Is Your Body Warning You? Pay Attention To Signs Transcript

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Introduction to Parts Work in Trauma Healing

Welcome to this interview on the Biology of Trauma Summit 3.0. I'm your host, Dr. Aimie, and I'm so excited for this interview. This is one that is very unique because it's the only one where we're really going into parts work on this full summit.

And yet for me, parts work is one of the three essential ingredients, the three essential pillars to the healing journey for anyone to reach their full potential of healing.

Now, in this interview, we talk about some of the biology of trauma professionals. And this is what I share and I teach them is this biology of trauma framework that I want to share with you now.

And in this framework, it's the framework by which we see the trauma response, how it has affected our biology and repair tools. And as we look at this, we see that we've got we're seeing the body through the lens of trauma.

And we're looking for trauma patterns. And by that I mean, how much of the time are we going into the stress response and getting stuck in stress and anxiety?

And how often are we going into just the shutdown and the collapse and the depression and the exhaustion and getting stuck there perhaps, or going back and forth between the two?

What are the patterns that we're working with then we're going to find the underlying reasons for those patterns. What about the biochemical imbalances?

Our mitochondria, our brain inflammation, neurodevelopmental gaps, some of our attachment issues, all of those are going to influence our trauma patterns.

And then based on what are the underlying reasons we go to repair tools, and I want you to see I know that this is a list, but that bottom one is arts work.

So that part's work is one of the essential ingredients that I bring into all of my work for addressing a biology of trauma. Yes, I said that correctly.

The parts work is one of the essential ingredients for addressing a biology of trauma. And most people have only thought of parts work as something that you do in your head.

No, no, no, no. Parts influence our biology strongly. And so there are three pillars that I teach will help someone reach their fullest potential for the healing journey.

And those are the body. So for me, that's somatic work. There's the thoughts and beliefs, and that is parts work and the biology. And as you can see from these arrows, there are arrows between each one of these so that our parts affect our biology and our biology affect our parts.

So this conversation around parts work is essential. And I'm so glad that you are here to listen about this. Now, as you are listening to this interview.

If you get curious about becoming a biology of trauma professional, finding a biology of trauma professional, or even working with a biology of trauma professional, then you can go to the Web site, which is traumahealingaccelerated.com.

And over here you will find professionals. And so you can go join the professionals network. You can learn what it

means to become a biology of crime professional.

You can find a professional online directory, or you can even see the health coaches that our biology of trauma health coaches and have a health coaching session, a one on one health coaching session with my trained biology of trauma professionals.

How Parts Influence Chronic Symptoms

That is through the lens of trauma. Have you ever had a health coaching session through that lens of trauma? It's invaluable to give you additional pieces to your roadmap.

Now for our conversation today on parts, of course. Who else do I have but Dr. Richard Schwartz now? He hardly needs an introduction, but he began his career as a family therapist and an academic at the University of Illinois at Chicago.

And that is where he discovered that family therapy alone did not achieve full symptom relief and in asking patients why, he learned that they were plagued by what they were describing as parts and that it almost was this internal family that was having conversations and really battling it out between what each of them wanted.

And so he developed this internal family systems. Now, what is amazing and what we go over in this interview is how this can be applied to your physical health symptoms.

He did a groundbreaking study on rheumatoid arthritis. Itis using parts that we're going to talk about in this interview. So with that, let's jump in and hear about parts work and the biology of trauma.

Dr. Schwartz What I've noticed over the years is something that's fascinated me, and that is that there seem to be almost like this part of people that found value in being sick.

And when I first started seeing patients in the hospital and just would be something that they would say or something that I would catch on, that they were like, I think that there's a part of them that sometimes I don't think that they even recognized that.

It's almost like it. It doesn't want to get better. It finds value in being sick. What part might that be and why might we have that part? Well, there's a lot of different answers to that.

So in many sort of chronic patients, you'll find a part that was so lacking of attention when they were young that they're using illness to try and get that from the outside world.

What I find more often, though, is a governor and I have talked about this a considerable number of times, that there's often a polarization between, for example, with women in particular, these massive caretaking parts that take care of everybody else and don't let them take care of themselves.

And then the parts that want to have a life are the ones that are using the illness or the. In my case, we did a big outcome study with rheumatoid arthritis, for example.

And as we had people focus on the pain and the curious about it, they would hear from the parts that hated their caretaking parts and we're going to cripple them so they couldn't keep doing it.

Or we're doing we're just at least trying to get their attention to say, you can't keep living this way. And as we work that out. So there was a trend of time sharing more and and people stopped being so dominated by those parts.

These were this was done at Brigham and William's Women's Hospital in Boston. And they were Irish Catholic mothers, basically. And and as they listened and actually made changes, their arthritis got a lot better in some cases, they went into full remission.

And so nice study published in the Journal of Rheumatology. So so that's more often the case that the parts using the symptom are trying to get a message through.

And traditional message medicine is designed to kill the messenger rather than listen to the message. So the other common polarization that Gabor didn't talk about so much, I find, is with people who are driven by these workaholic parts.

And then similarly, the parts that want to have a life and are using the symptoms to try and get them to change. So in essence, it's really a development of us not being able to listen to our bodies for a long time.

And so then these parts develop that say, well, if you're not going to listen this way, then I'm going to need to do this. I'm going to need to get sick. I'm going to need to cripple you.

I'm going to need to whatever the illness is, this is the only way that I see that I can actually get through to you and have you hear what I'm saying.

And that's what they say. When you get to those parts, they'll say, What else was I supposed to do? What I couldn't kill them. I don't want to kill or hurt.

I just want to get good some attention. They want some changes made and I've got their body. That's about all I got. So, yeah. So then where might the idea of protector parts come into this picture?

Well, sometimes it was a battle between different protector parts, like I was saying, between the big caretaking protector and then the part that got sick, taking care of everybody and feels sort of victimized and and like I said, wants to have a life.

And then both of those parts are protecting some other exile. Like the the big caretaking part is protecting the exile that worries that if they don't do that, that no one will like them.

Self, Protectors, and Internal Conflict

It's a part that feels unloved and and then the one who wants them to be assertive and have a life is often protecting a part that felt so powerless. So and then there's just this battle happening inside.

Which, just as you describe it, being a battle inside. That's definitely how my patients describe this internal conversation. That seems to happen, and that is got to be exhausting.

I see that even being a reason that they have low energy, that they then go into this fatigue because of the internal battle of their own parts in regards to their illness.

I totally agree. You know, as you go as you go to either side, like if you go to the caretaking part and it'll say, but I've got to do this, I've got to do this, and so what are you afraid will happen if you don't part often say, you know, no one, I like her and she'll be alone and I can't allow that to happen.

And I'll say, okay, but aren't you tired? The parts that you have no idea how tired I am? And then you go to the other side and they're just tired of having to fight and cause symptoms.

So yeah, there's a lot of weary parts in these battles. And as I've seen then, that exhaustion from both sides really drives the continued dysregulation of the autonomic nervous system.

Yeah, very much. And, you know, we haven't mentioned in my my framework there's something called the South, which is a inborn, inherent good leader inside that has all these wonderful C-word qualities.

And so the more you're blinded with the protectors and the more exhausted your body is, the less access you have to. So. And then the more as all that calms down, then self starts to appear spontaneously.

And when you access self, you naturally listen to your parts and you naturally make compromises and have a kind of inner democracy happen where it feels much more balanced.

And you don't these parts don't need to give you symptoms. And so from my perspective, those with a chronic illness and they're coming in and they feel this internal battle, most of them don't even know that they have this other self available to them.

No, that's right. Yeah. They're just sort of like what family therapy is to co-parent or find children. You know, they they're often quite young, much younger than you might think.

And they because when you were five, self wasn't available to protect you because you didn't have the body to protect you. They had to come forward and do it and they think you still are fine and they think they have to protect you in the same way they did back then.

And it's often a huge relief when I would just say, Aimie, I won't ask the part how old it thinks you are. And they say five, and they say, No, I'm not.

I'm much older than that. I, I can handle much more than I could back then, in the past. What are you kidding? So and it's a huge relief. That reminds me of a lady that came through my program, Caroline.

She's over in the UK. We were doing some parts work along with the somatic work that we do and her part was shocked to find that she was grown up and her part still thought that she was waiting for Mommy.

Yeah. And it was exactly as you're describing this. What do you what do you mean? We're we're in our thirties now. When when did that happen? Yeah, it's actually very common.

It's really fun to witness. And it's because these parts are they become frozen in time during the trauma and they're after they live as if that's still the case.

And so it it's a huge relief to them to find that there is some other grown up in there that they can rely on. They don't have to do it all. So yeah. So would this be very similar to those patients who develop parts that look only to the provider or only to the physician, only to someone else to give them guidance and kind of put everything in regards their illness or their from a journey into the hands of another.

Is is this that type of thing that we're talking about? I think totally. I mean, like I say, they're they're young and they're desperate and they know what they've been trying doesn't work.

They know they need some expert or they need somebody to take care of them. And and, you know, unfortunately, there's only so much you can do to help somebody heal when they're dominated by these parts.

So it becomes a kind of chronic situation and then creates burnout among physicians, too. I think. I mean, that's definitely been my experience as being the one in those shoes and feeling that this person has placed everything on me, that I have now become responsible for their life, their happiness.

And that's a that's a large responsibility to to feel that has been placed on you. Yeah. And that was true when I started out with this part start because before I knew about self I was kind of being the self to the system and all these young, needy parts would attach to me and was fine what I'm doing okay.

But if I ever made a mistake or, you know, got distracted or something, these, these protectors would come roaring in and just attack me. And that wasn't fun.

So what I, what I found the self in there, I very quickly handed the baton off to that self to become the primary caretaker, the primary attachment senior.

So I could get out from that role because it isn't fun. What's the time? So I have a lot of people in the audience who

are listening to this, who are the professionals and are in my training program to become biology of trauma professionals.

And this is what they experience where people come to them.

Using Parts Work in Clinical Practice

And what advice would you have for those professionals as a way to start the conversation with their clients or their patients on parts and what might be happening in the dynamic?

Well, a couple pieces of advice. One is, first, to find the parts of them that feel so responsible. Like if you can't do it, there's something wrong with you.

And and medicine promotes that. And so just work with some of that so that they don't feel so bad about themselves if they can't take care of these people and and then it's it's hard.

You know, I work with a number of physicians that have really basically given up their medical practice and are mainly just working with clients and their parts around all this.

And that's fine. It's much more rewarding than trying to give them medicine every time they come in and find they're not compliant or all the other things that are happening.

And you know, they'll try that for a while. And then when the non-compliant part start it and then, okay, let's find the part that doesn't let you do this.

And okay, let's see what that's about and where it's stuck in the past. And so on. So just, I guess the message is it's much more rewarding to not just try the same things over and over and feel so burnt out and frustrated when all you need to do a lot of the time is say, let's just check this out and see what's happening inside of you.

It's making it so that you're not compliant or whatever it is a person's doing and help them do a little just a little piece of work. And again, there are some areas to find some part that's sabotaging or is really afraid to have them get well or whatever it is.

And that is exactly why, Dr. Schwartz, I have found doing parts work with my patients, with my clients essential, like it's no longer just well, it would be nice for me.

It has become an essential piece to what I do because of that right there where we come up against blocks, we come up against challenges, we come up against self-sabotage.

And we can't really move past that in an effective way without bringing in a conversation about parts and when we can. It just it makes the whole relationship flow because we can instead of battling it out and being like, I need you to do this.

And they're like, No, I'm not going to do this, or Yes, I will. And then they don't right behind my back, being able to just be open about, Hey, we have different parts of us.

Yeah. We don't know what parts of you are going to show up. We don't know what parts of me are going to show up. But this is a normal, natural thing. And we get to notice as it happens and have a conversation about it, because when we can identify the parts that are coming up, we can work with them.

And it it just makes so many problems in the medical care system fall away. Yeah. And the language itself is very non shaming and the pathologizing just to say, yeah, you know, let's just check there might be a part of you that you're not even aware of that's doing this.

And if we just take a second and look into that, we might find something very important. And and then the process

itself of, okay, just focus on that, that non-compliant impulse, find it in your body, see if you can get curious about it and just asking questions and don't think of the answers.

Just wait and see what comes back to you. People are often amazed at what comes back, but the idea that it's just a part, it's not them trying to be resistant, it's just a part and that they might not even be aware of.

It is really relieves people of the shame they would feel otherwise. And invites the curiosity. But it's curiosity. Which is what we need. So tell me more about this study that you did with the rheumatoid arthritis patients.

What did you notice? Any changes in their physical health, in their daily physical pain as a result of the work that you're doing with them? What what happened with those people?

Yeah. So we had a 30 hour moderate to severe R. A patients get I think was 16 sessions of our US as compared to 30 who got a control kind of educational control and and at the end and there was a six month follow up was a very big, big change.

Some of the patients went into total total remission. And and of course, you're not surprised. Oh, I mean, that's what we find all the time. Exactly. And it was published in a good medical journal, you know, the Journal of Rheumatology and so, yeah, that I mean, that happened.

I think the study is maybe 12 years old and like that. And that just really cemented and allowed us to become evidence based and so, yeah, that was the study.

So this may be a rhetorical question, but with that study, with the publication in the in a prestigious journal like why is your work not yet in the conventional medical system are these that.

I don't know the answer to that I I've been trying the one the first person who was involved with that study is just coming out with a book on medical ethics.

Her name is Nancy Solo, and I'm hoping that it has more of an impact. But, you know, I come from a very medical family. My father was a big medical researcher and three of my brothers are.

And so I've always been oriented in that direction. But I, I really had trouble getting a lot of traction in the medical field. Well, and I'm I'm in my corner of the world doing what I can as well.

And I think that that's how we eventually change the system and change the model is enough people bringing it in and people getting results. That's been my M. O. so far.

You know, I, I tried to battle against traditional psychiatry and guts it out and just went grassroots and and now it's coming back around 40 years later to where it's having an impact on on those fields to me. And I think what is helpful is when people experience the change and then they are asking for it, absolute working it out.

That's right. And that's part of what's happened. You know, there's some kind of critical mass was reached. So, you know, so many people are coming to their providers insisting that they do some of this which which is how it does change.

Rheumatoid Arthritis Study and Healing Outcomes

Like you said. All right. So there are the types of people that usually come into my programs or those that have these chronic health conditions that we know are associated with chronic stress and trauma.

So they have autoimmunity, they have chronic pain. They have one of these conditions, GI issues. Right. That's always a big one that we're not surprised that either the digestive system poor sleep and for them and they start with anything just by themselves or do they need to go in and have a professional help with getting started with IFRS?

Or can they start having this dialog that you've been talking about with their body and exploring the different parts of them that what what has been going on that we that we needed to get sick in order for me to hear the message mean.

It's kind of a mixed answer because with some people they won't have any trouble and it'll be very helpful to them. And then other people will get in a little bit over their head just by asking in there.

And so it'll be good at least to have some kind of backup, if not a therapist, some kind of person who can know how to help you if you get into some pretty deep water. But for those who want to try it out, it's pretty simple.

It's a very simple process. So, you know, if I was working with you, Aimie, I would just say, I don't know if you have a chronic symptom, but if you if you did, I would just say focus on it and notice where it is most in your body and then see if you can get curious about it, which takes a while for most people because they're so frustrated with it or hate it or, you know, feel so oppressed by it.

So we have to get all those parts to just relax back for a few minutes. But if they can get to this place and just have a real open mind and then ask a question of the symptom and don't think of the answer, just wait and see if something comes back.

And if nothing comes, that's fine. And you know, I also believe that not everything, even these chronic things are related to parts there. You know, I have a predisposition for asthma.

And if I'm at a dusty room, I'm going to have an asthma attack. It's got nothing to do with my parents. But if a part wants to take me out for some reason it'll push the asthma.

But I don't I don't have any asthma attacks anymore because I work on that. But that's what I'm talking about. So it might not there might not be an answer.

So you have to be open to that, too. But more often people will hear from the part that's using the symptom. And, you know, this gets into tricky territory, too, because so many people worry about being seen as is causing their own problems.

And so on. And that that's not the case because most of the time you're totally unaware of this, but you ask the question of what, what the symptom wants you to know and you'll hear from the part that's using it for whatever reason.

And then you can start a negotiation process a lot of the time. And from my experience with any chronic health conditions, like you say, there are times when it's just because I walked into the wrong room, I, I ate the wrong food, I, I, whatever it was.

But even in those circumstances then it seems like parts show up. Right? Those parts parts will then show up when those chronic health symptoms come and, and we get to notice and be curious about, oh, there's this part that hates that this has happened again.

And there's this part that feels sorry for us. Right.

Parts Work, Chronic Illness, and Hope

There's there's all these parts that can show up that again, may not, like you say, have been the cause of it, but show up as a part of just having a chronic health condition.

I don't see how someone can have a chronic health condition and not have parts. Yeah. Develop and show up as a result of it. Go with the right patients.

We measure a lot of things besides just their level of pain because many of them were quite depressed and and it

wasn't just having aura, it was what you did to yourself around the fact that you had it and how much you let it affect your self-esteem and your limited your life.

So you were working with those parts of the world. So for those people, again, who have some type of chronic illness and they're learning in this summit how so much of the biology is driving their physical health symptoms.

And this biology was being driven by their autonomic nervous system. For you, what's the big picture view of the parts, the autonomic nervous system, the dysregulation of the system and chronic illness and their way out?

Well, for me, we're all born with predispositions. For some kind of symptom or another, many of which are genetic. And our parts know about them or they learn about them.

And so, as we were saying earlier, when they can't get your attention any other way, mine would press the asthma button or the migraine headache button, and I would have migraine headache, which wasn't fake.

It's not like I'm making it happen or anything. It's it's a physiological process, a biological process. But there was a part that started in motion. And once I found that part and got it to stop doing it, I have an outlet for years and years and years and so so that's my take on the intersection that these are real biological processes, but they are affected by our parts and what they want us to know or how much they feel respected by us.

Which for me is I hear that like I hear help. I hear the possibilities of using a tool that maybe some people haven't considered to help make my life better, to help make my physical health symptoms better.

Now, being able to, it's like, wow, I can actually work with, learn about these parts of me, learn how to work with them, learn how to negotiate with them, learn how to take care of them.

Learn how to have this other type of communication relationship with them that will make such a difference on my physical health. Like why I like I get goosebumps just thinking about the possibilities of of the transformation, the change that people can experience if they took this to heart and really started applying arts work to their daily life.

Yeah. Now I'm with you. It feels good to talk to somebody who can take it more in that direction. Because, again, I haven't had much traction in the medical field. So make it happen.

But we'll make it happen some way somehow. It's great. For me. I really do get that sense of hope that here is a tool. And again, this has become such an important tool for myself and for all of the patients that I have worked with, that this is now one of the essential pillars that I have.

There's only three essential pillars that I have. Everything else is kind of like, well, it's nice, it's helpful, but it's not essential if you don't get the piece.

And for me, parts work is an essential piece for everyone's roadmap for their healing journey. And this is their healing journey from their physical health or from their trauma work, both of that.

And I hope that you got to see that from this interview. And so with that, thank you for joining me for this interview. Do not forget that you can purchase all of these recordings so that you have all of these resources at your fingertips.

Whenever you want, and that you can be resourced for life so that you are not stressed, you are not anxious, you are not overwhelmed because we're getting out of those things.

We are getting out of those states. We are now living free. We are living a calm and alive and resourced. So resource yourself with these interviews if that would be helpful to you.

And with that, I am your host. Dr. Aimie, thank you for joining me for this interview on the Biology of Trauma Summit 3.0. And I will see you on the next interview.