

[00:00:00] **Sue:** Welcome. Frank Anderson to Therapist Uncensored. We are super excited to have you. Our listeners are gonna just love this. We're learning more about IFS and how it overlaps and coordinates with many of the treatment modalities we've talked about here, but Attachment in particular. It's gonna be fun.

[00:00:19] **Frank:** Okay. Great. Sounds exciting. Attachment's a big deal in the work that I do for sure as a kind of complex PTSD focused therapist. So it's right up my alley.

[00:00:29] **Sue:** Absolutely. I'm so glad about it. So you are a psychiatrist that studied with Van der Kolk, I understand, but then have been able to weave together psycho-pharmacology, trauma, neuroscience, Attachment, and Internal Family Systems.

Is that right?

[00:00:50] **Frank:** yes. It sounds right.

[00:00:52] **Sue:** It's amazing. It's like it's unearthing a treasure .

[00:00:57] **Frank:** Well, and it's an interesting journey because it is unusual to be a psychiatrist and be a psychotherapist. That doesn't even exist that much anymore. So that in that way, I'm unique, but I was lucky enough, to do my residency program at Harvard at Massachusetts mental health center, which was this very strange combination of a public hospital with all these Harvard trained psychoanalysts.

So we were learning psychotherapy on the chronically, mentally ill with our supervisors being all these high brow busted analysts. And it just so happened that Bessel Van der Kolk had his trauma center at my residency program. So I got exposed to him early on. This was way back in 1992. And, Sitting down and talking to people with chronic mental illness, like surprise, they all have trauma histories.

So it was just, just a natural fit for me. And then I started to becoming the psychiatrist for the trauma center when I left my residency program. So I stayed on with Bessel and became the psychiatrist for them, but was also doing psychotherapy. Cuz Bessel is very much kinda not meds only or even ant-med sometime, depending on the med.

And so we learned all these new innovative treatments. I was one of the first people to be trained in EMDR, for example. We did the EMDR Prozac study where I was the psychiatrist giving everybody Prozac while all my colleagues were giving people EMDR. So very innovative, very early on, which was wonderful.

So I loved that and I didn't like to just give medicines anyways. I'm a super social person. And so it was a good fit for me. And then, Every year, I would do a workshop for Bessel's annual trauma conference. This past year, it was the 33rd annual trauma conference Bessel holds. It's like a who's who in the trauma field really.

He invited Dick Schwartz, I believe around 2004, to do a workshop. So I was like, oh, I'll go to this workshop. And he's of course the founder of IFS, and it was one of those kind of aha moments for me, because I had been working with Parts. I'd been working with DID for a while. And there was something about IFS that just completed the package for me when I dove in and became all things IFS.

After I did level one level, two level three, all these kind of trainings Dick and I had become friends. And he said, would you create a trauma training for IFS because we don't have one yet. He was doing the work, but there was not a formal training. So I created a five day curriculum on IFS, trauma and neuroscience, which I still teach to this day. So it really was a beautiful kind of integration of all the things I loved. it's super popular and people are really, benefiting from it and then wrote a book on the combination of all that stuff too.

[00:03:43] **Sue:** And definitely highly recommend that. It will be linked in our show notes, along with other resources for Internal Family Systems. Let's back up just half a step and can you say a little bit about what Internal Family Systems is for folks that aren't familiar and, and then we can build from there.

[00:04:01] **Frank:** Absolutely. It's funny because back in the day when we were traveling all over the world and doing live workshops, I would do tons of workshops and always get into that one of those hotel room kind of venues and say, "Hello everybody, I'm Frank Anderson. I'm here to teach about Internal Family Systems and this is not family therapy. So if this is what you came for, have a good day." It's such a confusing name. Interestingly enough, Dick Schwartz is a family therapist by trade and this name, we had so many marketing people try to help us change the name.

And finally they're just, you say IFS, just like AT&T is just AT&T, people don't even know what it stands for. So Internal Family Systems is rooted in family therapy, but it's an individual therapy really. It can be used in groups. It can be used in a lot of different settings. It can be used in corporations, but basically the premise is, we all have multiple systems within us, within our psyches that are organized together. Sometimes those systems work smoothly together, and sometimes those systems are at odds with each other, just like a corporation or a business or a family, which is what Dick found out. And that within each system, there are multiple Parts of us - this idea that we all have different Parts or aspects of our personality.

When I went to school, Parts were pathological. If you had Parts, you were considered multiple personality, and we had to make you whole in order for you to "get better"- unifying. Dick just really had this bold awareness, after doing a lot of family therapy work and then started to work with individuals like, Hey, wait a minute. There's a lot of different Parts of all of us, and they're not pathological; they're normal. So we all have normal aspects of our personality, and they either work smoothly together, like mental health, or they don't work so smoothly together and they fight and they're at odds, which is where symptoms get produced. So symptoms, in our view - my view, are the manifestations of Parts that are not integrated within the system.

So we take biological issues like depression and anxiety, panic attack, eating disorders, and see those as manifestations of Parts that are not integrated and that are overworking in some way. Okay. And those Parts that are overworking, whether it's the depressed or the anxious Part, the Part that causes migraines even is a manifestation of a Part that's most likely serving a protective role. These Parts will take on these extreme roles, if there was something overwhelming or difficult in our life that we had to manage, and we were not well resourced. So we have Parts that protect us that can be manifest as symptom, and we have Parts underneath that carry pain and wounds. And so the whole premise of IFS is identifying the Parts that protect us and identifying the wounds, the Parts that hold wounds underneath.

And there's a whole process of befriending the Parts that protect us, getting their permission to access the wounding underneath, and there's a protocol to healing the wounding. Okay. So it's a whole, steps of a therapy, just like many other therapies - EMDR, Sensorimotor Psychotherapy, CBT - all of them have steps.

IFS has it's different steps. The other thing I'll say about IFS, which is somewhat unique, is that this concept is also present that we all have, what IFS calls, self-energy - this internal wisdom, this healing capacity that is within every

person, even the quote "sickest person" has self-energy. So the belief in IFS, as we all help self-energy. We're born with it. It does not need to be cultivated. It's inherent wisdom. So as therapists in IFS, you're not imparting your awesome interpretations to help people change. Sorry, therapists. You're more helping the client access their own internal wisdom. So it's a very empowering kind of therapy. You have what's in you to heal. Let me help you access it. It's been a game changer.

[00:08:46] **Sue:** Yeah. That's when we are in our secure self, and what I really love about this is the notion of, so you mentioned therapists, so many times, we are working to help someone resolve their anxious Attachment for example, but what this does is okay, but how are we doing internally with our own Attachment to ourselves?

[00:09:08] **Frank:** I call IFS internal Attachment therapy.

[00:09:11] **Sue:** So there's the self-energy, which would be the kind of wise mind, secure self. And then as far as just like the big lumps, just for the overview, then you have these protectors. And then can you weave in, as you share a little bit more about the specifics, like the managers, things like that, the neuroscience, about the system is symbolizing Parts, it's not physical neuroanatomy .

[00:09:35] **Frank:** Well, we don't know yet.

[00:09:38] **Sue:** Okay, great. Tell us about it.

[00:09:39] **Frank:** So we have this concept, right? This concept of Parts. I did a project at one point that never got off the ground with Pixar years ago connected to the inside out movie.

[00:09:51] **Sue:** Oh, that was so fantastic.

[00:09:52] **Frank:** So for those of you who remember that, I think it was 2015 or so, Inside Out was like the perfect depiction of Parts. It was an animated version of Parts- joy, sadness, fear, anger disgust. And in IFS, we even see Parts of that, little people within us.

The Part that's holding sadness, holding joy, holding anger, holding disappointment.

[00:10:13] **Sue:** So can I ask something here?

[00:10:15] **Frank:** Yeah,

[00:10:16] **Sue:** I was thinking of Parts as more specifically, like the protector or the self-energy, things like that. But you just described Parts as feelings. So is that just so it's like just being able to symbolize the different affect? Say more.

[00:10:30] **Frank:** Here's the way I would describe it. And Dick is holds this dearly. He treats Parts as little people inside, like little beings, little entities, and they manifest in different ways. So it's more the manifestation, right? some people see Parts, visually, some people feel Parts somatically in their body. Some people hear Parts. So there's a lot of different ways Parts will manifest. I'm a very visual person. I could see a little boy sitting right here next to me, like visually when I close my eyes. Other people say, "oh, I got this dread feeling in my gut". So the way I think about it is Parts live in the mind, and they're like a people model of the mind and Parts express themselves in various ways through the body, through the neural network. So for me, this is really the mind body interface. So Parts live in the mind, in our imagination, and they will manifest in different ways because they have a body to express themselves.

You'll often hear a

, say, "I'm the one that caused the migraine." I'm the one that caused the asthma reaction", right? "I'm the one that, is showing up in your gut or your muscle tension." So Parts have different access points within our body, cuz that's what they have to express themselves. They can express in a feeling, if we're gonna talk about Attachment trauma or Attachment issues, oftentimes those are preverbal. A lot of Attachment wounding is preverbal. Those Parts don't have words yet because the hippocampus is not developed enough to create words to an experience, right? So most young Attachment wounds are implicit memory, unconscious, but those Parts still express themselves. But they usually will express themselves through affect- like a big, strong emotion or a physical sensation. So I'm always letting people be aware, Parts, express themselves through thoughts, feelings, or physical sensations, but they're these entities or beings that live in our mind.

And we know through the work of Norman Doidge, for example, imagination is a very powerful neuroplastic agent, right? So the work that we do in IFS, which is very much imaginary, absolutely has neurophysiological effects on neural networks, on the brain, and on the body. So for me, it's a beautiful intersection between psychotherapy and neuroscience, and we have more evidence to show the ways they're linked together.

[00:13:22] **Sue:** That's fantastic. And I definitely want to go right there, but just to clarify then, you're not saying that every feeling is a Part. You're saying that when it's manifest, so if I am someone who must be or can groove into a place where that I have to put on a happy face and cheer everybody up, then that's a Part, but not if it just hits my keyboard of feeling a feeling it's more of the manifestation of a kind of a role. Is that right?

[00:13:52] **Frank:** Yeah, exactly. So here's the way I think about it. And I don't even like to use this word, but I don't have a better word yet. We all have "normal aspects of our personality.

We all have quote, "normal Parts". Now all Parts are normal in IFS, but we have Parts that are not forced into a role, right? The Parts that we work with in psychotherapy, the Parts that we work with in IFS are the Parts that are forced into a certain role, Parts that have an agenda. If a Part has an agenda, like you saw in the movies - Joy, I'm happy. She had to be happy. She had to be happy. Like always happy. Like they did a beautiful integration at the end of the movie when Sadness and Joy were able to coexist in a memory. So it was this integration, but in the beginning, Sadness was always sad. Joy was always happy. These Parts get forced into these extreme roles because of circumstance.

So we're working with the ones that are forced into an extreme role that have an agenda versus Parts that are just normal aspects of who we are. In my level one training, I was so blended with my smart Part. Like it's all that I was, I had to be smart, had to be smart, like I had to. And then when I got to know it better, it started relaxing a bit. I got access to my humor. Oh,, I'm funny too! I have that too. I have a sense of humor. Now, I could have a sense of humor that's just a Part of who I am like an aspect of me as Frank or I could crack a joke every time it gets That is my funny Part needing to be funny versus, yeah, I'm also funny. So that's the difference.

[00:15:40] **Sue:** Yeah. It's a symptom That's beautiful. So then the neuroscience, let's track that related to the Parts. And again, just for folks that are new to this, I love how you're explaining it. I think is really beautiful and very clear. And with this overlay as you're listening, as you discover and begin to organize your Parts, I sometimes think of it as " let's hold a meeting, let's get all around the table".

[00:16:04] **Frank:** Yeah.

[00:16:05] **Sue:** That the notion of secure relating to yourself and using the wisdom of all of your Parts together for comfort and soothing and to if you're

feeling unsafe and things like that, very beautiful. Walk us through how the neuroscience overlays with the notion of the Parts.

[00:16:22] **Frank:** There's not a ton of research on this yet. So I'll say that I'm one of the people who's been passionate and interested and excited about this, and I ran a non for profit foundation called the IFS foundation for six years or so to bring more validated research to the IFS world.

Like it's a little bit of, how are you gonna make this a, evidence based therapy when you're talking about Managers, Firefighters, and Exiles, like that doesn't go very well in the research world, right? It's very much kind of a grassroots kind of model, if you will. So we started to do research and we've done a study on rheumatoid arthritis. We've done a study on Complex PTSD, both that are studied, studied published articles on integrating IFS with medical illness and with trauma. And those are published, which is great. But we started looking at the intersection between science and this therapy, and the way I understand it, because my history, since I really grew up with Bessel van der Kolk at the trauma center, it was all about trauma.

So I've been teaching about the neurobiology of PTSD and dissociation for a long time. So we look at these dysregulated trauma networks. We have that pretty well mapped out right now. It's a lot of people that have helped us understand the neurobiology of PTSD. Hyper-aroused- sympathetic activation and hypo-aroused- parasympathetic numbing, avoidance dissociation.

So we have a physiological understanding of trauma. And for me then, I start looking at Parts from that physiological place. Remember I said, they see them in the mind, but they're utilizing these neural networks, these trauma neural networks, as symptoms. So if it's a Part's "Oh my God, I'm gonna die!", that's a Part that's really accessing, utilizing the trauma neural network of sympathetic hyper- arousal. And same thing is true with "Who cares? I'm done. I'm outta here", the numbing, the hypoarousal. So we know the networks are mapped out. And our sense is that, my sense, because it's not fully proven yet is that these Parts are in our mind and in our imagination, and they're accessing these trauma neural networks to express themselves.

So that's the manifestation that we see of Parts. There's all these neural networks. Now, the other thing that we also know about trauma healing, like how do you heal these dysregulated neural networks? So if a Part is expressing itself in a panic attack or a Part is expressing itself through dissociation. Like we don't see dissociation, "oh, you are dissociating".

We say, "Oh, there's a Part that showed up that kind of presses the dissociative network to get your attention. Why did that Part show up right there?" Same thing with a panic attack. Having a panic attack. Oh, there's a Part that showed up that's accessing that sympathetic neural network because it's expressing itself.

So this isn't, this is an issue that we, don't not a big fan of grounding techniques, which is very controversial in the trauma world because grounding techniques tell the Part that's sympathetically hyper-aroused - it's "help me!", "Oh, we don't want you right now. We'd rather have you be calm and take a bath or be calm and go for a walk." So it tells the Part that's freaking out that wants attention. We don't want you right now. We're not interested or a Part that's dissociative. We think, "Hey, let's not be dissociated. Let's be grounded. Let's look around let's, take a deep breath."

And then the Part is like "The Hell with you. Like I'm here because I'm needing to be here. Please pay attention to me, not get rid of me". So Parts have that experience when we shift to grounding when they're present that they're feeling dismissed. If you think of them as little people inside and the panic attack is screaming "Help!" saying, "No. I want you to go for a walk now." So we say, "Wow, thank you so much for showing up. I'm so glad you're here. Tell me more." And that calms down the Part that's expressing itself through panic.

[00:21:05] **Sue:** So you're not saying that, that Part should then drive and take the show. What you're saying is that you're respecting the wisdom that it's conveying.

But in the end it's still a regulating, like I wanna learn from you say more, tell me more, what's upsetting? It still ends up being regulating

[00:21:25] **Frank:** Totally.

[00:21:25] **Sue:** So the difference, is intention. The intention is to calm it down very quickly, then that's a whole other Part in a sense. Right?

[00:21:33] **Frank:** Yeah, we're not trying to calm it down by getting rid of it and pulling for another Part. We're calming it down by moving toward it and learning more and connecting with it. Who, who here amongst all the listeners gets more pissed off when they're heard, seen, and validated?

No, that's not what happens. So when these extreme Parts show up, we don't say "Go away, suicidal Part". We say, "oh, tell me more". "Oh, you're here for a reason".

[00:22:08] **Sue:** And so when you're saying, we say, would it be right then to say that you're accessing your self-energy? You're that Part that's saying, "tell me more".

[00:22:17] **Frank:** It's two things in that way. So when I'm saying the "we" I'm saying as the therapist, I wanna show up as much in my loving, curious space as possible. "Oh wow. You just cut. Tell me more. I know that there's an important reason for that" as opposed to "Holy Crap! My patient just cut. I gotta get a safety plan". So I'm not coming from my Parts. I'm coming from that curious, loving place. And if possible, I'm also asking my client simultaneously to join me in that loving, curious inquiry, "Hey Jane, or, Hey Tony, can you get curious about why that drinking Part just showed up?"

So, ultimately I'd rather it be my client, but usually in the beginning, they don't have access to self-energy so easily. I hopefully have more access to self-energy, so I'm gonna show them the way I'm approaching these Parts of them with loving curiosity, and I'm totally gonna encourage them to do the same.

So the, we is, "Hey Jane, you and I let's get curious about that pit in your stomach." So it's an inviting joint curiosity, which is Attachment connection - me, the client, and the Parts

[00:23:48] **Sue:** And then to throw the neuroscience back in your're acting as their hippocampus in a sense, and trying to make sense of it.

I loved earlier when you just a little piece of your own journey. I think it might be really helpful to really ground this. If you wouldn't mind sharing just a few more, anecdotes or a little bit more of your process to really make this make sense for folks.

[00:24:10] **Frank:** I love that question. You must have done some research on me because I totally share my own trauma history. It's a really important part of my purpose here. I remember going to these trauma conferences with Bessel years ago and all the experts are at the podium and everybody in the audience is it's I'm the expert, you're the victim.

And I just personally felt that was wrong because I was sitting in the audience and I was on the podium and I had a trauma history. Excuse me, you don't

become a trauma expert because it's an interesting subject. I'm sorry that doesn't happen. It's something personal. Now, different people have different stories. I don't know anybody who is free of adversity. I haven't met anybody yet. I think that's part of our journey is to learn through adversity.

So personally for me, my journey really in mental health started with my sister who was, I think she was 12 at the time, who had her first bipolar break. We were sitting around the kitchen table and she was screaming about spiders crawling all over her face. It was just heart wrenching for me, and as the oldest born in a wild, crazy Italian family. I like, I had to save her. My parents got paralyzed; I got mobilized. And I was gonna be a doctor. I was going into medical school and I thought I was gonna be a pediatrician. But when my sister had that break, I was like, "Oh my God, I have to save her". So it's the moment for me that shifted from pediatrics, and I was not even in medical school yet I was still probably in late stages of college, right into I gotta be a psychiatrist.

So that was a beginning of my journey. And as most therapists do, excuse me, for those of you out there, we're big old caretakers. So that was a perfect start to my journey of rescuing my sister. It was like perfectly aligned as the caretaker I was right?

[00:26:11] **Sue:** It's a defense.

[00:26:13] **Frank:** It's a great defense. You can make a living off of it.

[00:26:16] **Sue:** Absolutely

[00:26:17] **Frank:** Awesome! But then when I got into my residency program - so went to medical school and got into residency program. And then I started getting into my own therapy because I told you I was working with these chronically mentally ill people who had horrific traumas.

I got so overwhelmed by it. I was so overwhelmed. I would go home and I just couldn't sleep. I couldn't let it go. It was like, I was living with it 24 7, and I shot myself into therapy really quickly. I was like, "what the heck is going on"? And low and behold for me, it's "Oh, Ugh, okay."

[00:26:53] **Sue:** I love that sound effect.

[00:26:55] **Frank:** It was like, " Ugh". I had learned to push my stuff away early on, I'm in the midst of writing a memoir right now, which I'm super excited

about. This journey - my family, my history is very present in my mind right now, as I review it all. So I learned very early on, I was wrong.

I was bad. I need to push me away, and I need to be what I'm supposed to be. So I had all that repressed and I started accessing some of what happened to me in therapy, which was totally overwhelming. For years I was in therapy. I am a therapy lifer. Like I will always be in therapy.

[00:27:39] **Sue:** Me too.

[00:27:39] **Frank:** And it was for me, like I had to sort out what happened to me before I could sort out who I am. Different people have different orders. So my trauma history really effected who I am. I had no real access to me in this authentic way. One of my favorite quotes from my book, *Transcending Trauma*, is "Trauma blocks. Love heals trauma".

And that is a favorite quote of mine because it's not even really mine. It kept showing up in my mind. I think it's a message, honestly, of this process, that trauma life experience blocks who we are as people, it blocks our authentic self and it is through connecting to that authentic self, that self-energy that we actually heal trauma.

So it's a very cyclical process. And so for me personally, I totally got in touch with my childhood trauma history and then understanding that, "oh, wow. I'm a gay person underneath all of this". So it was only many years after processing my trauma that I was able to understand that this is who I am and that it's okay for me to be who I am.

So it's been a very personal journey for me and for many years I was helping to heal people because it's really good to help heal people. Trauma can be healed. That's a message I wanna get across and always doing my personal work.

[00:29:17] **Sue:** Yeah, there's no way to emphasize that enough because this isn't an intellectual exercise. There's no amount of reading about trauma, and really we're speaking to everybody, but young therapists out there, so many times we throw ourselves into training because we want to get it and we want to help. But there really is just, zero way to be able to embody this without being able to go into your own experience.

Whatever it is. Like you said, even if you come to this profession Secure naturally, which is quite remarkable, but if you do, I used to say, it's like Bigfoot, you've heard of, but...

So yes, can't emphasize that enough around doing your own work and being able to actually embody this and feel this from the bottom up. So important.

[00:30:03] **Frank:** Yeah.

[00:30:04] **Sue:** Now earlier, when you were talking about the neuroscience, and you were talking about how that maps to the different defense systems with Parts - Attachment is so funny you have your infant Attachment and the A, B, C, D, and then you have adult styles, but just loosely as we layer that on top, does, from your experience, that track - these up arousal and down arousal related to Attachment?

[00:30:31] **Frank:** Okay, so we're gonna go there. Some of my views and feelings and ideas about Attachment sometimes are triggering for people who are hardcore Attachment theorists. Okay. So I'm just gonna say that right now.

[00:30:47] **Sue:** This is Uncensored.

[00:30:49] **Frank:** That's right - Uncensored. And I'm not interested in saying anybody's wrong and I'm right.

That is just not who I am as a person, so this is a view and perspective. Okay. That's the way I think about it. Because I personally, I'll tell you, I had two issues with some of the traditional Attachment Theory stuff and Attachment Styles, okay. First, I know Carlin Lyons-Ruth, who's one of the big Attachment people. I know her. She's here. I've done conferences with her. She's a lovely individual, and she's done very important work. Everything's about the mother. All of the Attachment research is about the mothers. I'm like "Hello, like fathers matter too". So that's one issue I have is like, why are we not looking at fathers? Why are we only looking at mothers? So that's one piece and maybe it's just the way it is. It's the way our culture in society is. But men serve an important role too, which I wish would be more represented in the Attachment literature. But the more important piece, that's just my own little personal dig as a father of two kids.

[00:31:48] **Sue:** And it's not a dig at all. We've spent time on this, trying to modernize the perspective and get it, and we add culture. We add context. We, for sure, add family structures that aren't dyadic even.

[00:32:02] **Frank:** Absolutely. Yeah.

[00:32:03] **Sue:** We look at gender, all of those things, so totally on board and I'm glad you're speaking it and I have a chance to say it again. This research is very old and so it's embedded, and so of course it is. That's why I say, I don't think it's a dig. We need to be updating how we think about it and how we use the term Attachment. But please go ahead.

[00:32:22] **Frank:** Yeah. Thank you for saying it. I appreciate that. The culture, race, orientation,

[00:32:27] **Sue:** socioeconomics,

[00:32:28] **Frank:** all of it needs to be ,yeah, socioeconomics - all of it needs to be included cause there's a whole bunch of different families out there. The piece for me around Attachment styles, as it relates to IFS is where I say, "wait a minute, this doesn't make sense to me at all", okay. I was like, wait, you mean 60% of the people are securely attached and they had a good two years with the primary mother and they're good to go? Hello, be a good parent for two years, and your kid's got Secure Attachment. You're awesome. Woo. I'm like, good. I'll be a parent for two years. I'll dive in, and then they're good. I don't believe that at all. Wait, that doesn't exist. But also these Attachment styles of Anxious, Avoidant, or Disorganized. I don't see them as entrenched styles at all. I see those as Parts. So in the IFS world, sure, you can have Secure Attachment. For me, Secure Attachment is a Part of the child connecting to the self of the parent that's Secure Attachment.

When you have a relationship with self-energy,. That can feel secure and safe .And oh, by the way, that same kid can have an Insecure or Anxious Attachment to a different Part of their parent. And then another Part of the kid, same kid, has an Avoidant Attachment to a different Part of their primary caregiver.

And in Disorganized Attachment, you can have a combination, this mixture of, I love that Part of my mom and I am terrified of this Part of my mom, and it's very confusing. So for me, nobody has one style and oh, by the way, we have more than four, like we have many Parts of children attached to Parts of caregivers.

Okay. And so there's a very complicated interdynamic relationship. I see it. I feel it with my mother or my father, the Parts of me that are terrified of them, the Parts of me that love them, the Parts of me that are anxious around them. And I see it with my kids. My son, the other day, my oldest, he was just so clear.

My husband got upset by this. I was helping my oldest with a budget. He's of course, I'm gonna go to you, Papa for a budget. You know more about money than daddy does - my husband. And my husband was hurt. And he's like "what's your problem? It's just so obvious. If I need anything to do with cooking or running this, of course, I'm gonna go to you. I'm not gonna go to him." It was just a beautiful example of kids have different Parts with different Parts of caregivers. And he was just so clear about it. Please don't take it personally. It just is the way it is. So I believe in this Part to Part interaction in all relationships and the Avoidant, the Anxious and the Disorganized Attachment, for me, are not set in stone.

Those are relational Attachment threads that can be healed through therapy. It's not like a sentence for life.

[00:35:43] **Sue:** Yeah. I can't tell you how much you're speaking to the choir here. The whole podcast is actually about moving it from category to spectrum and that it is not just, your first two years that actually the research even shows that it is very complex. There is a trajectory, but it is peers, coaches, religious, any, so that we're an amalgam, and nobody identifies as only one thing. Although it is true, and this is the way we talk about it is, that we might tend to lean in certain directions. Lean more dismissing, especially when we get stressed or we might lean towards up regulation, and anxiety and externalization of things. That piece is significant, and we wanna know that, but it's not about labeling.

[00:36:31] **Frank:** No. And what I would say about the leaning toward exactly is that's when Protectors get activated because the wound has been triggered. Those leaning towards, or those propensities for one style or the other, one Part or the other is the sign "Oh, the wound has been triggered". And so that's my awareness. Something got triggered that needs to be healed. So let's move towards that Protective Part that's activated right now. Let's get to know it, and let's heal who's under it because there's a healing there that is possible.

So those leanings are not just important and interesting. They're clues that something needs to happen. There's healing that needs to occur because for me, and this is what I say when I talk about couples or adult intimate relationships, like most adult yearnings are due to our young unhealed Attachment wounds. We are seeking somebody because our wounds are looking for redemption. They wanna be helped. So we're picking 'Oh, you're gonna be the mother. I never had. You're gonna be the father. I never had" - there's always this seeking of redemption from our young wounds. What ends up happening is you enter an

intimate relationship and then you seek this person and then you're pissed off at them because they're not who you thought they would be, right?

50% divorce rate. Hello. And that's because instead of seeking it from the other person, "oh, they're gonna help me", the real work from my perspective is okay, seek it. That's what attraction is. Get triggered and activated, and then do your work because it's about healing the wounds that you were trying to resolve with the Partner you picked.

Now, I am not saying in any way that relationships are not healing because they totally are, but it's not the relationship's responsibility to heal our wounds. It's our responsibility to do that U-turn to look inside and heal because I think we heal internally. And I think relationship is very healing. So for me, it's an "and" not an "or", but you can't eliminate the Self to Part healing that is required and Attachment wounding can be healed. Then you choose a person cuz they're interesting. Not because you need them to fix or heal your little boy or your little girl who didn't quite get the love that they needed.

[00:39:19] **Sue:** That is beautiful, and I completely agree. And this is Part of why I think that our audience has been IFS, like roll in IFS, because we we even use color rather than Preoccupied in whatever, because it's gradient. And also it's morally neutral. It's not about insecurity. So I hear your language, which is, like the old psychoanalytic could have been " you're, repeating, you're resistant. you're just reenacting". There's ways that unintentionally there's a lot of pathology around, And I really hear with IFS the importance of it's it's very non shaming, inclusive, all the things which then is regulating. Which in the regulation, then that goes back to Security or Grounded Self or, Self-Energy. So it's really beautiful.

[00:40:09] **Frank:** And then let me take it to the next layer for us because there is, and this is the piece that's important for me too. There is healing that can occur. It's different than regulating, calming, connecting - important, but it's not the end of the story from my perspective.

I wanna bring this message outside of the psychotherapy realm into the general public is that **healing is possible**. There is a release and a transformation from our wounds. That is a thing that I think not everybody knows how to do and not everybody's aware of, but a message for me that's important, is that once you have that internal connection, once you have a safe therapeutic relationship or even safe relationships in your life, that's not the end of the story.

There is that internal work of going to those wounded places, those wounded Parts of you that hold memories from the past that are painful, that have not been released. And, there is a way. IFS has its steps of release. I won't go over those steps, but I'm gonna tell you some key components that I believe are IFS informed that are required for healing and releasing trauma. And I'll also tell you a little bit about the neuroscience attached to it.

[00:41:29] **Sue:** I was just thinking about that.

[00:41:31] **Frank:** So for me, the core components of healing, and I call this The Arc of Healing, is a witnessing component. There needs to be the Part that's wounded sharing the story. It needs to share the story because it's holding something important.

It's holding something painful and powerful from the past. Once it shares it, it doesn't need to hold it anymore. So the sharing is an important component.

The second key element for me is a disconfirming or corrective experience. So the Part that holds the pain has a corrective experience.

Now, that ideally could be with the Self to Part, or it could be relationally. So there needs to be, "oh, this isn't always the way it is" or, "oh, this is how it feels when I am loved." So for me, a corrective or disconfirming of the old way needs to happen. And once those two occur, then there's a release in transformation. "Okay. I don't need to hold it anymore. I can let it go." So then there's a real release and let go. It's an energy transfer. The energy of that painful experience gets released. It is no longer held within, and that makes a huge difference in our internal system. And some of neuroscience - Norman Doidge talks about, the steps of neuroscience that he describes on neuroplasticity.

So there's Norman Doidge's way of working through rewiring neuro networks at the neural network level. I said all these Parts use the neural networks to express themselves. And there's another piece of science called memory reconsolidation, which Bruce Eckert talks about. He didn't do the original research on, but it's rewiring the neural networks at the synaptic level in implicit memory, which is where wounds are often held. So there's science to back the healing process here. And I see that in the work that I do. I see going to that deeper level, and you can hear people do things like this, "\*deep exhale\*". You can just watch them when you're doing the healing process, and there's a physiological thing that happens. And I'm glad that there's neuroscience to back some of the things that we see because there is a change. Like, when you do that kind of healing

work, you don't get triggered anymore. You are different in the world. You're not carrying.

[00:44:06] **Sue:** Yeah. It's permanent.

[00:44:06] **Frank:** It's a permanent healing that's very powerful. So it's an important message for me, for someone who does have a trauma history, is yes. Healing is possible. Yes. There's neuroscience to back some of the ways we think this can happen. I'm gonna say IFS is not the only way to do it. IFS is one of the ways. For me, it's a very complete model, and it works very well with who I am and the way I see healing for trauma. But I want people to know *healing is possible*.

[00:44:40] **Sue:** I love it. And, I love that as a repeating theme and I wanna get into just as as we turn the corner on more about IFS as a training and things like that. But I do wanna mention to the listeners, Bruce Eckert we do have an interview with him in a previous episode.

So we will also link that. And again, everything that you're saying, it totally tracks. And I do think it does feel like it's tracking with the neuroscience in the sense of it, moving it from that subcortical fragmented place. If it stays there, which if we just barely remember it and push it down and push it down, it's just stays there like a little rock.

But when you do have that transformative experience, that we're you get what people will talk about bottom up. And there's a ton of trauma therapists, that listen. So again, it's just so great. I love it. No matter where we start, we end up in a similar place, whether we're talking about IFS or EMDR or all the different - Pat Ogden has been on, to me, when we start from all these different places end up in the same place. It's like, there is rock solid. This is science that works. And then there's the beautiful art of how you get there and how you explain it to folks that are just coming on board. We also have a lot of listeners that are not therapists, and we welcome that, which will lead me into the next question. Is IFS, because not all trainings are, but is it specific to mental health professionals to become an IFS practitioner?

[00:46:09] **Frank:** Yeah, that's a really interesting, complicated question. Oh,

I'll just keep going there. I'm sorry. There you go. That's I'm sorry. I'm not

sorry there. That's right. I'm sorry. I am not sorry.

I love that. That's beautiful. Yeah. Dick Schwartz. The founder always said, I wanna bring IFS to the world. I wanna bring IFS to the world. And so he stayed let way back in the day before IFS trainings were nearly impossible to get into cuz it's, there's like I don't 10,000 people on the waiting list right now.

It's crazy. They have a lottery system it's really hard to get in. A lot of I'm doing, I do a lot of trainings cuz people can't get into trainings. There's a lot of people doing trainings out there. So there's ways to learn it without doing an official level, one training. And the Institute's working really hard to increase the amount of training so that people can do the official training.

But, Dick is opened it to everybody and that got complicated. Architects and, elevator operators are doing IFS and calling themselves IFS therapists. So he opened it up to everybody and it was a little bit, he got a little scary there for a while. Wait a minute, we're letting people heal trauma and they don't have any formal training.

So the Institute is really looking at this, but right now, and I know they're revamping their guidelines, but right now you can be an IFS certified therapist, go through the training process and get certified as a therapist in IFS. And they have a practitioner track. So they have a track for people who are not licensed mental health counselors, and who can be practitioners.

Now they're setting up guidelines around who can do what, and what's a reasonable thing to do. I'm working with, people who are coaches now in the coaching world, and that's a whole world of, "I'm a coach, so I can call myself a coach and I can heal trauma because I'm a coach".

What does that mean? Now? There's some amazingly qualified coaches and there's some amazing qualified therapists and there's some really bad coaches and really bad therapists, right? So the regulation of these things is important. My working guideline right now is I teach a lot of workshops.

I wanna teach people about the IFS principles. I want people to get comfortable working with Protective Parts because they're which causes a lot of trouble. And if the deepening trauma healing needs to happen, send somebody to a trained professional. This is my stance. I'll teach you about the healing process, but you've gotta think about whether that's something that you are skilled enough to do, particularly with trauma So I do that and I am teaching the general, as I just said, the arc of healing, here's, what's generally required. Some people heal when they're running a marathon, like in nature, right through life experience,

you can have spontaneous healings. People heal through relationships all the time, so it doesn't only have to happen in the therapy office.

It happens through experience. I'm working on a potential TV series right now with a colleague friend of mine, and we're really looking at, what are the elements required? Like when is it necessary to do that internal deeper work? And when does experience enable change? I'm working with a group called Kinergy, which is a dance movement program, for example. And it's a dance movement program that I brought trauma informed movement to. It was fantastic for me to be working with all these professional dancers and really shaping a dance movement platform that was trauma informed. So people moving through the Kinergy dance platform can do a lot of healing within their body, right?

So I want people to know healing is possible in all different ways. And be mindful and aware when you're out of your league, when you're in dangerous territory, when your symptoms are taking over and you get flooded and overwhelmed, go seek professional help. So I'm really very mindful of educating people in the range. Because I don't want people to think, "oh, I can't afford therapy. There's no therapist available. I can't do this work". No, but I wanna bring guidelines. So bring more awareness. Cause a lot can be done on your own. And some of it can't, and you need to go for professional help.

[00:50:35] **Sue:** I really like both of the things you're saying, because, there's a lot of healers that don't for lots of different reasons, including cultural don't have the letters behind their name, but they are incredibly wise healers. So totally with you. And then also that can get complicated. And so on one hand, you're talking to the people who are learning about IFS, but then also for all the listeners who are really excited about this, how do I as a client, whether we're a therapist or not, as you said, therapists are clients too, so for those that are listening from the excited "how do I find this"? Can you speak to that?

[00:51:12] **Frank:** Yeah. A couple things. So one is the training organization. The IFS Institute is called if-institute.org. IF-institute.org is the main training site. So go there, look around their website, see what they have to offer. Get yourself on a waiting list for one of the trainings if you want. There's a year long training in IFS to get level one trained. There's a retreat style where they're a week and then a week apart. They're on, you do for one week and then three months later you do another week. There's online trainings. There's in person training. So you can go to the IFS website to learn more about that.

[00:51:53] **Sue:** But as a client though, somebody who just wants to be...

[00:51:57] **Frank:** Got it. Okay, so as a client, there's a number of people listed on the website. So if you go to the IFS website, for example, there's find a therapist.

[00:52:06] **Sue:** Okay, great.

[00:52:07] **Frank:** If you go to that website, find a therapist. Now this day and age, after all we've been through with COVID and this pandemic, most mental health providers are full, and we have waiting lists. So it's very challenging, but I'm not gonna say impossible to find somebody. So that's one venue, is to find a therapist in that way. You can also do reading. There's a lot of books to learn about this. If you can't find a person per se, I have a number of books. I have a number of workshops. There's a number of books and workshops on the IFS website. There's listserves - there's a new England listserve. There's a California listserve. So if you start searching this up, there's different ways to learn it. I do a course called *The Arc of Healing*, which is for non therapists.

I have a supervision group I'm opening up for non therapists. I'm trying to bring it into the general public, but there's not a lot yet. Like it's a growing field for people. Right now, the best, but difficult way to get help is through finding a therapist at this point. There are no programs set up for people yet for working on it.

[00:53:18] **Sue:** Which also means going to Psychology Today and filtering with IFS. And then your zip code. So it can be, you can just look for someone who, again, that doesn't mean that they're necessarily certified or anything like that. That's for you to vet that, but even being familiar with some of these things would be another way of, in the absence of having somebody. And what is that certification? If you wanted to see someone that's certified, what does that look like in their description?

[00:53:45] **Frank:** Yeah. so in the IFS, website, when they have Find A Therapist, they'll list whether the person's certified or not. So if somebody's taken a level, one training, they can be put on the IFS website.

[00:53:58] **Sue:** Great.

[00:53:58] **Frank:** So IFS level one training, you can be put on the website. If you're certified, there's a more intensive process. You have get level one, level two, so many hours of supervision. You have to videotape a client. One of the lead trainers like myself will look at the video to see what your skill level is, will rate you, and then you get certified. So certified therapists have gone

through a process of continuing education, and they are then certified by the Institute. A lot of people, like I teach a lot of one day, two day workshops, and people will take my workshop and say, I'm an IFS therapist. No, you took a two-day workshop with Frank Anderson, right? So there's a lot of people out there who, what I call what the Institute will call, IFS informed, which is different than IFS trained.

[00:54:44] **Sue:** This is really helpful. It's useful. We wanna empower the consumer.

[00:54:50] **Frank:** Yes, that's right. Are you IFS informed or are you IFS trained? How much training have you had? Because again, there's this desperation for therapists to get into these trainings, cuz they're so hard to get into. So there's all these other things that are popping up all over the place to help train people, help bring the exposure while the Institute's kind of building up their level one training.

So we wanna be careful, but what we say in IFS and this goes internally as well as externally, when in doubt, just ask. You just ask the Part, is this you, or is this not, you? Just ask the person, how much training do you have in IFS? There's nothing wrong with asking.

[00:55:33] **Sue:** Oh, I love that. And earlier you were describing for people that were interested in being trained and you were kind of midstream describing that and I think you were about to say something else when I took it back to clients. So I wanted to help get back there about you were gonna say, so this is for those that are interested in getting trained.

[00:55:51] **Frank:** Yeah, the IFS Institute is the main place for those who are interested in getting trained for it. And they have international trainings on the website. They have local trainings on the website and you'll see a bunch of other things popping up. There's a lot of therapists doing trainings that are not necessarily affiliated per se with the IFS Institute because it's just popular. People wanna spread the word. So just be discerning in that way versus a client. There's no better way to learn IFS than do it. It's a very experiential model. You feel it, you experience it. That's a big piece of why it grows is because of the experience. Take a workshop. I do a lot of experiential workshops. There's a lot of people and those are for clients as well as therapists. There's a lot of experiential workshops that clients can take to learn about it that way. So you may learn a little bit about the model, but you can also learn about it through experiences. There's nothing like the experience to learn IFS.

[00:56:55] **Sue:** I was just thinking that this long waiting list is all people that are wanting healing, even if you're going through the training.

[00:57:01] **Frank:** Exactly. That's right.

[00:57:03] **Sue:** So people are loving you. I'm so happy to have found you. If they want to get in contact. And, you've mentioned a few things, but is there anything else you wanna mention that you are personally doing that you would like, our audience to know about?

[00:57:16] **Frank:** Yeah, definitely. So I'm a super busy person. Like I, I said to my husband the other day, I like running at this energy. Like I got so much going on right now. It's super exciting. And I just it's I get in self-energy when I'm fulfilling my purpose of bringing trauma healing to the world.

Like I get in self-energy when I'm teaching. That is just a place for me that is just full of purpose. So I do a lot of stuff. I'll say for people, and I'll show you for those that can see the video. Like this is a book, it's a manual, it's called ***The IFS Skills Training Manual***. I wrote this with Martha Sweezy and Dick Schwartz, and it's really a how-to, step-by-step.

It's got exercises, experiential exercises, some neuroscience explained in that. So this is a very useful beginner's guide. I wanna learn more about it on my own. Get the ***IFS Skills Training Manual***. It's a very, very popular book. This second book is ***Transcending Trauma***. This is really the culmination of all of my life's work to date. It really brings in IFS, trauma, neuroscience, healing. I'm very proud of it. It's been out for a year so far. I do a lot of trainings. If you wanna learn more about me, go to my website, [frankandersonmd.com](http://frankandersonmd.com). I've got tons of stuff. It's part of this moving to the general public.

They're like, Frank, you gotta get a new website. Okay, fine. So I have a new website with all this stuff on there, but there's a lot to explore on my website, [frankandersonmd.com](http://frankandersonmd.com). I'm involved in social media. So I have Instagram and Facebook and all that kind of stuff. A couple things that I'm super excited. I just filmed a course with a TikTok influencer. Like I'm in that world now.

[00:59:01] **Sue:** Oh, how fun?

[00:59:01] **Frank:** Working with all these influencers, I didn't even know what a blue check mark person was once upon a time. Now it's like these verified people are connecting with, which is super fun because. Reaching millions of people through these social media platforms is super important.

And so I just did a course with a therapist called Mathias J Barker. He's very popular on TikTok and him and I filmed in Tennessee. So we're filming a course that will be coming out at the end of August, really bringing it to the general public, which I'm excited about. And I'm really moving. I probably am gonna be moving my family to LA within the next year, cuz there's all of these opportunities in the entertainment business, which is very interesting for me because Hollywood, the entertainment industry, particularly with Oprah, but not only Oprah, with the Me Too Movement, there is so much in the entertainment industry that speaks about the importance of trauma and trauma healing. So it's the time right now. I feel like that industry is onto this. I'm consulting on a documentary about a trauma healing, maybe a TV series that I'm involved in. I told you about the dance movement program. I really get chills just talking about bringing this message to the world.

Like I'm not gonna do any goofy reality TV shows. Like it's not about that for me at all. It's about the timing of this message of trauma healing and the world being more ready. And I'm gonna say needing it more than ever, that there's this confluence of awareness. I wanna be one of the people who gets this message out. With some friends of mine, I talk about the trauma Avengers. Like I wanna be one of the trauma Avengers that helps bring this message of trauma healing to the world. So that's where I feel like I'm heading outside of individual therapy, which is super important, but bringing this message to the larger world.

[01:01:09] **Sue:** That is so great. Again, and that's the podcast like this is literally what we, and we're so fortunate to have, be recognized and, in the top 10 staying in the top 10. People are very interested in this, but also the van der Kolk book is, I don't know exactly how old it is, but it popped back into the, New York times bestseller list.

[01:01:29] **Frank:** It didn't pop back in. It's been in forever.

[01:01:32] **Sue:** It stayed in, Okay.

[01:01:33] **Frank:** Bessel's book, *The Body Keeps the Score*, and I've been in a supervision group with him since 1992, by the way. So I was through that whole process. He worked so hard at sentence by sentence on this book, it's a brilliant book. It's been on the New York times, best seller list, more than any non-fiction book, like ever 300 weeks. It's crazy. It's just incredible. And it's an amazing book. Bessel is a person who brought trauma healing to the world for sure. It's an amazing book and that's a great resource for people because it's out there. It's accessible. He worked with somebody to write every sentence as

understandable, even the neuroscience. So it's a great resource for trauma healing, for sure.

[01:02:15] **Sue:** I'm really glad to call that out specifically then, but how exciting to have access to this world, all these different places to be able to translate it and get it out there. So yeah, I would put a little cape on you myself, the Avenger cape.

[01:02:32] **Frank:** The reason I like the Avenger's mentality is that it's not one person that's gonna do this. There's no way this is for a person. This is a collective, right? You are part of the collective. I am part of the collective. We are all part of this collective. There's no way this tide can turn with one person. So it requires all of us. So I'm grateful for what you're doing. Grateful for all the people. That's why I like the Avengers theme. It's a collection of people that are gonna show up and make the change. Everybody listening here on this podcast becomes part of that collective.

Oh, I love that you said that. It's these ripples and the other thing that specifically though, about what you have access to, including, like *Inside Out*, it gets the message outside of the choir. It really touches people that wouldn't know to be interested in this. That to me is also super exciting. I've learned that when I'm moving into the general public now, like there's a group of people that are very averse to the word trauma. Like I don't have a trauma history. That's not me. Like I'm not weak and vulnerable.

So as we move into the general public, I'm using overwhelming life experience, not do you have PTSD?

[01:03:45] **Sue:** Oh, that's good.

[01:03:46] **Frank:** Yeah. Cause that puts people off. Not me. There's a group of people that wanna be strong and powerful, not identify with victims and weakness. So as we move into the general public, I'm mindful of words that are triggering or words that are useful. So "have you ever had an overwhelming life experience?" "Oh yeah." So that's a way to bring people in

[01:04:07] **Sue:** And earlier you used the word adversity, that everybody has had some adversity. That also is another, somebody could relate to that, because adversity implies that you got through something, not that something terrible happened to you.

[01:04:19] **Frank:** Yeah. It's that's right.

[01:04:20] **Sue:** It's empowering.

[01:04:21] **Frank:** It's the same with resilience. I'm doing workshops on resilience and workshops on those kind of words because that's the message of survivable, healable, you can get through this.

[01:04:32] **Sue:** So again, I know that everybody's gonna be very excited about this.

If there's enough interest, sometimes what we do is we create study groups around books. And, particularly if you're part of our, online community, it's as little as \$5 a month. And basically, we create these things called reading pods that are these small discussion groups around topics of interest. I know this one will be, so if you are interested in that, yeah, go, find me, let me know. And, I'm positive that there'll be enough interest to create a study group around this. So that's very exciting. And, yeah, thank you for the Cape. I also I wanted to relate to you one other way as a gay parent.

And from way back in the day where that it was very - we had, speaking of media, news cameras in our house, and we were all just. like, "there's nothing to see here". You know what I mean? We're so boring. There's no news.

[01:05:24] **Frank:** We tie shoes and change diapers, just like everyone else does.

[01:05:30] **Sue:** No swinging from the chandelier or something; I don't know.

[01:05:33] **Frank:** We only wear rainbow diapers in our house. It's not the case. That's great.

[01:05:39] **Sue:** So really fun talking to you. I think that we've really resourced people around things that they can do. You don't wanna gather people and get them excited about it without giving them the next steps. Then you can also find the show notes. If just stumbled upon this at [therapistuncensored.com](http://therapistuncensored.com). The easiest thing to do since I don't know the show number yet is [therapistuncensored.com/episodes](http://therapistuncensored.com/episodes), and that'll pull them all up and then you'll see the one on, Internal Family Systems. You'll also see Dick Schwartz and some of the somatic therapies. We have an incredible archive of resources for those of you interested in more and it's all free. And let's see, I think that we filled people up.

[01:06:19] **Frank:** What do you think? Beautiful. Beautiful. I think so, too. I'm Really, this was a great interview.

I really enjoyed talking to you. We covered a lot of territory, which is great, and I want people to know there's more to come. There's more to learn. There's more to experience, and feel to share all this stuff with me so that I can also distribute it on my social media channels and things like that.

[01:06:41] **Sue:** That sounds wonderful. Sure will. And we encourage everybody that's listening to do your bubble, to spread this, to keep doing the work personally and, keep making this kind of work available. Those are the ambassadors too. They go and they tell people. So let's spread the message of healing and secure relating that isn't about being secure as a category. It's a process. And this is one very important puzzle piece of all the different ways to get there.

[01:07:11] **Frank:** That's beautiful.

[01:07:12] **Sue:** All right. Thank you. And, thanks for listening everybody. And we will see you around the bend.