

Getting Curious with Jonathan Van Ness & Dr. Richard Schwartz

JVN [00:00:02] Welcome to "Getting Curious", I'm Jonathan Van Ness. And every week I sit down for a 40 minute conversation with a brilliant expert to learn all about something that makes me curious. On today's episode, I'm joined by Dr. Richard Schwartz, where I ask him how he created the internal family systems model and how does IFS work? Which internal family systems is a really incredible modality therapy that I use and still use to help me and my therapist does it. But just a quick little content warning. This conversation does contain details about addiction, eating disorders and mental health disorders. And also your relationship with your mental health is yours and yours alone. And anything you hear on this, on this episode is not a direct endorsement. It's not "you need to do this". We all have our own relationship with mental health. And this is Dr. Richard Schwartz's story of how he created internal family systems mixed with a little bit of the story of how I use it to help me. Welcome to "Getting Curious", this is Jonathan Van Ness. I have such an exciting guest. I'm so excited. So first of all, if you've read my book, then you know that I talk about internal family systems and IFS has been a really important tool for me in my personal journey to healing. So we have none other than Dr. Richard Schwartz. Welcome.

RICHARD SCHWARTZ [00:01:21] Thank you. Please call me Dick.

JVN [00:01:24] I love, I love being on such a first name basis.

RICHARD SCHWARTZ [00:01:27] Well, I'm. I loved your book. I can't tell you.

JVN [00:01:31] You read it?

RICHARD SCHWARTZ [00:01:32] Of course. Yeah. I think it's a fabulous book. I think it's going to help many, many people.

JVN [00:01:38] Thank you.

RICHARD SCHWARTZ [00:01:39] And I agree with virtually all the critiques you have of, you know, 12-Step and the sobriety model. And just love how discussive you are about all your parts because as you say, people expect the positive part all the time so I was really glad that you could be that disclosive.

JVN [00:02:01] Thank you. Yeah, it was really nerve wracking. But I was really excited to kind of have the opportunity to to do that. I, full disclosure, did not know you read the book. Didn't mean for you to have read it. And that's so amazing that you did. I'm very much fan person-ing out right now. Yeah, I have, I have had several family, friends and like people in my life that like use IFS and had therapists that did IFS. I think it's really such an incredible modality of healing. So can you just tell us, like you're minding your own business one day and then you're like, oh, like, I think I, like, how did it happen?

RICHARD SCHWARTZ [00:02:43] No, it didn't happen that way. So. I have a PhD in marital and family therapy.

JVN [00:02:50] I love PhDs, I love doctors. I love titles. So a, a PhD in fam-, in marital and what and what?

RICHARD SCHWARTZ [00:02:58] In family therapy. So I was a zealot family therapist who thought all this mucking around with the inter-psychic stuff was a waste of time because we could change all that by just reorganizing family relationships. Until I made the mistake of doing an outcome study and tested that theory and found that it didn't work. I was working with a population of bulimics kids at the time. And I could reorganize their family just the way the book said to do it. And they kept bingeing and purging. So out of frustration, I began asking why and they started talking about these different parts. They talk about this critic that would attack them if something happened in their life that they didn't like. And then that would trigger this part, that could make them like your boy, you know, just totally feel worthless and empty and alone. And that was so distressing that to the rescue would come the binge. It would take them out of their bodies and make them feel better. But the binge would bring the critic back. And as they talked about this, it sounded similar to what I was studying in families, these sequences of interaction.

JVN [00:04:08] So when was this?

RICHARD SCHWARTZ [00:04:09] This is about 1982.

JVN [00:04:11] So in the early 80s, you're in America and you're working in primarily fe-, like family, like family therapy.

RICHARD SCHWARTZ [00:04:22] Yes.

JVN [00:04:22] And what's the difference between like family therapy and like something like internal family systems? Well, what's the definition of family therapy? 'Cause I think I don't know what it is.

RICHARD SCHWARTZ [00:04:30] Oh, OK. So family therapy takes the position that you can't take a, mainly back then it was kids. I was working for an institute for Juvenile Research. You can't take a kid out of their family and tell them to stop acting out. You have to understand all the dynamics that are driving the kid to do what he's doing and change those. So that was the big revolution. The family therapy brought to psychotherapy because so much more psychoanalytic or psychodynamic was just trying to work with an individual in isolation. So, so that's what family therapy contributed. And I've sort of said, because I got to know these parts, maybe it's the same. Maybe these parts that are so extreme can't help doing that because of the dynamics of the unit system and because of what happened to them in their lives. Maybe they're like kids in a family, in a sense. And so as I started getting curious about that and asking clients more questions, they began to teach me that that was true. As you found out, that each of these parts, even the ones that seemed destructive. Are just doing their best, you know? And you do such a good job of describing that in the book. Just trying to keep you safe.

JVN [00:05:48] Yeah, and like a lot of times, so. OK, so I have so many questions, so. Because you've been practicing psychotherapy-. So the, so the umbrella term is like "psychotherapy".

RICHARD SCHWARTZ [00:05:57] Right.

JVN [00:05:57] And then all these other like therapies and modalities of healing kind of exist like all this like different ways or approaches of like doing psychotherapy.

RICHARD SCHWARTZ [00:06:04] Exactly.

JVN [00:06:05] And so you go to school for like a long time, honey, you're a literal PhD, so you have been studying this since like what, like the 70s? Like early 80s?

RICHARD SCHWARTZ [00:06:15] Uh huh.

JVN [00:06:15] So how has, how have you noticed, like the public's perception of therapy or willingness to to, to do therapy to because like one thing I've been trying to do is like I've often said that word like, "Oh, sorry, I was crazy", or like just throwing around the word crazy a lot.

RICHARD SCHWARTZ [00:06:30] Yeah.

JVN [00:06:30] And I'm really, I've been thinking about that a lot lately because I'm like, it's not crazy. And the more that I label things as crazy, the more it gives other people the right to, like, label things as crazy. And it's not crazy. And I think that, and the way that people talk about like, "Oh, like I've had issues with mental health". We've all had issues with mental health.

RICHARD SCHWARTZ [00:06:47] Yes.

JVN [00:06:48] Like every, the most balanced person has had issues in relationship to their own mental health. We all have a relationship to our own mental health. So I've really been like trying to rethink about how I think about the word "crazy".

RICHARD SCHWARTZ [00:06:59] Yeah.

JVN [00:07:00] So how is, how do you think the public's perception of therapy and in regards to get healing has changed? Is it changing?

RICHARD SCHWARTZ [00:07:11] I think it's changed to some degree. And that's one of my big goals, because much of the psychiatry and psychology has been very pathologizing of what I call parts and giving you a diagnosis that's totalizing, that just says you are a borderline or you are schizophrenic or you are. And what I'm trying to say is each of those categories describes the protective parts of people that have taken over to try and keep them safe. And that's all it is. And it's like you're saying nothing to be ashamed of.

JVN [00:07:48] Now what's borderline?

RICHARD SCHWARTZ [00:07:51] Borderline profile is someone who often has a extensive sex abuse history and as a result has parts that can be very sort of seductive and try to pull you in to take care of their young parts for them, and then they have what I might call a "bouncer part" of as soon as you get close. They'll push you away in a very severe way.

JVN [00:08:17] Oh, my God. I think I have both those parts.

RICHARD SCHWARTZ [00:08:19] Well, we all do to some degree. And then because they go through those patterns and they get so desolate and frustrated and hopeless. There are other parts like suicide parts and other parts that are trying to help them by saying there's an escape here if you need it. That's all it is. And so those clients have a terrible reputation in the psychology world because therapists don't like being attacked. They don't like all the crazy, "crazy", all the extreme ways they try to protect themselves. And I'm just trying to say, all those parts are good. None of them are pathology. If you get to know them and listen to them, they'll teach you about what they're protecting, which are these very vulnerable parts that you also described nicely. So, and we can heal all that.

JVN [00:09:12] So. Because I think when I first started reading about parts and hearing about parts from this, like family friend and then like later on a therapist that specialized in it, because really I had family, friends that got like a lot of healing from parts. Then I like started looking for a therapist that did it. And then I found one that did it in L.A. and I started seeing them and they really helped me so much. And I think when I started reading about parts, I was like, "Oh, this feel like multiple personality disorder". Like "Oh, what does this mean"? Like "Oh, am I crazy if I notice that there's like these different parts of my personality"? And then I was like realizing I think from your book because I think I, don't you have a book about it?

RICHARD SCHWARTZ [00:09:49] Uh huh.

JVN [00:09:49] Yeah yeah, I think, yeah, I read it. So it's like, yeah, like it's just like everyone has parts they're just like in different like polarizing, like it's like some peoples are more like, you know, hard to identify because they're just more kind of like even in other people's are more like extremes.

RICHARD SCHWARTZ [00:10:00] Exactly.

JVN [00:10:00] So then I was like, oh, it's totally not bord-, it's not like multi-personalities. It's like everyone has this. And. And the whole extreme personality or personality disorder is like a whole other thing. That's like if you have like multiple personality like that, what's that thing? That multiple personality disord-?

RICHARD SCHWARTZ [00:10:14] Now they call it D.I.D. Dissociative identity Disorder.

JVN [00:10:17] Yes, yes. Yes. D.I.D. So that's like a very, that's like kind of rare and like doesn't happen very often?

RICHARD SCHWARTZ [00:10:22] Well, more often than you might think. In my, so that's what I've been up against as I tried to turn the field on to this is because D.I.D. has been seen as so scary and so not many people in pathologize-. The idea of the normal mind being multiple is very scared to people. And it turns out that people with that diagnosis who have what are called "alters", where they totally take over and they're a full range personality, are no different from anybody else, except that because of the horrific abuse they suffered, their system blew apart more. So that there are these what they call "amnesic barriers" between each one. When one takes over, the others take off. And but aside from that, we're all the same. We all, what I'm calling parts is no different from these full range personalities.

JVN [00:11:21] So people that have D.I.D. are like totally capable of like healing and living like full normal lives as long as they like understand their parts in their system.

RICHARD SCHWARTZ [00:11:29] Totally.

JVN [00:11:29] So do all people that suffer from D.I.D. have like extreme abuse in their childhoods?

RICHARD SCHWARTZ [00:11:34] Pretty much. Yeah.

JVN [00:11:36] So like you've never met like a D.I.D. patient who had like a completely normal upbringing?

RICHARD SCHWARTZ [00:11:40] Not a bit. Never.

JVN [00:11:42] Interest.

RICHARD SCHWARTZ [00:11:44] Yeah.

JVN [00:11:45] Interesting. So my original question before I interrupted you 17,000 times was. Is the public perception of therapy changing?

RICHARD SCHWARTZ [00:11:52] Yeah. So I do think, and thanks to people like you and other people, famous celebrities, who talk about the value of therapy. I think that's right. I think, I think it is. You know, we have started training programs all over the world. And in China, there aren't really therapists because there's so much, you lose face if you if you admit you have problems. And so there is some degree of that still here, but not nearly as much. So that's another reason I'm grateful to you.

JVN [00:12:28] Stop. So in the early 80s, you kind of realized like, OK, this kind of modality that I've really been into, which is like family accounts, or like family therapy maybe isn't like the one key that like is going to unlock all of people's doors to healing?

RICHARD SCHWARTZ [00:12:41] Yeah yeah.

JVN [00:12:41] So you're like I think I need to like kind of sort out a different modality.

RICHARD SCHWARTZ [00:12:44] Yeah. And I was lucky to have some clients at the time who were very articulate about their parts. And so I would just ask them more and more questions about how they related to each other. And it was clear they had relationships with each other that were similar to the family's relationship. These external family's relationship. And as a family therapist, I wanted them once I got hip to the fact that the parts weren't what they seemed, they weren't bad and they just needed to be listened to. I started to try to set up dialogs between the client and these parts. So I might have one of my teenage bulimic kids talking to their critic and trying to get them to listen to the answering. Suddenly they're furious with the critic. And so things are breaking down. And what I found at that time was it reminded me of family sessions where maybe I'm having a teenage girl talk to her critical mother. And all of a sudden, she's angry at the mother, and you look around the room and you see the father is cueing her that he

disagrees with the mother too. And as a family therapist, we were taught to get him to just step back, out of her li-, range of vision so that she wasn't influenced by him to dislike the mother. And things would settle down and she'd do better. So as I'm doing that with these inner families, with my client talking to her critic, she's furious with the critic, I'd say, "Could you find the part who's so angry at the critic and get that thing to step back in there"? Basically doing the same thing I was doing in external families. And clients would say, "OK, it did". Now, how do you feel about the critic? And it'll be entirely different. Now, they were curious about it. Even sometimes compassion for it. Calm relative to it. Confident. And they would have a good dialog with it, the critic would respond well to that. They would learn its secret history about how it got forced into this role.

JVN [00:14:38] Oh, my God. Wait, wait, wait. We have to take a really quick break. I have a thought. I have to write this down. Standby. "Self". Yes. So just stand by. We're going to do a couple ads right now. You just do brief little commercial break. I may have a British accent in it. I may not. I don't know. We're gonna see. So we're just gonna be right back with more Dr. Richard Swartz, who we called Dick, who we love, right after the break. Welcome back to "Getting Curious", this is Jonathan Van Ness. So what we were just talking about was your kind of, your discovery of parts therapy and kind of mirroring some of the things that you would do in family therapy in the external family and then bringing that into the way that our internal, internal dynamics work now. Then we went into, you started saying you would feel confident relative to the situation or to the part.

RICHARD SCHWARTZ [00:15:33] Yeah.

JVN [00:15:33] Calm, confident, compassion and honey, then I started to hear the Seven C's, honey, it's the tenets of self.

RICHARD SCHWARTZ [00:15:38] Eight C's.

JVN [00:15:38] Eight C's. The Eight C's. What are the Eight C's? Cause I always fuck them up, as you can tell.

RICHARD SCHWARTZ [00:15:43] I often do, too.

JVN [00:15:44] Yeah. So compassion, calm.

RICHARD SCHWARTZ [00:15:47] Curious.

JVN [00:15:47] Yes. We love curious around here. Yes.

RICHARD SCHWARTZ [00:15:50] Yes. That's right. Clarity. Creativity. Courage. Connectedness. And-.

JVN [00:15:59] That may have been eight.

RICHARD SCHWARTZ [00:15:59] It might have been eight.

JVN [00:16:02] But that. So basically, if those are the feelings, if those are the the things that you're experiencing around the situation-.

RICHARD SCHWARTZ [00:16:08] Qualities.

JVN [00:16:08] Those are the qualities that you're experiencing around a situation. That means that you are making like self led decisions.

RICHARD SCHWARTZ [00:16:13] That's right. So.

JVN [00:16:14] So self lead means? Blank.

RICHARD SCHWARTZ [00:16:17] Yeah. So what I was finding as I was getting other parts to separate was this other person would emerge who would have those 8C qualities and would know how to relate to their parts in a healing way. And as I would do that same process of getting other parts to separate in other clients, it's like the same person showed up. Same qualities, the same tone of voice even and would know how to heal. And after doing that, maybe six or seven times, I started to think if this is in everybody that changes everything. You know? That if there is this core essence in us that only needs to be opened up and knows how to heal, it can't be damaged. Which it turns out, it can't be damaged. Then that totally changes up.

JVN [00:17:07] Our center itself cannot be damaged?

RICHARD SCHWARTZ [00:17:08] Cannot be damaged.

JVN [00:17:09] What does that mean?

RICHARD SCHWARTZ [00:17:10] It just means I've worked with people who've had horrific childhoods. Who've had horrifying combat experiences. And you get parts to open space and it's the same self with all these human qualities that emerges spontaneously and relatively rapidly and knows how to heal both internally, but also knows how to heal in external relationships too.

JVN [00:17:35] Wow. I mean that reminds me of like faith and like spirituality. Like that's like it reminds me of like Jesus, Buddha, like major teachers or like I feel like they had all of those tenets.

RICHARD SCHWARTZ [00:17:46] That's right.

JVN [00:17:46] It's like we're all trying to get there, but they, everyone just says it in different ways.

RICHARD SCHWARTZ [00:17:49] That's exactly right.

JVN [00:17:50] So in your experience. Wait, wait. Focus. Jonathan, I'm so sorry. So, so then you start to kind of like practice bringing some of those external family modes of calming, diffusing situations into internal.

RICHARD SCHWARTZ [00:18:05] Yeah.

JVN [00:18:06] And now we're like where? Like kind of in the 90s or something?

RICHARD SCHWARTZ [00:18:08] No, no. This is maybe-.

JVN [00:18:09] Oh my God, there's coffee. Come on in. Yes. 'Cause it's your chai, too. I'm not being selfish.

RICHARD SCHWARTZ [00:18:14] Yes, no.

JVN [00:18:14] If it's for both of us.

RICHARD SCHWARTZ [00:18:15] Totally.

JVN [00:18:17] Thank you.

COFFEE GUY [00:18:18] You're so welcome.

JVN [00:18:18] Yes. Yum, yum, yum. Cheers.

COFFEE GUY [00:18:23] Bye.

JVN [00:18:23] Yay. Cheers for us. Yeah, you too.

RICHARD SCHWARTZ [00:18:23] So great to meet you. My kids, I finally found a way to impress my kids.

JVN [00:18:28] Oh my God.

RICHARD SCHWARTZ [00:18:28] 'Cause they're so into you. You know?

JVN [00:18:31] Well, I hope I was a cool factor for, you know, for me being such a fan of yours.

RICHARD SCHWARTZ [00:18:35] Totally.

JVN [00:18:36] OK. So, so that now we're kind of in like the mid 80s.

RICHARD SCHWARTZ [00:18:41] Yeah.

JVN [00:18:41] Late 80s?

RICHARD SCHWARTZ [00:18:41] Mid 80s. Yeah. This all came very quickly. It took a while to trust it. To actually use this with enough people that I started to think maybe this is universal. So that took a couple of years. But once that, once I got that, I had this vision of possibility that's just now starting to manifest and, just this is the big radical discovery, for lack of a better word, that this is in everybody and you're right. Most spiritual traditions, especially the contemplative sides of those traditions, know about this, what I call "self", they call Buddha nature or they call Atman or the soul or etcetera, etcetera. Almost no other psychotherapies know about this. And in a lot of spiritual traditions. It's like you've got to meditate 20 years to get to it. But it turns out all you need to do is get these parts to open space for it.

JVN [00:19:41] So as you start to, 'cause I think one other thing, well, at least for me in my life is like I'm always looking for like that one like light switch or like, like "aha" moment as Oprah would say, where it's like, "Oh, everything's fixed and cute now". And like, I could just put that all in like a nice little box and never have to think about it again.

RICHARD SCHWARTZ [00:19:56] Yeah.

JVN [00:19:56] 'Cause like now I have like the modality of healing that just it's like one size fits all kind of thing. And I think the older I get, the more I realize that it's like it's always gonna be a collection.

RICHARD SCHWARTZ [00:20:05] That's right.

JVN [00:20:05] It's always gonna be like a tool, like a lot of resources. And you got to like, you know, kind of figure it out like all the time.

RICHARD SCHWARTZ [00:20:12] Totally.

JVN [00:20:12] So I think that's kind of where, where people get threatened. And I know I've gotten threatened because it's like, no, no, no. Like, I have my way. Like, I have the thing that works. And it's like, just be ready because there's gonna be other things. There's gonna be other, you know, modalities.

RICHARD SCHWARTZ [00:20:24] Yeah.

JVN [00:20:24] And there's going to, because I'm, I'm sure there are things that in, in your family therapy time that you still take with you and hold with you.

RICHARD SCHWARTZ [00:20:30] Totally. Very much.

JVN [00:20:30] And it was useful. It just wasn't like the one thing.

RICHARD SCHWARTZ [00:20:33] That's right.

JVN [00:20:33] Like there's, there's many things that it can be.

RICHARD SCHWARTZ [00:20:35] That's right.

JVN [00:20:36] So, as you, so when did like, when did you like coin IFS?

RICHARD SCHWARTZ [00:20:41] The name?

JVN [00:20:41] Yeah.

RICHARD SCHWARTZ [00:20:41] That's a really good question. I would say. '85 or so.

JVN [00:20:45] Predates me. Ew. You've been so smart for so long. So then, so you, so you start calling it IFS?

RICHARD SCHWARTZ [00:20:53] Mmhmm.

JVN [00:20:53] Have you, has the biggest pushback been like, "Oh, like this sounds like everyone has schizophrenia"? And like-

RICHARD SCHWARTZ [00:20:59] Yeah. That's that was one. Particularly I was in a department psychiatry in Chicago. And it was very analytic in a particular form of analytical self psychology, where there was this huge fear of fragmenting people. And so I would be talking in front of a grand rounds, you know, with all the white lab coats and so on, and they would get up and start, "You're fragmenting people. This is so dangerous what you're doing" and so on. My answer was the people I'm working with are fragmented, their parts are way out there. We're rounding them up and bringing back home. We're not, you know, making them more extreme. So it's been an uphill battle in that way.

JVN [00:21:44] OK. No, I need to still remain focused because my brain is going like so many different places. So you, so who are the people that you work with? Were working with? Do work with? Like how did you, would people kind of seek you out because no other thing was working?

RICHARD SCHWARTZ [00:21:57] Sometimes. Yeah. You know, when I wrote my first article about all this, I got letters all over the country saying, "Thank you for saying we're not crazy. Thank you for saying that multiple personalities isn't pathologized. Thank you". And so, yeah, I would get a lot of people. And so I wound up specializing in the treatment of what's called "Complex Trauma". People who were chronically abused for many years and have no ability to trust anybody and have very extreme parts as a result. For about 20 years, that was my population and they're my best teachers. They're the ones who really forced me to figure out ways to handle most anything, in this inner world.

JVN [00:22:44] So what if there was a person who you were like, "oh, like, I see my therapist and I do like I see my therapist, you know, once a week". And then let's say that person was like, "oh, like, I don't do therapy. I've never done it. Like, it's fine. But like, I just don't really like I doesn't really do that". Or like they like, what is the stigma around therapy? And what do you say to someone if they do have that stigma when you talk about your therapy? Or is it just maybe not for them? Ok, I'm going to stop answering my own question.

RICHARD SCHWARTZ [00:23:09] Yeah. So a lot of the stigma as I was saying comes from the sense of if you have any of these symptoms that you're sick and, or if you have problems-. It comes from our rugged individualist culture where you should, through willpower, be able to change most anything about yourself. And so if you can't, you're a big failure. You're a loser in you're, maybe even sick, or if you have an addiction like you wrote about, it's a disease. So you have to hide it because I mean, the disease actually lifts some of the stigma. That idea. But it's still a stretch to let people know. And-.

JVN [00:23:51] I think it's also quite like, it's like what you were, it's very like the thing for me that was troublesome. It's like if you are, if you do have an addiction, then you're always an addict.

Once an addict, always an addict. And that just feels like such a life sentence that feels very like sad.

RICHARD SCHWARTZ [00:24:04] Exactly. It's just not true. And so as you wrote about in your book, people who can't be sober, whatever the thing is, feel like failures. And that shame then just fuels the part that's trying to make you feel better that way. And it becomes a vicious circle that way. So.

JVN [00:24:28] So let's talk about parts more.

RICHARD SCHWARTZ [00:24:30] Yeah.

JVN [00:24:30] So as you are kind of learning about this from the clients that you're working with. What are the categories of parts that emerge? For you?

RICHARD SCHWARTZ [00:24:38] Yeah, ok.

JVN [00:24:39] Like what does someone's system look like?

RICHARD SCHWARTZ [00:24:41] Yeah. So have a fairly simple map of this territory and so we all have been hurt and rejected and shamed and terrified in different ways. And when we have those kinds of traumatic experiences, the parts of us that get hurt the most by those experiences tend to be these vulnerable inner children who are the most sensitive. So they take on what I call the burden of terror, or the burden of shame, or the burden of of pain, emotional pain, and shift. Before they were hurt like that. We love being with them because they provide all this life, liveliness and creativity and aw at the world and openness and desire to connect. But after they get hurt, we don't know that that's the same part. We think, OK, we've got these memories, sensations and beliefs from those experiences. We don't want to feel that. So we tend to lock those up inside. And I call those the exiles now. And so they are these inner childlike parts who now carry the burden of pain or terror or shame or other things like that, that we spend the rest of our lives trying to avoid feeling.

JVN [00:25:57] So you're exiles are the part of you that like when the teacher or your parent or the kid in school, like whatever, like traumatic, or it could be way worse than not. Like it could be like violent traumatic experience, sexual abuse, like it could be big things.

RICHARD SCHWARTZ [00:26:14] Exactly, yeah.

JVN [00:26:15] So it's like the part of you that went into that situation, like the sparkly, like little like, "oh, I haven't seen this terror yet".

RICHARD SCHWARTZ [00:26:21] That's right.

JVN [00:26:21] The part of you that experiences that gets so traumatized by whatever the hurt, rejection, trauma was.

RICHARD SCHWARTZ [00:26:28] Yeah.

JVN [00:26:29] That it gets locked into a little box because like we never want to have to feel that parts pain again because the thing was so major.

RICHARD SCHWARTZ [00:26:35] Exactly. Right.

JVN [00:26:35] So that's what an exile is.

RICHARD SCHWARTZ [00:26:36] That's what an exile is. And it's frozen in time, its lives as if the scene is still happening. So it's in that constant fear or shame.

JVN [00:26:46] OK. We have to take a really quick break. Break Police. Really quick. We got pulled over by Rae. She's, you know, our producer. She's right, and she's pulling us over. So we'll be right back with more. I feel too respectful to call you Dick right-. We'll be right back with more Dr. Schwartz after this. Welcome back to "Getting Curious", this is Jonathan Van Ness. So that's what an exile is.

RICHARD SCHWARTZ [00:27:09] Yes.

JVN [00:27:10] Then what's the next kind of part that you discovered?

RICHARD SCHWARTZ [00:27:13] Yeah, so when you have a lot of exiles, which given what you wrote about your history, you, you did from coming out of your childhood. The life becomes a lot more dangerous and your system becomes a lot more delicate, and so you need a lot of what we call "protector parts" who take on roles, it isn't to the nature of the part. But they're like in family therapy, we used to call them "parentified children". Children who have to become like a parent. So you have a bunch of these protector parts who try to manage the external world, manage your relationships, manage your appearance. Parentified children, they're trying to control everything so that your exiles don't get triggered. Because if you're exiled get triggered, it's a big emergency. It's like flames of emotion are gonna consume you and pull you back in those scenes and it'll make you stay in bed for a week or make you suicidal or whatever.

JVN [00:28:07] Or in a less polarized environment, just to make you have like a work flare up, make you have a fight with a friend.

RICHARD SCHWARTZ [00:28:14] Exactly.

JVN [00:28:14] But make you, or maybe you might make a bad work decision.

RICHARD SCHWARTZ [00:28:17] That's right. So all those would be other kinds of protectors reacting to the exile coming up. So, so we have these what we call "manager protectors" who are trying to manage your appearance, which is a big topic of yours and then manage so you never get rejected. Manage your performance so you get lots of accolades. Manage your relationships, so nobody gets too close to hurt you again or people you depend on, don't get too distant from you. It's a lot. They're working all the time.

JVN [00:28:46] My parts are seriously like they are, literally, they are, they've been working so much overtime.

RICHARD SCHWARTZ [00:28:51] They're so tired.

JVN [00:28:51] They're doing all that stuff.

RICHARD SCHWARTZ [00:28:53] That's right. They're so tired.

JVN [00:28:53] So you got the exiles and then you've got protectors.

RICHARD SCHWARTZ [00:28:57] Then you've got, and that's the managers. And then the other kind of protectors.

JVN [00:29:00] Okay, wait, wait. No, not that I think any more "manager" definition. So the exiles we know who they are.

RICHARD SCHWARTZ [00:29:04] Yeah.

JVN [00:29:04] Then the managers are?

RICHARD SCHWARTZ [00:29:06] There are the parts that are trying to preempt anything that would trigger the exiles. So there, like I said, into controlling everybody, they're into pleasing people, all that, caretaking. All that.

JVN [00:29:18] Yeah, got a couple of those. So what are some other examples of other people's, like, managers?

RICHARD SCHWARTZ [00:29:23] You know, I have a very rational manager that keep me in my head and not let me feel very much or can numb my body so I don't feel. I played college football for four years, so I'm out-, I took a long time to get back in my body. So. So there are managers that dissociate you, that try to keep you a little bit removed from the world, the whole variety are common. And again, these are just the extreme roles these parts were forced into. They're not the nature who they are.

JVN [00:29:52] Okay. So what about this? What if you said to someone like, "Oh, you know, I was a professional football player for four years, so it took me a long time to get back in my body". And then that, because I could almost hear my grandma, like she's no longer with us, but I could almost hear her saying, like, "Oh, get off it. Like, what does that even mean? Like, hit your arm. You're, you're in there, it's like you know, pull up your damn bootstraps, get it toget-. What does that even mean in your body"? Like, I can hear my one, like, let's say person who you're like would be talking to about therapy, who doesn't believe in therapy or doesn't believe they need therapy. It's like, oh, get off it. Like, you're like, what is that part?

RICHARD SCHWARTZ [00:30:26] Yeah.

JVN [00:30:27] Like, what is the part that just thinks that therapy is not necessary? Is for people that are too emotional or think too much?

RICHARD SCHWARTZ [00:30:36] Yeah. So, you know, there are parts in our current president has that in spades where they have a kind of contempt for vulnerability and a contempt for weakness

or losers. You know, there are these, that's one class of protector. It hates the parts of you that felt hurt by what happened to you. And then it hates people who look like those those parts. And like I said, our current president has that in a big way.

JVN [00:31:04] So it's just a type of protector.

RICHARD SCHWARTZ [00:31:05] It's a type of protector, yeah.

JVN [00:31:07] So are protectors and manager the same?

RICHARD SCHWARTZ [00:31:09] Yeah. So manager is the larger rubric. And then under that are managers and then if despite these manager's defenses, it's what's called in traditional therapy. The world breaks through and triggers an exile because that is a big emergency. Something's got to happen immediately to deal with all this feeling that's overwhelming you. So we all have other parts jump into action are impulsive, reactive. "Damn the torpedoes. I don't care about the collateral damage to your body, to your relationships. I've got to do this thing right now or you're going to die". They think, you know, you're gonna be so overwhelmed by those exiles. And so they spring into action, often in some extreme way. Not always. I mean I have, and these we call firefighters because they're fighting the fire of the exiles emotions. And. And so they'll do something and then that thing will bring more shame, both from your manager critic, who's attacking you for having done this thing that upsets everybody. And that goes to the heart of the exile that carries a lot of shame. And then that just means this firefighter has to work that much harder to deal with the shame. So you get into that vicious cycle where the firefighter is just trying to take care of you somehow in your case, it sounds like if it's sex and food sometimes.

JVN [00:32:36] Yeah.

RICHARD SCHWARTZ [00:32:37] And but the act of doing that would trigger this critic who's attacking you for having done it and having no willpower and so on. And will also bring criticism from people around you, but also from therapists, unfortunately.

JVN [00:32:53] Yeah, I've definitely experienced that. Because I think I also had a relationship with a therapist where I was scared of them, like judging me. And when I would be honest, they would like judge me really hard so then I just would like be like selectively on it, like selectively honest about what it was really going on so that I could just like bamboozle them with like stories at the salon or whatever and then like never really have to get-. But also, interestingly, I did that more when it was like, not my money.

RICHARD SCHWARTZ [00:33:16] Yeah.

JVN [00:33:16] Like once I started paying for my own therapy and I was like, "Oh, fuck this. I got to like have someone who I can really be honest with". Because like, no one heals if you're not being honest.

RICHARD SCHWARTZ [00:33:25] That's right. And that's why your book is so valuable, because as a celebrity now, for you to be so honest about what you've gone through and your history and the parts of you that tried to protect you just makes everybody feel like, OK, so what? So I've got parts too that do that.

JVN [00:33:42] Yeah. Yeah. I mean, I think everyone does. And I think I'm really trying to like find more compassion for when like people, you know, act a fool. Because sometimes my parts get too delicate or just too stressed out. And then I kind of become brand new and I become a little rigid around what my needs are. And it's yeah, everyone's working really hard. So how do you get someone when they're in the midst of, in the mixed-, in the midst of being flummoxed from the climate of their parts? 'Cause let's just say someone else we know is having a hard time with their parts at the moment?

RICHARD SCHWARTZ [00:34:18] Right.

JVN [00:34:18] How do we get more of that centered self to emerge?

RICHARD SCHWARTZ [00:34:21] Yeah. So-.

JVN [00:34:22] And how do we know the difference between a protector part and our center self being like, "No, I'm done getting fucked around"?

RICHARD SCHWARTZ [00:34:29] Yeah. Really good question. So. So one of the things I like, I like best about this work is that people can do it on their own. So when I finished working with somebody, they'll come to me and say, you're pretty good therapist, but I healed myself. Because on a daily basis they're working with their parts and they're checking in with them and they're noticing, you know, whereas in the past, you have that triggered experience and suddenly you're enraged. Now, you, you kind of said, "Oh, there's that rageful part and he's blended with me. He's totally taken over". And just that little bit of awareness creates enough separation that sometimes you can start to work with it and say things like, "I get that you really triggered by this, but just let me handle it. Just relax for a second. Let me speak for you. You don't have to take over in this big way". And people can do that actually pretty readily, especially after they've healed some of their exiles. Once you've healed some exiles, the protectors sort of naturally start to relax and return to their original valuable states. All of them are valuable at their core. And that's one of the goals is to liberate all these parts from the extreme roles they were forced into. So they can be what they're designed to be.

JVN [00:35:49] Which is centered self?

RICHARD SCHWARTZ [00:35:51] No, they all have specific talents and resources.

JVN [00:35:55] They did? They do?

RICHARD SCHWARTZ [00:35:56] They do. Yeah.

JVN [00:35:57] What was so what were the parts designed to be?

RICHARD SCHWARTZ [00:35:59] It just varies. So-.

JVN [00:36:00] Oh yeah, that's the whole part where it's like, what would you rather, if you didn't have-?

RICHARD SCHWARTZ [00:36:03] Exactly. That's right.

JVN [00:36:05] Ah!

RICHARD SCHWARTZ [00:36:05] Yeah.

JVN [00:36:05] OK, so let's. OK. So for people that are like scared of parts therapy, like, what does this session look like?

RICHARD SCHWARTZ [00:36:11] Yeah. So.

JVN [00:36:12] Oh, wait, no. How do I tell the difference if I really am over something or like-?

RICHARD SCHWARTZ [00:36:17] Yeah, I remember that.

JVN [00:36:18] Yeah.

RICHARD SCHWARTZ [00:36:19] So.

JVN [00:36:20] Is it the tenets of self?

RICHARD SCHWARTZ [00:36:21] Yeah.

JVN [00:36:21] Like if I'm feeling clear, calm and compassionate.

RICHARD SCHWARTZ [00:36:22] Exactly, exactly, exactly. And you one of those is also courage and clarity and confidence. So if self can be very forceful. It doesn't have to be passive observer of things. But when self is forceful, you don't have the same level of judgment about the person you're stopping because you also have compassion while you're stopping them.

JVN [00:36:47] OK. That's really major. Like when you're in conflict. If you're having compassion for the person that you're in conflict with while you're stating your needs, then you're probably in self.

RICHARD SCHWARTZ [00:36:55] That's right. And the person won't react in the same way as they do when that angry part takes over.

JVN [00:37:03] You could really smack me in the face right now. With, that is so much wisdom and.

RICHARD SCHWARTZ [00:37:09] Thank you.

JVN [00:37:09] Yeah. No, it really is major. So I have kind of a hard right to ask. So what's about pharmaceuticals?

RICHARD SCHWARTZ [00:37:19] Yeah.

JVN [00:37:20] In healing.

RICHARD SCHWARTZ [00:37:21] Yeah.

JVN [00:37:21] Thoughts. Comments, concerns.

RICHARD SCHWARTZ [00:37:24] Yeah. So I don't have anything against medication per say. And there are some situations that are so acute that it helps to chill the whole system out enough and then you can do some work.

JVN [00:37:36] Because maybe that person can't smoke small micro dosing amounts of marijuana 'cause they have like lung stuff or something.

RICHARD SCHWARTZ [00:37:41] Yeah. Or whatever it is. So, and we are starting to try to figure out how to combine IFS with a lot of psychedelics because that's, they can actually facilitate the work a lot. But back to your original question, like we've, we've come to work a considerable amount with schizophrenics, for example, and when a paranoid part totally takes over and they're sort of in this delusional world, you can't do much IFS with them. You can't really. So the medication can separate them from that part enough that then you can start to work with it. The problem is that a lot of those medications are pretty toxic long term and they also can flatten you out so you don't feel much of anything. And so they're sometimes useful in the short term. We just don't see them as a long term solution.

JVN [00:38:37] 'Cause I notice a lot of times when a therapist has any feeling around them like or if, because I, I know for me I can speak for my experience. Like when I took antidepressants, I kind of went into it thinking like, "Oh, this is gonna be like my one size fits all", like this is going to be the magic bullet, like it wasn't rehab that did it and it wasn't this that fixed it. Like it's gonna be these, it's gonna be this pill. And it's gonna make me not want to smoke weed anymore. And it's going to totally heal me, and I'm not going to like have sex with strangers after this. And when I started taking the pill and realized that it didn't do any of those things. And it generally kind of made me, I just felt dissociated all the time.

RICHARD SCHWARTZ [00:39:17] Mmhmm. That's right.

JVN [00:39:18] And like, I just felt like I was like, never really in a situation.

RICHARD SCHWARTZ [00:39:20] That's right.

JVN [00:39:21] And, and experiencing that flatness was almost like in addition to my general, just experiencing the firefighters the way I was experiencing them and then having this new flatness, it just like every one of my parts got all pissed off and crazy.

RICHARD SCHWARTZ [00:39:35] Crazy, yeah.

JVN [00:39:35] And then I just stopped taking them.

RICHARD SCHWARTZ [00:39:36] Yeah.

JVN [00:39:36] And then that made me like psychotically depressed.

RICHARD SCHWARTZ [00:39:39] That's right.

JVN [00:39:39] Because I didn't, like, come off of them. And I didn't do it with my psychiatrist.

RICHARD SCHWARTZ [00:39:42] Didn't do it gradually.

JVN [00:39:42] I just did it.

RICHARD SCHWARTZ [00:39:43] Yeah.

JVN [00:39:43] Like my dad died. And then I just, my step dad died, and then I just did it.

RICHARD SCHWARTZ [00:39:46] Yeah.

JVN [00:39:46] And that was like not a cute recipe. So I just noticed that like so many people get really fired up and really defensive around pharmaceuticals.

RICHARD SCHWARTZ [00:39:55] Yeah.

JVN [00:39:56] And I think it's because for some people they have been so helpful and they are so absolutely necessary.

RICHARD SCHWARTZ [00:40:02] Yeah.

JVN [00:40:02] And other people like me had really scary experiences.

RICHARD SCHWARTZ [00:40:06] Yeah.

JVN [00:40:06] And I think I'm just looking for like, what is that moderate like, you know, sometimes you do, some-, it's not for everyone, sometimes it is an important resource, but it's not the only way?

RICHARD SCHWARTZ [00:40:16] Yeah. That's my position. And that it shouldn't necessarily be the long term way. Like with schizophrenia, for example, you take it and people would find that if they stopped taking it, the paranoia would come back. So maybe they need to take it all their lives. My experience is it comes back because when you took it, it exiled that part. And so it's looking for a chance to come back and do what it does. And so any time you get off of it, it's going to come back. And until you heal the exiles, the drive of all that, then you're gonna be in that vicious cycle all your life.

JVN [00:40:54] Have you experienced working with schizophrenic people where like they were on medication then were able to stop taking medication because you feel those exiled parts?

RICHARD SCHWARTZ [00:41:03] Absolutely. Yeah.

JVN [00:41:05] Wow.

RICHARD SCHWARTZ [00:41:06] Yeah.

JVN [00:41:06] Can you hear like the, like professionals in the field being like the "Fuck, fuck, like that's not cool".

RICHARD SCHWARTZ [00:41:10] Yeah. And I get a lot of shit for that because lot of psychiatrists spend a lot of time trying to convince people they have to be on medication all their lives. And so-.

JVN [00:41:20] And what you would say is like sometimes they do.

RICHARD SCHWARTZ [00:41:22] Sometimes.

JVN [00:41:22] But sometimes.

RICHARD SCHWARTZ [00:41:24] If they do the healing, in my experience and, you know, it's limited. I haven't worked with every schizophrenic, but sometimes they don't. Sometimes-. We haven't really described what healing and exile means, but once you help these parts unload what I call their "burdens", that extreme beliefs and emotions that carry from these traumas and they transform into, they're, often immediately transform into being this joyful little boy again. I don't know if you experience that with your boy. And then you follow up and every day you meet with them and you make sure he's doing okay. Then all of protectors, including the paranoid part, can relax and they can start doing something else. So it's, I think what you're hearing and you know, I just hear myself saying this. This is a radically different position about the mind and the way it works and how can change than our culture carries and than psychiatry carries. And it's, you know, it's daunting to try and hold this position in our field.

JVN [00:42:27] Well, I really congratulate you for that. I think it's like I think that, you know, there-. People's relationship to their own mental health, especially in the United States, and we can see that from the results of mass incarceration. Mass shootings are general dis, dis-ease like the general dis-ease of so many people in America. We see that whatever we're doing is not working for everyone. So I think that we need more tools and more resources and more different approaches to engaging in the conversation around mental health. So I really applaud you for that. I think it's incredible. I want you to keep on going. I've talked through like three wrap it up signs because I am so into this conversation. So I think just really quickly, like, you know, one minute or less is there-. Actually, I think I don't want to do that to you. I think really like we're going to to save our yogi recess for the next time we have you back. 'Cause we have to have you back.

RICHARD SCHWARTZ [00:43:19] I would love to come back.

JVN [00:43:19] You're doing too much. Yeah. We have to come back and talk about more.

RICHARD SCHWARTZ [00:43:22] I would love that.

JVN [00:43:22] 'Cause I really think we got like halfway there.

RICHARD SCHWARTZ [00:43:23] Fantastic.

JVN [00:43:24] Thank you so much, Dr. Schwartz, Dick. Thank you so much for coming. Appreciate it.

RICHARD SCHWARTZ [00:43:28] Thank you, Jonathan. It's really been an honor.

JVN [00:43:30] Ah.

RICHARD SCHWARTZ [00:43:30] And a treat.

JVN [00:43:31] Yes. You've been listening to "Getting Curious" with me, Jonathan Van Ness. My guest this week was Dr. Richard Schwartz. You'll find links to his work in the episode description of whatever you're listening to the show on. Follow us on Instagram and Twitter at CuriousWithJVN. Our theme music is "Freak" by Quin. Thank you so much for her for letting us use it. If you enjoyed our show, introduce a friend and show them how to subscribe. "Getting Curious" is produced by me, Julie Carrillo, Rae Ellis, Chelsea Jacobson and Colin Anderson. Our socials are run and curated by Emily Bossak.