so much for sharing that with us because I think it always resonates with people more, and myself included in that, when people have a personal connection to the work and have walked the journey, if you will, that we're telling people is hopeful and possible.

### **Dr Frank Anderson**

That is probably my biggest mission. I have this purpose of trauma healing in the world, but more specifically, I want to show people that healing is possible by example. So there's one thing to lecture people, a group of people, about that and there's another thing to show them through personal examples that this is possible. So thank you for noticing that because it's so important.

### **Meagen Gibson**

Absolutely. So I had the privilege of interviewing Dick Schwartz for the Trauma Super Conference as well, but I would love it if you could give us an example of and an explanation of what the Internal Family Systems model of therapy is, in your own words.

### **Dr Frank Anderson**

Yeah, that's great. So it's wonderful that you were able to talk to Dick, who's obviously the founder of the model. I feel like I've been so lucky to come across this model years ago, I think 2004 when I had done a conference at Bessel van der Kolk's trauma conference, and Dick Schwartz had done a workshop there also at the same time, so there was this kind of confluence.

And I had been working with trauma at Bessel van der Kolk's trauma center for years. And then I met Dick Schwartz and I was like, oh wow, there's something different here. There was this taking

traumatized parts out of the scene and bringing them somewhere safe in the present. This idea of full release, that was a whole new concept for me, and it kind of got me hooked at that moment.

**[00:05:21]**

So for me there is, and I know IFS has many different applications, for me, it's a beautiful model for trauma healing and obviously it's used in a lot of different ways, but I focus on, particularly, the way IFS is used for treating trauma, relational trauma or complex trauma, but trauma in general.

So for me, there is this way that a chasm gets created as a result of trauma. And when I talk about chasm I'm meaning a chasm between ourselves and our parts. And IFS view is that everybody has parts and everybody has Self. It's kind of who we are, right? There's a chasm that gets created as a result of overwhelming life experience which leads this break internally. So we have our parts that were really left behind to manage the trauma or to endure the trauma.

And then there's a Self that gets protected and doesn't get traumatized by the event. So we end up with all these symptoms which end up being parts of us that have had to take on extreme roles and they take on extreme roles to protect. So we have parts that protect by drinking, parts that protect by cutting, parts that protect by overworking, parts that protect by laughing all the time to cover up uncomfortable feelings, any range of normal parts of us or aspects of our personality that will take on extreme roles in the service of protection.

And we also have the parts that endure the pain or the wound of the overwhelming life experience. So we have those parts too that carry wounds. And the IFS model, from my perspective, is a beautiful way to repair the chasm, the internal attachment work that has been severed as a result of trauma or overwhelming life experience. And the more we do that, and I'm going to say this personally as well as professionally, the more we do that, the more our authentic Self we become.

And the more the parts that we're protecting no longer need to protect, so they're freed up to be their authentic self. And the parts that carry wounds no longer carry that pain or overwhelming life experience, so they're freed up. So we become a more integrated Self as a result of doing this trauma healing work. We all have parts anyways. The belief is we're born with parts, but it's the extreme nature of trauma that causes them to have difficulties and cause trouble in our lives, trouble in our work lives, with our kids, in our relationships. And so it's releasing those parts from those extreme roles and extreme burdens that really allows people to be their authentic Self.

### **Meagen Gibson**

Yeah, I love the context of we all have parts and it's the trauma that disintegrates the function, the behavior, of the parts, right? The self awareness of what this part is doing and why, it's that break between those behaviors. I had this vision when you were describing it, I've been familiar with parts work for years and years, but this is the first time I've had this, so, tell me if that's way off base, but it's like I used to work in television and I used to work with a lot of celebrities and this thing would happen, especially if they had handlers.

So people that were working on their behalf, occasionally we would have a really big name that had a ton of different kinds of handlers. And the handlers behaved terribly. They mistreated everyone, they had huge demands, they were late, all of these misbehaviors. And that affected the reputation of the person that they were trying to protect and serve.

**[00:09:24] Dr Frank Anderson**

Beautiful. Yeah.

**Meagen Gibson**

And so that's what I see or that's like the visual that I was coming up with is the reputation of the Self is being affected by all of these protective parts that are doing their best but not behaving in a way that actually serves the Self because of the break.

**Dr Frank Anderson**

I love that analogy. Not everybody has that insider view of the entertainment industry like you do which I think is great but it's a perfect representation. And the other thing I'll say about it is these handlers are not very well equipped in the trauma world. They're not very well resourced, right? So they don't really represent the Self in the way that they should because they're typically young or they're forced into those roles at the time of these traumas.

So these are kind of ill equipped handlers who shouldn't be in the role and are forced in the role against their opinion, against their better advice, but they have no choice but to do it. So it's kind of a set up for the poor handlers and it's a set up for the Self because it doesn't represent the authenticity...

**Meagen Gibson**

Sorry to interrupt. That brings up a really good point which is that a lot of times, parts are chronologically not the age you are currently. They form and they take on their job at a different chronological age than you are presently. And that's what you mean when you're saying they haven't been properly trained. They're not adult parts, often, they're child parts that were doing the best with what they had at that moment.

**Dr Frank Anderson**

And they still need to keep doing it which is part of the problem. One of the things we do in IFS when you're working with trauma healing is update the parts of the past to the Self of today because there is this chasm that I said gets created. So they're moving along, drinking or doing whatever they're doing in the way that they know how and they don't even know that there's an evolved Self in there that they can trust and rely on because they're kind of working like hamsters on a wheel. They're very independent.

So the updating is kind of the first step in repair. Like when we say hey, drinking part, look, there's somebody in there. Shift your focus, take a look. There's somebody in there that can really help, that loves you. They're like, oh, I had no idea. You get these really interesting responses when people are doing this internal work because it's very internal. It's not talk therapy, right? It's a very internal kind of work.

So you'll get these young parts, look, say hey, see the person that's there today, the wise self, the higher wisdom. You can use any kind of word, soul, whatever words and they'll look sometimes, like, I didn't know we survived, or oh my goodness, you're so old. They really are stuck in the past

and they're doing these things. I had one client whose drinking part was eight years old, and she was like, how could that be? Eight year olds don't drink Scotch.

**[00:12:31]**

I said, I don't know. Let's explore that a little bit more. And what she found, lo and behold, which made so much sense when you start getting curious, is this eight year old part of her used to see Mommy and Daddy go into the parlor and have a cocktail every night when Daddy came home from work. And what ended up happening was the cocktail stopped all the fighting and yelling and screaming in the house.

So this eight year old part, my client is like, I know, drinking cocktails stops problems. So it was this eight year old part that would reach for Scotch every time there was something disruptive in her life or uncomfortable. So it was this little part, well intended, who does this behavior because it's what they knew and what they saw, what they took in. And they were trying their best to deal with overwhelm, deal with difficult feelings, and they didn't know that there was somebody else in there who might be more equipped, to be able to handle it.

And once you have that, what I call, internal repair, the part says, wow, I had no idea you're there now. I only knew you back then. And then the Self, honestly, will apologize. The beautiful repair. The Self says, I am so sorry. I'm sorry you've been alone doing this all by yourself, and I'm sorry I couldn't help you back then. I was also eight. I did the best I could. So there's a beautiful relational repair that happens internally as a result of overwhelming experiences that are really externally imposed on our system. So it's an important... it's like relational therapy turned inside.

### **Meagen Gibson**

I love that. And so much of our audience is female, and so I'm going to share this example as I've been doing parts work as well. But when you were speaking to that, I also want to illustrate an example of... Because there's lots of parts that take on behaviors that have diminishing returns, such as self-harm or substance use, things like that. But there's also parts that take on roles that have diminishing returns but that have high approval in society and culture.

Since a large part of our audience is female, I'll disclose this, but I've had a chronically ill parent since I was eight years old, and I'm an oldest daughter, and there's memes all over the Internet about the oldest daughters of the world. So you can write that story it's familiar to a lot of people. But because I had a chronically ill parent, I took on the role of over-functioning and being over-parentified and taking on more than was my responsibility to do at eight years old.

And so through parts work, I was able to really disarm and heal that rupture of like, you're doing too much. You're taking on too much. I have the self-healing to discern what is my responsibility and what is not.

### **Dr Frank Anderson**

Yeah. And kids don't have that luxury. First, adults don't take responsibility. Number one. Oh, honey, I'm so sorry. I'm supposed to be doing this, and I can't. It's not your responsibility. So kids automatically take responsibility for things that weren't taken responsibility for. And then that part of you that steps in, that takes on that role of caretaker, is doing the best it can, and, oh, yes, by the way, it gets reinforced by culture and society and the family.

**[00:16:14]**

So those are parts that are proactive and preventative, that is the way I think about those parts, that they do really important jobs to make sure everything runs smoothly, and they get reinforced by culture and society, which makes it harder for them in some ways to let go of those roles and those jobs. Oh, my goodness. Speaking of a first born caretaker, put me in there too. Meagen, I was like, so part of that. I think every therapist out there, honestly, has huge caretaker parts. Otherwise you wouldn't be a therapist. It's what we do for a living. It's what we do for a living.

So kids love these caretaking parts. Bosses love these caretaking parts. Companies love them. So it's really hard to let go of those roles because they become this identity, as opposed to love me for who I am, as opposed to what I can do. So that becomes this self-fulfilling prophecy that's very hard to get out of, which is different from those extreme parts we talked about. The parts that cut and drink and binge or take heroin or are suicidal.

### **Meagen Gibson**

Those parts in the IFS model have different kinds of labels. We don't have to really get into it too much. But the ones that we were just talking about being more like firefighters, right? No, wait. Exiles?

### **Dr Frank Anderson**

No, the ones we were just talking about, those caretakers, the IFS language for those are managers. They manage the situation. I'm not a big fan of that terminology. I like the parts to let us know their role without labeling them. It is what the model is, which is totally fine. And the other part, these extreme parts, the ones that caught in binge and purge and are suicidal, shame, dissociate, those are called firefighters, or I call them extreme or reactive parts.

And those are the ones that culture and society doesn't like at all. But those are the last responders. When everything else fails, they're the ones that show up, and they say this all the time. I'm the one, and all the responsibility lands on me when everything else falls apart. And so we end up having compassion for these extreme parts instead of hating them, because society and culture doesn't like them, nobody likes somebody who yells and rages or is shut down and dissociated all the time, but we appreciate the extreme nature of their job also. Different functions, same protective nature.

### **Meagen Gibson**

And what I love about it, too, is that by opening up that curiosity and the compassion, all of a sudden firefighter parts, it makes sense. You're like, oh, God, of course that's what you do. This makes sense. Whereas, especially in yourself, I think what people don't understand is that the person who's exhibiting these behaviors is just as confused about why they can't stop as everyone else is. They want to stop just as much as everyone else does, and they're so confused. And this model gives them such a sense of like, oh, this all makes a lot of sense.

### **[00:19:39] Dr Frank Anderson**

That's right. Even you know what ends up happening with me as a therapist, say, when I'm working with a suicidal part, everybody hates them, they want to get rid of them, set up the suicide plan, get the safety plan going, call people, hospitalize you. When you start really embracing the positive intention of a suicidal part, it's a game changer. And what ends up happening for me, personally, is my heart opens, my heart softens, and I will feel things like, of course suicide makes sense.

Thank you so much for helping in that way. You really embrace the positive intention. Most of culture and society in the mental health field focuses on the effect of the part. Drinking causes trouble. Suicide is harmful. It's permanent damage. They focus on the effect, not the intention. When we focus on the intention, it's a game changer. And then the parts say, finally somebody gets me. And you know what happens? They relax. They don't get louder.

Somebody reached out to me on Instagram the other day and said, what's the quote you say, Frank? It's such a great quote. I love it so much. And it was something like, who doesn't feel better when they're seen, heard, known and validated? Everybody relaxes when they're seen, heard, known and validated. And, oh, by the way, the same is true with our parts. When they feel seen, heard, known and validated, they relax.

So people get all nervous about these extreme parts, but when you move toward them, they actually settle down. They don't get louder. Everybody's worried they're going to talk to them, and they're going to get worse. It's not how it works. It doesn't work like that for humans, and it doesn't work like that for our parts.

### **Meagen Gibson**

Absolutely. So what are some of the misconceptions people have about parts work?

### **Dr Frank Anderson**

I have multiple personality disorder. That's number one. That's the most common. Are you calling me civil, Frank? Like, no, I'm not calling you civil. I'm kind of calling all of us civil, is what I'll say. We all have different aspects of our personality, and so I think that's important that people embrace that. I did this project with Pixar a while ago. It never took off. It never kind of materialized. But it was working with Pixar and the Inside Out movie.

All the different parts, joy, sadness, fear, anger, disgust. They're coming out with the Inside Out two, by the way, which I'm super excited about. But it's this concept that those are all normal aspects of our personality, and they did a beautiful job for people to relate to these little parts, like people, inside. So I think that's a misconception. Oh, if I have parts, I'm broken, I'm fragmented, I'm not a whole person.

And so that really is something that I always just normalize. I'm different when I'm hanging out with my kids than when I'm working on a conference like this, or when I'm out running or when I'm traveling. I have different aspects of a personality. So that's a misconception.

The other is this, what would I say, well, parts, there's this kind of popularity around IFS right now, and this cult following around IFS, it's very popular, it's next to impossible to get into one of these trainings right now, there's thousands of people on the waiting list. And partly it's because, for me,

IFS has grown into this, it's grown with this popularity because of the experiential nature. When people start experiencing what it's like, what I call self connection and self awareness, it's very powerful.

**[00:23:44]**

There is this, I think, this reputation like, oh, it's a cult. Oh, it's weird. They don't incorporate other models of therapy. It's the IFS way is the only way. I think there's this reputation of, like, you're either in or you're out within IFS. And I personally want to dispel that myth because I don't believe in that. I don't believe there's one way to heal trauma. I don't believe IFS is the only method. For me, it's a very complete, whole method, and I love it. But I also love incorporating other aspects or other types of therapies too.

So one of my messages with IFS is to make it a more inclusive model instead of this exclusionary model of you can't do it unless you can get into the training and, oh, by the way, you can't get into the training. I don't want to teach that model. I think there's many different ways to work with people. Some people hold trauma somatically, so you use somatic techniques with them.

Some people are very cognitive in their distorted beliefs, and so we're going to use cognitive interventions, and some people are all overwhelmed by emotion, and so we're going to really incorporate emotional techniques. The other thing is spirituality. Another thing that IFS can incorporate is that those who believe in the spiritual dimensions, or energy, for that matter, we can incorporate those. So I want to dispel the myth that it's the only way and that's the way it can be. And I don't believe that. I think it's a very integrative model, and I think you can pull from a lot of different modalities.

And then there's one other thing I'll say. There's this kind of growing dissent within the IFS community, I think, for some people right now around, oh, who is this treatment good for? Who is this treatment good for? Is it good for people with DID? People with DID are too sick to be doing parts work. Can you use this with somebody who is in a couple, for example? Or what about with kids? Where do you use it and where don't you use it? Even with psychotic people, is this okay to use with psychosis?

The thing that I want to say about that is I believe the model is useful in all of these dimensions. I think it's very effective for DID. It's beautifully effective for couples. We use it in children to the age of three years of age. We use it with people who have psychosis because if you think about psychosis, it's a protective response to something else that's underneath it. Like, what better solution than to think the whole world is following you if you're protecting a part that feels alone and unlovable? It's a perfect solution, right?

So I want to say who it's good for and who it's not good for. Will I say IFS is good for everyone? No, I don't think any model is good for everyone. And that's another thing I want to say. I think there are people who are acutely traumatized that you need to be careful about doing healing work around. So if somebody's in a dangerous situation, I think you may shore up parts to help them get in a safe situation so you can do the healing work. I don't think it's wise to do that kind of vulnerable work when somebody is actively being traumatized.

And I think people with brain injuries, I think there's limitations to doing IFS with people with brain injuries. So I think you want to be careful. It's not for everyone. And even if it's, in theory, for someone, this should work for you. There are some people that are very allergic to parts work.



They just don't like it. It doesn't make sense to them. It doesn't resonate for them. And that's really important to pay attention to, like, oh, but this is good for you. Like, no, it's not good for you. If it doesn't work for you...

**[00:27:56] Meagen Gibson**

Just like some people can't eat broccoli, right? It should be good for them, but, yeah, they don't do all of it.

**Dr Frank Anderson**

You need to be able to kind of align with where the person is at. Not like one therapy fits all.

**Meagen Gibson**

Absolutely. And I would also say, and let me know if you agree, but oftentimes you can be doing parts work with your therapist and not know it. And it's not a matter of deception. I know that my therapist was doing parts work with me for three years before I had any knowledge that she was doing parts work with me. And then she revealed, she was like, when I ask you, is there a part of you that would like to talk about their feelings right now? How do you like that? And I was like, I love it, actually. It's been great.

And she was like, well, it is a thing. It's what I've been doing for three years. So you can benefit from it without having to... Your relationship with your therapist doesn't have to be, like, here's a methodology we're going to do, and it's step by step and rigid. It's more of a methodology for curiosity and exploration and listening.

**Dr Frank Anderson**

Yeah. A couple of things I want to say about that, and I write about this in my book, *Transcending Trauma*, is you can do IFS without ever even using the word part. You don't have to use the word part. And that's why I was saying earlier, I don't really like the languaging because it composes something. One of my clients is like, firefighter, I'm a school teacher, I'm not a firefighter. What the hell are you talking about?

**Meagen Gibson**

It's in the way. Yeah.

**Dr Frank Anderson**

It can get in the way. So I'm always using the client's language. So when you're upset, when you're frustrated, when you feel depressed, if you just use a client's language, which is super important, you can translate, oh, it's a part, and maybe it's a reactive part or a wound, but you don't have to say it at all. So we can talk about the different dimensions of your personality, without ever using the word part.

So once you've learned the model, because there are steps to the model, you can incorporate it with clients without ever using the word part or getting it... I never do psychoed, I have to tell you. I'm not a big, this is this model, and this is why, because it pulls for cognitive parts of the client. It

gets them out of their experience and into their head. Now, if a manager part wants to learn all about it before it will relax, fine, go read my book.

**[00:30:23] Meagen Gibson**

Honestly, yeah, that's totally true.

**Dr Frank Anderson**

But I don't need somebody to understand it in order to do it. It's experiential, and it's really if I have to put it into its most simplistic form, self awareness, self connection. That's what this is about. So, no, we don't need to use the lingo or the language, and people who are new do it because they're trying to grasp it themselves, which I understand. That's a process of being an IFS therapist is learning how to just incorporate it as second nature without sticking too rigidly to the steps.

**Meagen Gibson**

Absolutely. So can you tell me, because if somebody is at the beginning or early in their trauma healing journey, one of the things that might be happening is they're managing discomfort and saving energy and everything feels so hard that it can be more of like, I'm avoiding, I'm managing, I'm running away from things that are uncomfortable instead of creating comfort and calm and joy and creativity and curiosity and all those things. They're not accessible.

And so the question that I have coming out of that is how do you tell the difference at that stage between a characteristic of the big S self, as you would call it, and a part that's developed as a result of trauma?

**Dr Frank Anderson**

Yeah. So typically what ends up happening in the beginning stages of treatment is mostly parts. And I do this, as you see on the screen, it's like parts block access to Self energy. They really do. So especially in trauma, there's very little access to this Self energy, which we can talk about in a little bit. So it's mostly parts, and parts are there to keep the pain away, these protective parts.

So, mostly, no, this is no good, I don't like this, I got to get away from this, this is too hard, this is too difficult, that is the nature of protective parts. We expect that. We know that that's going to be there. One of the things that we do, which is different for IFS than it might be for some other models of therapy, because of this window, like some models of therapy subscribe to the window of tolerance perspective, IFS doesn't really do that. We have a different way to manage overwhelming affect.

So we're talking about overwhelming affect. These protectors are there because there's something underneath that's painful that they want to get away from. So the way we approach it is, hey, what if we could move toward that pain in a way that's safe and not overwhelming? Okay? We don't shore up parts to handle the pain. That's what the window of tolerance can do. Resourcing parts so they can manage the overwhelm.

It's more like, what if I talk to the part that holds the overwhelm directly and show it that it can share traumatic experiences a little at a time? Janina Fisher, a friend and a colleague of mine, calls it a sliver of a memory. Sliver of a memory. And so we teach parts that hold the overwhelming

affect, hey, there's a different way to do this. When you share it all at once, and they often do because they're desperate for help, it's retraumatizing and it reinforces the trauma and you re-experience it.

**[00:33:59]**

How does that work for you, I ask the part, and they say, not that well, because they keep reliving, reliving. I say, what if we did it a little at a time? And I really work with them, relationally, to show them sharing it a little at a time allows for the Self to be there. Parts don't need to jump in and shove it down and push it away and then we can have a different kind of connection with trauma.

And this is a novel idea for a lot of models of therapy. This is a novel idea for parts inside that carry the pain because for them it's so overwhelming. But I say, hey, there's a different way to do it. And I always use the word safety, that we can do this safely. That really intrigues parts like, oh, done safely? And then we do that slowly over time. And then they learn that if they share a little at a time, Self is with them, they actually have connection instead of continually reliving and feeling all alone.

So it's a game changer and a lot of people, it's one of the things I teach in my level two trauma training is how to do that because it's a skill set that's kind of an advanced skill. It's not what they teach in level one training, but it's an advanced skill to really be with traumatic affect in a different way. And once you kind of are confident with that, it changes how you work with trauma.

**Meagen Gibson**

Absolutely. And one of the things that I experienced personally was a fear that my overwhelmed parts were going to overwhelm my Self. And I remember, the point at which I started finally trusting IFS, was when my Self was like, don't worry, I don't get overwhelmed.

**Dr Frank Anderson**

I got this.

**Meagen Gibson**

I have healthy boundaries. I communicate what my limits are. I was like, oh, there's a person in there that speaks up for themselves.

**Dr Frank Anderson**

Yeah, that's the updating I was talking about. That's the updating, the importance of updating because those parts don't know that. And they're like, wow, there's a resource in here we've never tapped into. And Self, even though this is a little tricky for some people, but Self doesn't endure trauma. But Self can tolerate a lot of feelings. In the moment, Self gets protected from trauma.

I think source energy, which I think Self energy is, doesn't get traumatized. Unfortunately, parts endure the trauma. But Self, source energy, has the capacity to be with feelings in a way that parts aren't aware of and so they can start feeling the capacity to be with. So the key difference, be with instead of be in. Be with instead of be in. That's one of the key differences.

**[00:36:51] Meagen Gibson**

The ultimate definition of holding space just for yourself, right?

**Dr Frank Anderson**

Yes. And that's really important internally, for parts to feel, because the first step to healing is witnessing, sharing the story. And there needs to be somebody there to share it with inside and that's holding the space.

**Meagen Gibson**

What's so beautiful about this is that so often the first person in somebody who's experienced trauma in their lives that can do that for them is someone they have to pay, a counselor, a therapist. It's someone outside of their immediate family system, their romantic relationships, and their friend groups, because those people don't know how to do that normally. Most people aren't great at it. We want them to be great at it. We expect them to be great at it. They fall short. So we're having to compensate somebody financially to do that for us, which is great. But then to be able to self source that internally, it's a game changer.

**Dr Frank Anderson**

So you're bringing up something that I wasn't going to talk about, but I am going to talk about. It's very important to me in my personal evolution and journey is this capacity for bringing trauma healing to the general public, taking it outside the realm of psychotherapy, it's been in the realm of psychotherapy and by no means do I think psychotherapy is not good. That's not what I'm saying at all.

I'm saying if we are going to globally have an impact on healing trauma in this world, we have to also be able to have it be accessible to people who cannot afford therapy, to people who are never going to go, to cultures or organizations or communities that have a lot of shame and stigma around mental health. So I'm very passionate about figuring out ways to bring this healing to the general public.

I've worked with people like Matthias Barker. He's a general public kind of person. I'm developing a program, potentially, hopefully, I'm working with Nicole LePera, for example. She's one of the self healing circle people. I want to have connections with people who are doing this work in the general public.

I think it's important to bring it now, do we need to do it in a safe way? Do we need to do it in a way that is respectable and helps people not be left alone with overwhelming affect? Absolutely. So I don't have it all figured out yet, but I really am working with a lot of coaches now in a way that I haven't before because I want to figure out a safe way to bring trauma healing to the masses. So stay tuned with that.

And one of the things I'm doing right now, I finished the first, big version of a memoir. I'm writing my personal story. I'm writing my story of my trauma history as another way to bring trauma healing to the general public. I want people to have this message, hey, this is possible. Hey, I can do this. I can heal. And oh, look, this guy did it too. He had a trauma history and he was healing.

**[00:40:14]**

So to show by example and to bring tools to the general public to say you have the resources. That's what Self energy is. It says you have the internal resources to heal. And I want to help show a safe way for you to be able to do that. So it's very important to me and thank you for bringing that up because it is a current passion of mine, honestly.

**Meagen Gibson**

Absolutely. And that's why we do these conferences for free because we want...

**Dr Frank Anderson**

I talk about the interconnected web of trauma healing and this conference is one of those. When we bring these resources to people, this is a way to get the message out to the masses. So I'm appreciative because that's part of my larger mission and I think the mission of a lot of us, including this organization. So, thank you.

**Meagen Gibson**

Yeah. And it occurs to me as you're saying that, it's definitely been a buzzword for a few years, resilience. And people are like, oh, people are resilient, children are resilient. And what they forget is that resilience depends on support. We don't develop resilience in the face of adversity without support, we develop trauma.

**Dr Frank Anderson**

Yeah.

**Meagen Gibson**

But what's hopeful about all the research is that it only takes one secure, attuned adult in any one person's life to heal, repair, support, see, soothe people. And so by getting this information and these methodologies and this education out as far as we can, we increase the likelihood that more people are able and capable of being in support roles for people facing adversity.

**Dr Frank Anderson**

Totally. And it's funny that you say that because, for those of you who want to go on my website, I have a workshop that I did, a free workshop, on resilience and forgiveness in this very nature. It's a fascinating subject for me because forgiveness is a really powerful piece of trauma healing which I do not think we talk enough about at all. It's a whole process around forgiveness.

But so is this issue of resilience and there is explicit and implicit resilience. There's external or internal resilience. Some people have this thing within them that is that it factor that gives them capacity to rise above adversity in a way that some other people don't have. And relationship and connection can certainly foster resilience. So that's through the connection and we can teach people how to be more resilient, there are things that people can do.

**[00:42:59]**

So there's a lot when we unpack resilience, like how much is temperament, how much is who I am, how much is the environment I grew up in and how that's reparative and fostering resilience and how much is we have capacity, we have tools, to help people increase their resilience when they work in this way. So I think it's a really important topic that again, we don't talk, and resources are a huge factor in that too. So, yeah, thanks for bringing that up. I think those are two really important topics.

### **Meagen Gibson**

Absolutely. And say just a little bit more about forgiveness. The other thing I think we don't talk enough about is grief, right? And I think they go hand in hand, grief and forgiveness. So if you could say just a little bit more about what you mean as far as the importance of forgiveness.

### **Dr Frank Anderson**

Yeah, certainly. So I'll talk about both, a little bit. I'm going to be doing this workshop with David Kessler, who's a big grief expert, and he and I are looking at the overlaps and the connections between grief and relational trauma. Because there's so much loss involved in relational violation. It's built in, it's inherent, in any relational trauma that loss is there. So it's a huge overlapping piece.

So yes, there are definitely a lot of connections and overlap with them. People think relationally traumatized people are overly dramatic. It's because they don't understand that loss is experienced dramatically for them because of their histories. It's not an over drama. It's the way it's experienced because of the cumulative losses that come up because of relational violations that people grow up in.

The forgiveness piece is such a personal journey for me as just going, my perpetrator, the person who, well, one of my perpetrators, I should say, was my dad who passed away six or eight months ago. And oh my goodness, did I learn so much about forgiveness through that journey of being with him, through that process. And I think there are so many decisions and choices that we make around forgiveness. I think it's for us, not for the other person. It's not about the perpetrator in any way, shape or form.

So many people think they need the perpetrator in order to forgive, or forgive the perpetrator. It's about releasing what we are carrying from our overwhelming experience. Forgiveness is so much more about the person doing the forgiving than it is about who we're forgiving. I think there are choices involved in regards to, do I confront this person? Do I have them in my life? Do I want them in my life? Are they capable of being in my life? What do I need from them in order to have them in my life?

So there's a lot of relational dynamics that come up around forgiveness. And most people don't do this effectively because they do it prematurely. They try to forgive before the wound is healed. So there's still an agenda within to protect the pain. And from my perspective, you can't forgive when you still are holding pain around the events. So forgiveness is a post healing journey from my perspective because it shows up very differently.

Once I'm not carrying the pain of the trauma, then I look at the pain of the relationship, because those are two different things. So there's healing and then there's forgiveness, after healing. One

of the things I came to realize, which was such a profound effect for me, is loving, sending love, to the person who hurt me. That was amazing to rise above anything that happened to me. And I can just feel it now as I'm saying that to you is sending love to someone who hurt you is the ultimate act of kindness to the world.

**[00:47:37]**

I'm not affected, and I see you in your vulnerability, in your weaknesses, and I care about you, even though you have parts that have hurt me. That's a very powerful experience, and it is part of the mission of this memoir I talked about is to show the forgiveness journey, which I think a lot of people don't want to do. Forgiveness is like, oh, it's weak, or, oh, you're giving them, you're condoning it. Or there's a lot of negative press around forgiveness, or some religious organizations try to force it on us a little bit too prematurely.

You're just supposed to forgive. Like, okay, I'll forgive. Should forgive. There's a process around it that I can say, personally, has changed my life around the way I'm in the world, no longer carrying what happened to me and no longer carrying anger, resentment, for the person who hurt me. So that's a powerful experience that I want to really share with people.

**Meagen Gibson**

And it's so important that you contextualize it as a journey, because if you don't go on the journey toward forgiveness through stages, then it's no different than when you tell a child, like, say thank you for whatever, they can say the words, but they don't feel the actual gratitude. And the same goes with when one of my sons hits the other one. And when they were young, I'll be like, say sorry. And they'd be like, sorry... Oh, I felt that.

**Dr Frank Anderson**

Yeah, totally. I do that all the time, and I want to hit myself.

**Meagen Gibson**

Of course, it's human nature to practice and model behavior we're not ready for yet. But over time, with practice, we start to understand what we're practicing, even when we don't feel it. And there is a journey toward genuine forgiveness, and grief definitely being a stage along that journey, right?

**Dr Frank Anderson**

Huge piece of it. Thank you for mentioning that because that is a really important piece. People are so focused on, there's this popular term right now, post traumatic growth. Everybody's about it. And I believe in change after trauma and how are you going to grow after trauma? But I think it's like post healing growth, like, heal first and then all the growth that happens as a result of that, and that's changes within yourself, in the world and the way you relate to people. That's also changes in the way you relate to the people or the persons or the institutions that have hurt you.

So I think post healing growth includes forgiveness and it includes change in our lives and in the way we carry ourselves and live in the world.

**[00:50:36] Meagen Gibson**

Absolutely. And as you said earlier, with the healing, and you writing a memoir will know this, we don't write from our wounds. We write from our scars. We have to heal before we can make sense of how we were hurt.

**Dr Frank Anderson**

Yeah. Writing this memoir has been such a healing journey for me. I'm like, oh, my gosh, I have spent so much money on therapy in my life. I'm still in therapy. And just the process of sorting through this story, being able to really connect to it, fully, in that way has been incredibly healing for me. Incredibly healing. So there's a lot of different ways to heal. There's a lot of ways to heal.

**Meagen Gibson**

And the importance of the journey and the practice of it. Because you're never done. I hate to burst people's bubbles, but when you think you're done, life will serve you up a test and be like, yes, you have the tools, you can handle this, but you will never be totally done, over it or unaffected for the rest of your life.

**Dr Frank Anderson**

Right, well, you mentioned a couple of things I want to say about that because I think that's really important. There is this myth that, oh, you heal it and it's permanent healing and it's all over. That has not been my experience, even though for many years I've wanted it to be such. Once I heal that wound, it's going to be gone forever. That's not been my experience. My experience is that, yes, other events that come up in life can reactivate that space in me, but I experience it differently because of the healing that I've done.

I recover much more quickly because of the experience that I had gone through around healing. And it brings me to a different layer and dimension of that hurt. So it elevates me every time the wound gets reactivated, I don't know if that's the right word, but it elevates me because I learn a different dimension of what that kind of hurt is. So it's constantly evolving. So it's not that once it's gone, it's over.

It's each time it shows up, there's a different dimension of it that you need to learn and you can grow from. So people, instead of getting bummed out, oh my God, no, it's part of the growth. Part of the growth. And I do feel like we are never done. I will never be done. I think that's part of our journey here is to grow and evolve as souls. And I don't think we're done. I think we keep learning and growing and evolving.

**Meagen Gibson**

Absolutely. I think that's a wonderful, beautiful place for us to stop. And I can't wait for the memoir to come out in 2023. So, Frank Anderson, tell us where people can find out more about you and the book that's already out, and the book that's coming out.



**[00:53:40] Dr Frank Anderson**

Yes. So a couple of things. Oh, you mean these books? I had my team say, you got to change your background, Frank. There's *Transcending Trauma*, that's one of my books. And then the *IFS, Internal Family Systems, Skills Training Manual*. They're both books that you can find on Amazon. You can find them through PESI, which is a publishing company. [pesi.com](https://www.pesi.com).

The best place to find out about me and what I'm doing and where I am and where I'm heading to is to go to my website, which is [frankandersonmd.com](https://frankandersonmd.com), and you can sign up for my mailing list and all the courses that I'm doing. And I'm on all the social media platforms, because I'm in connection with all these social media people, somebody said, oh my gosh, you're becoming an influencer. Maybe, I don't know. So, yeah, I'm certainly on [Instagram](https://www.instagram.com), I'm on [Facebook](https://www.facebook.com). I'm now on [TikTok](https://www.tiktok.com) and I'm on [LinkedIn](https://www.linkedin.com) and [Twitter](https://www.twitter.com). So you can find me in all those places and those are all on my website.

**Meagen Gibson**

Fantastic. Dr Frank Anderson, thank you, as always for being with us.

**Dr Frank Anderson**

And thank you so much for having me. And thank you, everyone out there, for listening.