[music]

Tisha Shull: Today, on *IFS Talks* we're speaking with Jeanne Catanzaro PhD. Jeanne is a licensed clinical psychologist with 25 years experience in treating eating and trauma-related issues. She's written articles about IFS and eating disorders and is dedicated to helping people develop self-led relationships with food and their bodies. Jeanne is a certified IFS therapist in private practice in Brookline, Massachusetts and she's the Vice Chair of the executive committee for the IFS Institute. Jeanne, thank you so much for being here with us today on IFS talks.

Jeanne Catanzaro: Oh, thank you for having me.

[music]

Jeanne: I'm really looking forward to this discussion.

[music]

Aníbal Henriques: Thanks much Jeanne for willing to sit with us. What parts come up today hearing this bio?

Jeanne: The part that immediately comes up is I have so much to say about this topic. How will I get it all in? And so, I have to remind that part to relax. In terms of the bio, there's a part of me that can't believe it's been 25 years. That feels hard to believe.

I feel really good about the work that I am involved in now and get to be involved in my involvement with the IFS community. I feel grateful that after 25 years, I can continue to feel this inspired by my clients, the people I consult with, other therapists in this community. So, that´s not bad just be able to say after a quarter-century.

[pause 00:01:57]

[music]

Tisha: Jeanne, was there something that led you into the world of psychology? Was there a setup in your early life?

Jeanne: [laughs] Yes, in brief. Yes, I think that I've said to my mother more recently that I now get to do family therapy and get paid for it. I think I was born into a family where nobody really wanted to speak to feelings or be present to them. And I was very much a very sensitive, thoughtful kid who was very aware of things. And one of the things that I started doing quite early was writing and I would write stories and get very involved in all the different characters.

I loved reading. Then when I got into high school, I started studying a lot of different languages. I'm not fluent in any of them except English, but I studied French, Italian, and a little bit of German. Just the idea of being able to bridge gaps and be able to find ways to communicate and all of the psychology of that, the satisfaction of being

able to bridge a gap and then connect with somebody who was so different was so exciting to me.

But I had parts who were so unbelievably self-conscious that I got very good. I was at depth at learning languages, reading, and writing, but really had parts who would not let me speak it for fear of being shamed. That really got in my way. So, I do have a degree in French, although I can't speak it. At the same time, at some point, I decided that I would be a French teacher for about two months.

During that period of time, I took abnormal psych class that was part of the education degree. Once I took an abnormal psych class, I thought this is really what I want to do. Then I got some internship experiences working with chronically mentally ill clients at Mass Mental Hospital here in Boston and I just immediately knew this is what I really want to do. And again, it became, for me, a way of bridging the gap between people. A funny way to connect and reach across differences and make connections.

And so I really liked the idea of going into psychology and that's really when I decided to become a therapist and go to grad school. I have not ever regretted it. To me, it's the best decision I made.

[pause 00:04:51]

[music]

Tisha: What was it about that abnormal psych class that clicked for you?

[music]

Jeanne: Within the class, it was the fact that it was connected to an internship, and in the internship, I had a job in a day treating program for chronically mentally ill adults developing more social connection between them. So, I would just sit and have groups and just to speak with them one-on-one. It was more of the direct experience with people that made me say, "This is really what I want to do," rather than the academic class, just that opening.

[music]

Aníbal: Jeanne, you used to work in an eating disorder treatment center, so your interest in food and body came before you came cross IFS, right?

Jeanne: It did but in an indirect way. Because I didn't start working at an eating disorder treatment center because I had an interest in this area, per se. My first job out of my PhD program was at a university, a Jesuit university. I was the only woman at the time, the rest of the therapists were male. So, I had a lot of people coming to me. A lot of the issues related to eating or to sexuality, things like that, it was a very conservative environment.

I really liked that job and got some experience with eating issues and eating disorders certainly in that job, but I didn't really know what I was doing. Then, after

about five years in that job, a position became available in an eating disorder program. And it was a therapeutic milieu, so it was women working with a group of women and that was so interesting to me. It felt a little bit like my experience with the day treatment, with the chronic mentally ill. And I had also worked prior to graduate school on an inpatient psychiatric unit.

When I went to graduate school, my thought was that I would be working with the chronically mentally ill. And my internships, for much of the time that I was in graduate school, were in state psychiatric hospitals and day treatment programs, things like that. I really liked the relational component. I had the good fortune of working with supervisors who are very interested in really looking at the impact of the system, the larger system, cultural systems, and the smaller and more ethnic systems on the clients in the day treatment program.

One of my supervisors, she didn't know IFS, this was In the mid-'90s, but she was speaking about parts. And so, when some of the clients came in with voices, she would relate to them like parts. It was very helpful. I really like that relational component, the system's thinking. And so, when I saw that there was a job available in this day treatment program at The Renfrew Center in New York, I just jumped at the opportunity. I thought it would be really great to be in that kind of environment.

[music]

Jeanne: Then when I was there, it's like boot camp for learning everything I ever wanted to know about eating disorders. But obviously, I was open to it. Obviously, I was open to doing that kind of work. I do think that there was an openness to it that, later on, I could reflect back and consider some of the aspects of my environment growing up that obviously led me to be open. I don't know if it would be helpful for me to speak a little bit about that, but I would be happy to.

Tisha: I think it would be really interesting to hear, yes.

[pause 00:09:16]

[music]

Jeanne: I grew up in a family where my mother for much of my life growing up, she was in a larger body and had grown up with a lot of trauma about that, a lot of abuse, a lot of bullying, some from her own mother, name-calling.

And when I was growing up, what I was very aware of, it was a concern for her. A concern about her health, her depression. As a couple of points my father would say to us, "What are we going to do about mom?" I felt like a lot of concern about what will we do.

It wasn't something that I was aware of because we're just in it, we're in these environments. We're not aware of all the messages that we get about bodies and about health and about ability. We're just immersed in it. So I wasn't really conscious of anything.

When I did reach puberty, my mother, who did not want me to experience the same type of abuse that she had, got nervous, I think, when I had a growth spurt and I developed a stomach and I was actually quite excited by it. I thought I looked, in my 10 or 11-year-old self, I thought I was more like a belly dancer. I thought, "This was cool." But my mother, I think, had a part that was nervous for me and said, "I think we really need to have you…You need to watch it," kind of thing.

She started packing my lunches with cottage cheese sandwiches, which aren't as bad as they sound, but certainly aren't gourmet and you know, just all of a sudden there was an awareness. There was a focus on it or more of a focus.

[music]

Jeanne: There was that, but I also had a lot of great positive experiences, body-wise, where I was very athletic. My sisters and I were involved with very competitive soccer from the time we were quite young. Another aspect of our childhood, which I've gotten clear about, especially as I've gotten older, is we were taught that there was nothing we couldn't do if we just put enough effort into it and we tried. That included a lot of physical things.

As I get older, I've realized, "Oh, right now, in my mid-50s, it's really important for me to notice the parts that feel like I should still be able to do whatever it is." Like, I got locked out of our house and had to climb a fence to get, I mean, you know, just like whatever scrambling up, not thinking about like, "Oh, maybe this isn't good for my body as it is now."

So, the family values of physical strength and the capacity, emotional strength also and my mother's history with being in a larger body and having family members who are really focused on it critically, were a part of the fabric for me.

[pause 00:13:05]

[music]

Jeanne: Then there was also, I grew up in an Italian family where there was an emphasis on home-cooked food. We talk about legacy heirlooms, things we get from our families and from our cultures. What I got was a real emphasis on the connection that food afforded. Connection and love, and really host really good food, good tasting food and where that can go.

On the flip side, there was also an attitude about processed food, so that home cooked food was better always kind of thing. I've become just much more aware of all these different biases that I did grow up with, but it wasn't something that was…it wasn't the thing that drove me to work with eating disorders per se.

[pause 00:14:20]

[music]

Tisha: When you were at, is it Renfrew?

Jeanne: Yes.

Tisha: Did they start incorporating IFS therapy into the work when you were there or was there a different modality?

Jeanne: They didn't. No, they did not. It was psychodynamic largely. Some CBT and I know that's changed now. What happened was I worked at Renfrew and I became the Program Director of the day treating program. In that position, what I was responsible for was referring people out to treatment programs around the country, if they needed to go to a higher level of care.

I also then would admit people being discharged from inpatient programs back to day treatment. I got a sense of what inpatient programs were doing excellent work. At some point, somebody recommended a treatment center in the Midwest that was doing IFS.

[pause 00:15:31]

[music]

Jeanne: I started referring my clients there. Apologies to anybody who has heard the story before, but at this point, I'd left Renfrew and I was working for a number of years in private practice, but again, I had the familiarity with the different facilities. I started referring to this treatment center that used IFS.

Then my client came back home very, very complicated family environment and was coming back to that very complicated family environment and also had had the chronicity of her eating disorder and the severity of it were significant. So I had a lot of concerns with her coming back and how that would happen. Because of insurance constraints she wasn't able to stay there for as long as they wanted her to. Parts of me were very concerned.

[music]

Jeanne: She came back and she related that she went out to dinner, ate too much, as a part of her told her, and then she said, "You know, and went out to the alley." It would have been quite typical for her to throw up in the alley next door. She said, "And I got outside and a part of me was like, 'You should just throw up, and then another part of me was like, 'No, we don't need to do that.'' She said, "So, I just worked with my parts." I was like, "Work with your parts? That is phenomenal."

I was so amazed by it. I just thought, "Wow, that is really something. It was inside of her." Over the next couple of months, I watched, it wasn't the customary I've been in treatment, my certain parts, a lot of times in traditional treatment there's a focus on, you know, the managers can step up and they're compliant in treatment. And then, when they get out, because the exiles haven't been healed, then they come back home, get into the same environments, and start getting triggered and then get back into the eating disorder symptoms. This wasn't happening with her.

[pause 00:17:51]

[music]

Jeanne: So, I decided, "This is something I really need to get training in." That's when I decided to go to Esalen, which is where I met Dick. I think eight weeks later I was in a level one.

Aníbal: So that was when, back then?

Jeanne: That was…2008 was when I first started becoming familiar with IFS and 2009 was when I started the training.

Aníbal: And you started the training.

Jeanne: Yes.

[pause 00:18:31]

[music]

Tisha: How did it change your practice?

Jeanne: How did it change my practice? As somebody who'd been working with trauma and eating disorders for many years, I had done a lot of work and trained in different modalities like EMDR and somatic experiencing, which were really helpful. I really liked them and found them effective, but IFS really facilitated feeling for my clients and myself in a whole different way. It made me a much better therapist.

For my clients, first and foremost, the concept of all parts have positive intentions was so different from what they were used to. Within themselves they had parts that hated the ones that would restrict or hated the ones that would purge. They were also used to people outside of them, parents, doctors also being upset about those parts. So it was a shift, a really important shift in focus from viewing parts as problematic and instead considering they're protective function and for some of my clients, in fact, a life-saving function, and so developing a respect and then honoring of those parts, instead of trying to get rid of them. The thing that really helped was for them to get that they were comprised of a system of interrelated parts, and that they could get to know those parts and get to know that those parts interacted in ways that were predictable. A lot of times when people have extreme or chronic eating issues, what happens is they get blended so much, and then there are extreme polarizations between parts, and so, things can seem very chaotic and out of control. So, having this inner map was extremely relieving because it made things make sense.

[pause 00:20:50]

[music]

Jeanne: Another thing that really was relieving was the awareness that protectors are forced into their protective strategies, they don't choose them. They are forced into those roles because they're necessary to help them survive in the environment in which they've developed, and that protectors won't make a shift until they trust it's safe to do so.

So many of my clients had been in either relationships or in treatment programs that were really focused on eliminating or stabilizing the behaviors and that just got them into power struggles either with parts of themselves who were saying, "Just stop it." Or with people outside of themselves, or they would go to a treatment program, or a part of them would be compliant like a manager that wanted to please, and as soon as they got out of treatment, the firefighters would take over because the exiles hadn't been healed.

So, this recognition that, to a part, you've been doing this for a reason and we get that, and our job is to help you trust that there's a different way to go about this, it's very relieving. And finally, the concept of a Self, of a core healing wisdom inherent to them that couldn't be damaged by trauma was a big relief, even if they had skeptical parts, as many of my clients with significant trauma histories would be skeptical about ever having had this core wisdom, but parts of them felt relieved by the concept.

[music]

Jeanne: For me, the concept of Self was a big change, something that really facilitated my work. Because instead of it being incumbent upon me to fix the client, to take care of them, to give them a resource that they didn't have, fill a deficiency, to really trust that that was within them. And that my job instead was to create the conditions for them to be able to access it, that was a big relief, it really changed things.

I could get my own parts to step back, especially, when fierce or entrenched protectors came up for me to be able to really get my parts to step back so I could be curious along with the client and gendering the client's curiosity about what was going on for this part and to help it, so that we could get to know the exile it was protecting. The inner map is very helpful for me, similarly, to be able to anticipate sequences of behavior and to keep that in mind.

[music]

Jeanne: Lastly, to be able to work with my own parts and get to know my biases that I held about food and bodies was and continues to be very helpful. I mentioned earlier that I grew up with a mother who was in a larger body and there was a lot of concern about her health. And I got to know that I'd had parts that automatically assumed ill health when I assess somebody in a larger body.

And so that was a really important thing for me to be able to unburden, because whether it's articulated or not the beliefs that we hold about other bodies are felt by our clients. So the things that we talk about, the things that we don't talk about, lots

of clients come into therapy and they have had either bad experiences, negative experiences of being a diagnosis based on what they look like, like, “You must be depressed because you’re in a larger body,” or therapists who never discuss anything related to food and the bodies. They talk about that.

So just knowing your own biases is so important for things that are more extreme, like what I just mentioned about the equation of weight with health and things that are more subtle, like when a client comes in and says something that seems like a throwaway comment, like, “Oh, I can’t wear shorts. Couldn’t find something to wear today because I can’t wear shorts. I can’t show my legs anymore.” In the past, I might have easily overlooked that, but because of IFS, I’m a much better parts detector.

[music]

Jeanne: One of the things that’s really important is I would like to inspire people to consider doing more and more of this work. I often hear from people, “I don’t work with eating disorders. I don’t work with eating issues.” Which to me just speaks to the ubiquity of the burdens around food and bodies in our culture that so many people feel challenged by their own difficulties that they feel like they can’t possibly be of help to people.

[pause 00:25:44]

[music]

Aníbal: That’s why you say somehow, Jeanne, that healing is difficult to sustain given this cultural climate and burdens regarding food and body. You just mentioned some aspects of these power struggles.

Jeanne: Oh sure. So, with IFS, in addition to the relief that is afforded by considering that it’s a part versus the whole and then really understanding that our parts have positive intentions, which really allows the system to relax. And then certainly with eating disorders, people with eating disorders are used to either themselves having parts who are trying to get rid of a part or other people who are trying to get rid of a part.

And so, just the recognition that we need to get the parts permission, we have to start earn the trust, first, validate what they’ve been trying to do. Learn what they’ve been trying to do and then help them trust that it’s safe to actually ease up or let go of their extreme strategies. That’s a whole process, a whole relationship process that’s incredibly relieving when people start to realize that you’re not going to try to make them change.

But in terms of the impact of the cultures, there’s our immediate family culture, there’s the ethnic group that we’re born into, there’s the larger culture. And another really important aspect of the IFS model is that we recognize those environments, we recognize the systems in which the protectors are embedded. Because if we’re

going to ask a part to let go of its protective strategy in an environment which calls for the protective strategy, that's not going to be safe.

And so a lot of the burdens that exist in our culture make it, so that it's extremely difficult for protectors to ease up on their protective strategies. I could say a lot more about that if you would like.

[pause 00:28:21]

[music]

Tisha: Yes, it would be nice to hear an example.

Jeanne: A client I was working with had done a lot of work to get to know a couple of the most significant eating-related protectors in our system. One she called the general and the other one who was the medical concern part, one like a hand ringing, very worried about her health. She worked with those parts to step back a bit and give her some room to try intuitive eating.

She was really checking in with what she needed, what she wanted, what felt good to her in terms of eating, and in terms of movement, and was feeling pretty good about it. She would notice those parts grumbling here and there like every so often when she ate past the point of fullness or when she didn't exercise for a few days she would notice the part she called the general, getting edgy. She was able to get those parts to step back and she was feeling happier and more self-led.

Then, she went to a wedding and her mother came up to her and just tugged at her dress and said, "Well, this is a lot tighter than the last time I saw you in it." Probably about a week later, went to the doctor for a checkup and the doctor said, "You know, you've gained a little weight, you really want to watch it." And immediately, that general came right back in and said, "See, I told you. I told you this is going to happen." The medical concern part came in and said, "We got to do something about this. He's right, it's going to get worse, we should just go in the whole 30. That worked the last time." And so, we had to then step back in and help these parts trust that she could take care of this. That she could…What it did involve was setting some different limits with her mother, and really getting clear with herself about she wasn't in any medical danger, and really helping those parts step back again, so she could continue to explore this and continue it in a selfless way.

[pause 00:30:36]

[music]

Jeanne: There's so much our emphasis on if you just work hard enough you can change your body and that you should change your body. There's a lot of stigma about health and weight and ability in our culture, so the idea of no pain, no gain, or just work hard enough, eat less, move more. People chalk it up to self-discipline.

That's a huge cultural burden that impacts people because actually, that's not true. It causes a lot of pain and people who are stuck in the cycle of always either feeling like they should be dieting or they should be doing something to change their body or they actually are, they have parts who are doing it. It's very difficult for those protectors to agree to not do it. Because with the reality is that in our society, we get judged.

People judge each other, for what? Letting themselves go for not working hard enough. There's a, research has been done about when people demonstrate that they're trying to lose weight. People in larger bodies say that they've been dieting or they show that they're going to the gym and working out, they are met with less disgust. Then if they don't express that they're doing these things to, quote unquote, take care of themselves. It's a very real threat that people face.

One of the things about IFS, also, that's very helpful is when we're talking to people about, we've always talked to people about "How does your eating disorder serve you?" How do those protectors, and before I learned IFS we would look at the function of the eating issue or the focus on body image. But we weren't helping people create a relationship with those parts.

A relationship with that part, with those parts that acknowledges the threats, the systemic oppression that people who are in bodies that don't, who are seen as less than. We have a hierarchy around bodies, fit bodies, attractive bodies, thin bodies, white bodies, able bodies, heterosexuals, cisgender, all of those things. And if you differ from those in any way, you're more vulnerable to that kind of…And so it's a matter of helping protect validating that person and protectors, and helping the person get into Self to part, you know, a relationship with their Self. And also, helping them connect with other people who are also self-led in these ways.

[pause 00:33:53]

[music]

Aníbal: Interesting. There is this dilemma of trying to heal personal burdens while continuing to live in a stigmatizing culture.

Jeanne: Absolutely. I think the one thing that I feel very clear about is just, even right now, what we're noticing with the pandemic laying bare all the disparities, you know, structural racism and the oppression, the systemic oppression of different people in marginalized groups.

The fact is that we can work on our personal burdens but that is very different from bringing self-energy to external systems, which we were all really…It's an important thing for all of us to get that the lived experiences of so many people involve daily threat, daily pain, a lack of resources, and that each of us can contribute to the shifting of that. That's really going to be important to be able to maximize healing of more individuals, more broadly.

[pause 00:35:18]

[music]

Aníbal: Why do you say that implicit bias about weight is increasing while other biases are decreasing? Why so?

Jeanne: Unlike other forms of bias, we carry these beliefs about our bodies that we should be able to control them and that it's our moral responsibility that there's something wrong with us if we don't change our bodies. We can't control the color of our skin.

At one point, we did think that we could control our sexuality. That was the belief and homosexuality was considered an illness earlier. There was a sense that that was under your control. In this culture, we really want to feel we can control things and that we should be able to control things.

Implicit bias against bodies is perpetuated in part by that cultural burden, that belief that it's a matter of personal responsibility, and that we're just lazy if we don't if, for some reason, we're in the larger body, ignoring the fact that there's a natural diversity of body size.

Then a natural diversity that instead of focusing on weight and on the status of somebody being in a marginalized group that we really need to look at the social determinants of health the great economic disparities, the great disparities in health care. How people are treated when they go to the doctor is very different if they are in a larger body, for example.

So I think implicit bias isn't going down around age, weight, and healthism. Because we all want to believe…Not we all, I shouldn't say it that way. Many people in our culture would like to believe that if we just tried hard enough, we can change things, we can get out of that group.

[pause 00:37:40]

[music]

Jeanne: The group membership, there are a lot of people doing great work to really create groups where there's more safety, where there's a real emphasis on working on that and looking at this as a social justice issue. There's increasing communities like that.

But you also have, at the same time, a president who's talking disparagingly about larger-bodied people, you have comedians like Bill Maher going on tirades about how shaming humiliating tirades about how we need to just shame people more. So, we have a lot of different…Oprah Winfrey talking about within every large body woman there's a thin woman, dying to get out. So, a lot of key figures in our culture that keep conveying this belief, reinforcing it. That, if there's a will there's a way and there's something wrong with you.

Aníbal: Yes. Those are the burdens that we carry regarding food and our bodies. [crosstalk]

[pause 00:39:00]

[music]

Tisha: I so appreciate your perspective and your insight. It reminds me of a quote I read recently by Desmond Tutu, which I'm going to, not accurately quote, but it's…

Jeanne: It's great.

Tisha: After we keep pulling people out of the river, eventually we need to go upstream and find out why they're falling in.

Jeanne: I really love this quote, because it speaks directly to the predicament that our protectors are in. That they can shift, they can step back, and then we look up, and then they get bombarded by all these judgments and messages that continue unabated. And so, it's very difficult. We are accustomed to thinking about privilege as automatic access to resources for being members of a dominant group. From an IFS perspective, I'm thinking about privilege as an absence of legacy burdens and direct burdens that result in so much exiling painful burdens and beliefs about food and our bodies, and protectors that need to remain on guard to be vigilant against ongoing threats.

One of the things that's really so important about IFS is that it recognizes that individual healing is connected to the collective healing and that it's really important to bring IFS to external systems.

That's one of the goals of the IFS model and that when we do our own internal work, we've worked with our own biases about bodies and heal those that it's really important to get to know the implicit bias we hold about other bodies, especially the lived experiences of people in marginalized bodies to learn about them and to understand the impact of health and wealth disparities, the systemic oppression that affects so many people.

[music]

Jeanne: During this pandemic, there's a lot of discussion about how black and brown bodies and larger bodies are more susceptible with COVID. And we're not looking at the different levels of healthcare accessibility, how many people are turned away for testing. How much testing is available depends on what zip code you live in. And the fact that there's so many things that living in a marginalized body, the impact of so much stigma and discrimination and lack of resources is what results in a lot of these health disparities.

What IFS does so nicely as to recognize that in order to heal the collective, we have to heal ourselves, work with the parts that have bias about others and then take action, self-led action to help shift. So there's healing on the broader level.

[pause 00:42:21]

[music]

Aníbal: Jean, what is really being self-led versus parts driven when it comes to food and body? What are Self-led eating practices? Can you give us some examples?

Jeanne: We are Self-led eaters when we're born, for most of us, unless there's a medical condition. We cry when we're hungry. We eat until we're full. Immediately, we're subjected to all kinds of beliefs, messages about food and bodies from our parents, from medical providers, from parents, friends, parents, parents. All the biases they hold about food, the conditions in our environment, if there is enough food, if there are enough resources, things like that. Fears about food insecurity, all of those things impact and shape our relationships with food.

And so, lots of us, many of us get disconnected from our core wisdom about what our bodies want and need, as a result. A lot of people remember a time when they ate without thinking about it. They just ate what they liked, the ate untill they were full. I have clients who can never remember a time when they ate without being self-conscious, without thinking, without knowing that there was a good food or a bad food or without a self-consciousness about their bodies.

Self-led eating and wellness, in my view, involves getting to know and healing the parts who focus on food and the body to cope with emotional pain or trauma so that we can reconnect with that core wisdom with our Self and its wisdom about what we need. And so that most of the time, the decisions we make about food, movement, sleep and connection come from checking in with what we need inside with ourself, rather than focusing on external rules and guidelines.

So it really means being with the body we have now, not the body we had 10 years ago, not the body we could have in the future, which doesn't mean not having an overarching intention, which I think is, can be a Self-led intension like, "I would like to be flexible as I age." That's a self-led intention versus a part driven agenda, which would be, "I have to stretch every day, because if I don't stretch every day, I'm not going to be flexible." So just being in the present, checking in with our parts, to see what it is that we need now.

[music]

Jeanne: And teasing apart, the different parts who have competing agendas about food in the body like, "I might have a part who wants to go to the gym and another part that wants to sleep." If I'm self-led, I'm going to check in with the different parts and appreciate it for today what is it that feels important in terms of maximizing my wellbeing. Some days that's going to mean to sleep in. Some days it's going to mean to go to the gym.

Again, not letting certain parts dominate or get rigid. Because the fact of the matter, it takes a lot of work to take care of our bodies. It takes a lot of care. And so a lot of times we need to extend gratitude to the parts that step back so that we can go to

the store and prepare meals or gratitude to the parts that step back when they would really rather that we go to the gym but instead we're going to lie on the couch and take a rest.

So, from self, we negotiate between the parts and facilitate more of a collaborative relationship between and among the parts, appreciating that they all contribute something important. Stuff like eating in my view envolves it's almost like being a good parent to your parts. It's not letting one kid take over and dominate. It's not, let's not giving your kids access to the kitchen saying, "Do whatever you want whenever you want." It's about saying, "We're going to provide opportunities for adequate nutrition and rest."

And when a part takes over being able to recognize as a sign that somebody needs attention. That there's a part that needs attention and some support and perhaps unburdening.

[pause 00:47:05]

[music]

Tisha: Jeanne are you teaching some of what know about IFS in the body so that people have access to all that you've learned and have to share?

Jeanne: I do supervision and obviously work with my clients and have done a continuity program. And I'm in the middle of writing a book about self-lead eating. So I have a lot in my head about that. But I'm really excited about it because I think that there's so much to learn and heal when we really look at the kind of relationships we have with food and our bodies, it's like trailheads galore.

I suspect I'll also, when the pandemic shifts, I have some thoughts about doing a workshop online. I really think that daily practice of really noticing the parts and healing the ones who have these unrealistic ideas about "What I should look like? How my body should function?" Really being with your body as it is now and then on a daily basis negotiating with needs for sleep, movement, connection that kind of thing.

[music]

Jeanne: One of the things that's been very striking is this whole COVID, the pandemic has laid bare all of these polarities. It's like on the one hand we should, there's like all these recipes for comfort food, self-care in the form of a blueberry muffin and butter and sugar was one of the recipes. Then the following week, there's an article about what to do about the COVID-19, the waking or what kind of home exercise practice.

People are really being bombarded by all of these polls to keep getting into parts. And when we're vulnerable, as we are during a pandemic, we can be susceptible to that. Even if we have been pretty self-led about this and we can get caught up in that "Oh, now I'll do Pilates during the pandemic," or something like that. Just really

checking in with that parts, so we can really address the vulnerability. We may end up also doing Pilates, but maybe in a different way, a more self-led way and with attention being given to the part who's feeling scared.

Aníbal: Beautiful.

[pause 00:50:11]

[music]

Aníbal: Jeanne, you have now this special relationship and responsibility within the Institute organization as a Vice Chair. Congratulations.

Jeanne: Thank you.

Aníbal: In many ways, your role in the IFS Institute and community expanded. Do you want to share more on this development and also regarding the future for the IFS model? If you have some thoughts to share?

Jeanne: I've been kind of behind the scenes, for the last 12 years rightly so, I mean, I was learning and getting more and more experience with the model. And then accompanying Dick on so many retreats and trainings and such and really getting clear about as he moves, you know, on it to his career needing to have a rescaling of the organization. It's really growing. And to meet the need of the interest, there's a lot of interest in this model, which is so exciting and being able to meet that demand. Joining him and being able to think about all the ways that we can expand this and so we can make it more accessible to people across the world in different communities.

I feel excited about all of what's happening right now in terms of really getting a sense of all of the systemic oppression and being able to alleviate that. Obviously, I have a specific focus here in terms of what happens with our relationships with food in our bodies. But just the larger, more global reach of IFS to alleviate suffering is something I think we're all excited about and right now and in the midst of really working to create the infrastructure that can allow us to do that.

So, I'm looking at how we can make trainings more available both here and abroad, is currently our focus.

Aníbal: Beautiful.

[pause 00:52:38]

[music]

Aníbal: Jeanne, thank you so much for having us. I feel I've learned so much from you today on our relationship with foods and body. It was a joy to be here with you and Tisha. Our hope is that we can keep meeting and sharing this model, our work and our lives.

Jeanne: Thank you so much for this opportunity. I feel like I just scratched the surface. Hopefully, we can speak again at another time.

Tisha: Thank you so much. I really enjoyed listening to you and being with you. Thank you.

[00:53:42] [END OF AUDIO]