FACES
Compassion & Wisdom Conference
Saturday, March 4, 2017
San Diego, CA

Session 1: 1:15-2:45pm
Attachment, Trauma and Intimacy:
Freeing Ourselves From Early Attachment Wounding
That Often Sneaks Into Our Relationships

and

Session 2: 3:00-4:30pm
Compassionate Approaches to Working with
Challenging Clients:
Calming a Threat Response Triggered by
Intimate Connection

DIANE POOLE HELLER, Ph.D.
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Note: More information is provided here than we will have time to cover in the FACES Conference sessions. You will have extra resources here.

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Attachment Style Quiz  (Appendix A)
Reference Article: “Making the World Safe for our Children: Down-regulating Defense and Up-regulating Social Engagement to ‘Optimize’ the Human Experience” by Stephen Porges (Appendix B)

Additional FREE Resources:

To receive my free 5-Part Video Series on Attachment

1. TEXT message this number: 720-548-2229
2. TYPE your email address and SEND

   example:
dianepheller@gmail.com

3. You will get an text confirmation.
4. Then you will get an email that contains a LINK to my 5-Part Video Series on Attachment.
5. Each Video will arrive every few days for you to enjoy!
LEARNING OBJECTIVES

Session 1: 1:15-2:45pm
Attachment, Trauma and Intimacy:
Freeing ourselves from Early Attachment Wounding That Often Sneaks Into Our Relationships

Learning Objectives:
- Apply two clinical Corrective Experiences that might help move a person’s adaptations to deficits of caregivers that cause attachment disruptions such as Avoidant, Ambivalent, and Disorganized Attachment Styles back towards Secure Attachment.
- Describe Generational Boundary Repair and one related Corrective Experience (Role Reversal)
- Recognize two characteristics of the Disorganized Attachment style.
- Recognize two characteristics of the Avoidant Attachment style.
- Recognize two characteristics of the Ambivalent Attachment style.

Session 2: 3:00-4:30pm
Compassionate Approaches to Working with Challenging Clients:
Calming a Threat Response Triggered by Intimate Connection

Learning Objectives:
- Demonstrate how to facilitate “Installing a Competent Protector” to enhance safety.
- Describe untangling the threat response needed to protect oneself from a frightening parent.
- Summarize the compassionate use of somatic and relational strategies to bring clients out of Dissociation into Presence.
- Assess the dangers of re-traumatization and learning to work within the client’s range of resiliency.
The Craft of Deep Relational Healing and Working with Early Attachment Disruptions

Secure healthy attachment with parents who are present, safe and consistent offers the holding environment that allows for healthy relating and bonding. Fortunately, we can re-access the original, innate healthy attachment system later in life.

When we come to understand our early attachment styles in a healthy environment today, the original imprints that are the foundation of our self-protective ego structure can be healed so that we can be more in contact with our intrinsic core intactness and enjoy fulfilling relationships embodying our Authentic Self. This comprehensive workshop embraces Body, Bonding and Being!

Unavailability, hostility, and lack of fulfillment from caregivers in the Avoidant attachment model can result in a feeling that relationship and intimacy are so difficult that we tend to stay on the sidelines...perhaps a major ‘disconnection’ from relationships as a source of comfort in life. Expand intimacy with yourself, others and Essence.

The here today, gone tomorrow Ambivalent type of bonding leads to continual frustration and insecurity in relating that may manifest as feeling incapable of ever being truly loved or lovable enough and an over-focus on the “other” and an under-focus on the self. Often there can be a failure of developing object constancy due to unpredictability in parenting. As we repair this, we will embody the psychological self as well as expand beyond object-relations to embrace the individuated Essential Self.

When a parent is terrifying, we may become so frightened and confused in relating that Disorganized attachment can result. This describes a conflict between two major biological drives that occurs when a child naturally looks for a safe attachment figure, and finds instead too much fear resulting in a need to protect oneself through the survival instincts to dis-attach. In healing “misuse of power” wounds we will work to develop a return to personal empowerment, felt sense of safety and connection.
DARe: Dynamic Attachment Re-Patterning Experience: “Presencing” Secure Attachment while Healing Early Attachment Wounds

I. Relational Field Dynamics
   A. Impressionability in early bonding (REF: Louise Kaplan, Margaret Mahler, Mary Ainsworth, Mary Main)
   B. Positive enough holding environment with “Mothering Presence” to engender Basic Trust
   C. “Good enough” parenting (Winnicott) – Ed Tronic’s research shows you need 20 – 30 % attunement for Secure Attachment to gain a hold – you DO NOT need to be prefect!
   D. Attachment thrives in relative safety
   E. Intergenerational trauma and attachment dynamics

II. Physiology and Psychology of Secure Attachment (John Bowlby, Dan Siegel)
   A. Innate blueprint for health – Core intactness
   B. Can be “earned” or “learned” later in life
   C. Clinical Interventions for nourishing the healthy attachment system now as well as healing bonding wounds from deficiencies of caregivers
   D. Clinical use of specific Corrective Experiences related to restoring secure attachment after disruptions
   E. Importance of initiating and receiving REPAIR attempts in the relational field (ref: John Gottman). Learning and practicing the skill of repair supports 80% sustainability of well being in relationships

III. Overview of Our Social Engagement System and the Polyvagal Theory (ref: Stephen Porges)
   A. Physiology of our survival system (ref: Peter Levine) and our attachment system
   B. Level of danger and threat response in the autonomic nervous system and in the brain based on phylogenetic evolution
      1. Life threat - Dorsal vagal response – Death Preparation State – O2 conservation state, freeze immobility response, Depression, digestion difficulties, lethargy, dissociation, etc.
      2. Moderate threat – Sympathetic nervous system arousal toward active fight or flight responses
      3. “Smart Vagas” - Ventral vagal response is the first line of defense when appropriate—Social Engagement; contact with self and other
   C. Still Face research (ref: Ed Tronick – You Tube) Distress and dysregulation between children and parents with subsequent repair
IV. **Ingredients for Thriving of Secure Attachment (ref: Dan Siegel/Daniel Stern)**

A. **Parents Attitudes and caregiving style:**
   1. Safe enough holding environment to engender basic trust in goodness of people
   2. Parents are present, contactful and consistent/reliable
   3. Clear, sensitive, attuned, age appropriate contingent communication
   4. Easy flow, without interpersonal stress related to connection or aloneness
   5. Relaxation in relational field
   6. Competent protection and assured of relative safety
   7. Positive dependency *(Marion Solomon, Stan Tatkin, Allan Schore)*
   8. Interactive playfulness
   9. Joint and parallel attention
   10. Parents Consistently Responsive *(ref: Hazan and Shaver)*
   11. Provide “Gourmet Contact Nutrition” through safe affectionate appropriate touch, prosody or melodic tone of voice, “You’re Special to me” Beam Gleam eye gaze
   12. Kindness, Compassion; and
   13. Parent practices Contingency - Child feels seen, reflected accurately; feels “felt” or “gotten”

V. **Avoidant Attachment Disruption – Causes, Reactions, Corrective Experiences**

A. **Parents attitudes and care giving style**
   1. May be absent emotionally, neglectful or rejecting
   2. Low affect, need, or age related attunement to child
   3. Incoherent language and facial expression
   4. Only present when tasking or teaching functioning
   5. Parents are Consistently NON- Responsive *(ref: Hazan and Shaver)*

B. **Child’s adaptation to caregiver’s deficiencies**
   1. Avoid contact and does not seek reunion after separation.
   2. Sense of self remains isolated from others
   3. Tendency to dismiss relationships
   4. Possible dissociative symptoms
   5. Dry logical thinking with lack of intuitive component
   6. Lack of richness, emotion or depth in personal narrative
   7. May feel alien, outcast, not human; may refer to self or body parts as “it”
   8. May have trouble with embodiment
   9. Auto regulation - dissociative
C. Possible ramifications in adult relationships – now called Dismissive Pattern
   1. Experience emotional desert
   2. Little or non-personal memory of childhood
   3. Spend time on work, activities versus deep intimate relationships
   4. Dismiss needs of self and others and feel, “I do it better myself” in regards to need fulfillment
   5. May be unaware of level of disconnection they experience
   6. May prefer to do activities; life alone in parallel attention vs. joint attention

D. Specific Clinical Interventions and Corrective Experiences
   1. Kind eyes exercise to restore attachment gaze and heal gaze avert pattern
   2. Replenishment of desert into oasis exercise. Connect to emotional depth and sensate awareness in the body
   3. Coming out of isolation into the relational field as a resource without blocking it through disconnection.
   4. Welcome to the world exercise

VI. Ambivalent/Angry-Resistant Attachment Disruption: Causes, Reactions, and Corrective Experiences

A. Parents attitudes and caregiving style
   1. Loving at times but with inconsistent availability, perceptiveness, effectiveness
   2. Parents unresolved past intrudes on them causing reactivity not related to the child
   3. Intrusion, Chase and dodge action sequences. Invades boundaries of the child
   4. Affect modulation often disrupted abruptly instead of flowing
   5. Parents are Inconsistently Responsive (Ref: Hazan and Shaver)

B. Child’s adaptation to caregiver’s deficiencies
   1. Becomes insecure and uncertain if and when needs will be met
   2. Insecurity leads to over emphasis on the other
   3. Dismisses self – loses self when others are present
   4. Self-regulatory functions dys-regulated versus enhanced by parent
   5. Child feels hunger for closeness with simultaneous disabling fear of losing it in over-coupled responses to relationships.

C. Possible ramifications in adult relationships – now called Preoccupied pattern
1. May re-enact inconsistent emotional availability and intrusiveness they originally experienced
2. Preoccupation with previous unresolved attachment wounds/history
3. Over-focus on others for external regulation and need fulfillment—may push away the persons they want to connect to the most.
4. Leaky boundaries between past and present
5. “Wanting but not having” identity
6. Trouble receiving love and support
7. Confusion related to needs and clear generosity.
8. Chronic anxiety in relationships wondering what will happen tomorrow or questioning whether they deserve love

D. Specific clinical interventions and corrective experiences
   1. Receiving 1% more—noticing caring behaviors: The Five Languages of Love by Chapman
   2. Presence of Consistent/Predictable Other
   3. Staying with self in the presence of others

VII. Disorganized Attachment Disruption — Causes, Reactions and Corrective Experiences

A. Parents attitudes and caregiving style
   1. Lack of clarity and communication that contains paradoxical injunctions and double binds. This chaos creates unsolvable problems, which sets the child up to fail.
   2. Parents are afraid or threatening or overly chaotic in a way that disorganizes the healthy attachment system that relies on safety
   3. Sudden shifts of extreme states triggered by parents traumatic past confuse child, i.e., the parent oscillates rapidly between calmness and rage
   4. Affect and Nervous system dysregulation oscillating between aspects of Avoidant and Ambivalent Attachment adaptations. i.e., Clingy-ness alternating with severe withdrawal
   5. This style can be most prone to Dissociation due to excessive fear and may lead to more difficult clinical challenges.

B. Child’s adaptation to caregiver’s deficiencies
   1. Cannot use parent to soothe as parent is also source of fear
   2. Lack of necessary safety and excessive fear creates dis-attachment, disorganization and/or dissociation
   3. Stuck in approach – avoidance dynamics with high arousal
   4. May develop affect regulation problems, i.e., impulse control, acting out, aggressive or overly controlling behaviors
5. Unsolvable problems lead to overwhelm, feelings of failure, loss of confidence, effectiveness and/or empowerment

6. Two major biological drives are in constant conflict: the innate drive to attach and the instinctual drive to survive.

C. Possible ramifications in adult relationships
   1. May experience panic or rage when getting close to another
   2. Experience extreme shifts of mood when internally triggered
   3. Easily overwhelmed when situations are not clear
   4. High level of self-absorption due to inner turmoil
   5. Lack of feeling protected or safe
   6. Want relationships and also fear relationships will be dangerous or traumatic
   7. Difficulty relaxing or trusting in the relational field

D. Specific clinical interventions and corrective experiences
   1. Separating; untangling the attachment system from the survival system
   2. Use of clarity to mitigate physiological, emotional and cognitive confusion
   3. Installing Competent Protector to restore safety

E. Initiating and receiving repair in relationships – Repair Rituals
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**SECURE**
- Stable Self and Interactive Regulation
- Auto-Regulation
- Can be Dissociative
- Attachment System shuts down

**AVOIDANT**
- External Regulation
- Attachment system too ON
- Feel than can only settle or get needs met by Other

**AMBIVALENT**
- Dissociative – High Arousal
- Need to lift Freeze and evoke, complete defensive responses while finding safe relational field

**DISORGANIZED**
- Dissociative
- High Arousal

**Narrative Style**
- Easy to follow
- Engaged and Engaging
- Flow, coherent, vivid, alive
- Few words
- Might lack emotional vividness
- Factual
- Positive
- Many words
- Much emotion
- Can have lots of negative complaints
- Mix Past/ Present
- Loss of voice, word recall, gaps, long pauses, mix of tenses, incoherent, hard to follow

**Brain Dominance**
- Integrated Flow of Energy and Information
- More oriented to LEFT hemisphere
- Focused on Future
- Stronger on RIGHT hemisphere: May flood with emotions; Stuck in Past
- Lack of Linkage
- Associative Cortex; Amygdala stuck in Trauma

**Corrective Experiences**
- Easy Recovery
- Relaxation in relational field
- Kind Eyes – For Attachment Gaze
- Welcome to the World – to be met and celebrated
- Develop sense of Self so not lost in Other
- Practice Receiving
- Connect to Caring Behaviors and Consistency
- Clarity
- Competent Protector
- Safety, Protection
- Untangle survival instinct from Love/Attachment
TRAUMA STOPS TIME

and

FREEING THE ENCAPSULATED CHILD

Diane Poole Heller, Ph.D.

Includes an edited Transcript of Demo Session
TRAUMA STOPS TIME
WORKING TO FREE THE ENCAPSULATED CHILD

1. **EVALUATING T – 0** (Reference: David Grove; Peter Levine)

   | T-3 | T-2 | T-1 | T/0 | T+1 | T+2 | T+3 |

T-0 is moment of highest activation or stress and people often disconnect at this point in time. T-0 examples might be the split second moment of impact in an auto accident/ the moment of witnessing violence, being told you have a serious illness or perhaps learning of a death of a loved one. There can be more than one T-0 in a complicated event. When a client can move through T-0 without disconnecting or dissociation that is a sign of trauma resolution.

We may choose an intervention to alternate the client’s focus before and after the most stressful part of an incident. This will discharge arousal so that when T-0 is approached it is easier to maintain awareness in that point in time and it can be integrated and metabolized. Then, shift of focus to where the trauma ended. *"When was the first time you felt SAFE after this happened?"* This locates an OASIS to expand the felt sense of *"It’s over."* This often initiates a relaxation response and a release of the tension or over-arousal held in the incomplete threat response.

Often people try to back up or “rewind” a trauma by focusing on what occurred before the traumatic event happened. For example: a child that was abused by her uncle when he turned out the light after reading her a story, may keep the bedside lamp left on as an adult to try to “unhappen the abuse” or as an unconscious, futile attempt to keep the difficult sequence from recurring.

**What is the obvious problem with this strategy?** The trauma is always ahead of you in time (in memory) and the body is left anticipating the traumatic event, which produces chronic hyper-vigilance and keeps the threat response, activated with accompanying fear, anger, disconnection and/or stress.

This can occur related to a particular body position as well. I saw a client that felt the need to stay on the edge of her seat and could not completely land in her chair. She was suspended off the chair a bit and, as we brought her awareness more fully to this recurring physical position, she discovered that her body was frozen in the moment slightly before the impact as the force literally lifted her off her seat in an auto accident. The next moment in her memory was the full force of the impact. We had to “work the event” slowly and to facilitate discharge of excess arousal. Eventually she could make it through T-0 without disconnecting, which is a sign of trauma resolution. Once she made it through that T-0 moment intact, she could sit in a natural and relaxed way again, and be grounded in her seat in the chair.

2. **Keep AWARENESS and CURIOSITY intact.** Any element of experience can hold the high arousal associated with T-0.

If the arousal is packed into an image we may “unpack” it by simply holding the focus on the stuck image and allowing the image to unfold.

**Example:** A client who grew up in the camps in WW2 describes a recurring dream image of a bound white mummy, frozen on the polar ice cap in a snowstorm. This image highlights the client’s experience of the Freeze Response related to Dorsal Vagal Shutdown – a preparation-for-death physiological state. This client felt nothing at first due to dissociation and I encouraged her to just sit with the image with me emphasizing that she was with me now and nothing scary was happening now. Then she felt the fear or constriction from the bound arousal as her curiosity was encouraged. She saw a dark hole opening up where the face would be on the mummy and felt the fear of looking in. When she was ready she peered in, afraid she would only see death and emptiness. (As the arousal is worked with and discharges, the image may unfold through time.) For her, the dark hole filled with new growth as green sprouts emerged and soon developed into a growing vine of leaves representing new life out of a deathlike frozenness.
3. **“LANGUAGING” interventions to move experience through time.** “As you notice____, what else do you see, feel, experience?” “And when you feel that in your body, what happens next?” “Taking as much time as you need...and then some...What do you notice happens now?” “And then what happens?” “And when this happens, what difference does it make to you now?”

4. **Working in Two Time Zones or Multiple Time Zones.** We cannot be fully present in the now when part of our trauma history in left un-integrated. If this is the case, we may be triggered by a situation that literally pulls us backward in time into a full or partial regression due to the high charge from this past trauma. As humans we have the capacity for autonoesis – which means the ability for experiential time travel. We can remember what it was like to be on the playground at age five, for instance.

This “time travel” keeps us living in two or more time zones. These flashbacks cause us to re-act to images, feelings, or circumstances that are long gone but have not been completed in a way yet that moves them fully into the past where they belong. These frozen memories can intrude into our present day life. These memories disturb us and confuse the people in our lives too.

When trauma surfaces, the helplessness we might feel and identify with can rob us of our very real capacities. We have our skills, but they can seem not to be there when trauma surfaces. Time itself can fall prey to leaky boundaries. This kind of boundary rupture needs to be actively repaired for clients to access the resources and healing now available to them and to allow them integrate the mature parts of themselves.

Research suggests that we often disconnect and do not remember traumatizing events from childhood. Often these split-off memories surface between the ages of 35-55, especially around the occurrence of major life events of changes like getting married or divorced, having children or losing loved ones, promotions, or moving or graduating. Sometimes trauma is unearthed when our life settles down and we feel safe enough for memories to surface.

5. **Connecting with the INNER CHILD FROZEN MEMORY STATE**

Interview the client at the age when time stopped for them related to the trauma. Determine available resources, missing resources as well as the child’s unmeet needs or desires. Fill these needs using Corrective Experiences and note what difference it makes having it now – even if that resource did not exist originally. Allow discharge of held arousal.

**Step One:** Looking back from the adult ego state to the child memory fragment.

**Step Two:** Inviting the “child” to see forward in time to connect with older ego states or the present time. If this is possible, it is a sign that the client is less stuck at that particular age. If they cannot see beyond an overwhelming event at 5-years-old or 10-years-old or whenever, there is, most likely, more arousal keeping them in place there.

**Step Three:** Once a client can see forward in time to the present day, I suggest giving the “child” a tour of your life now. The “child” may feel relief at the resources and support system you have now or anytime beyond the injury or trauma that left him or her frozen in time reliving the same bad experience over and over again. That part of the client may feel as if they are just meeting your grown children who are already older than that earlier encapsulated ego state. They may not have known that their adult self grew up to be the man or woman the adult state is are now – with more experience, wisdom, empowerment, and capacity for self-protection.

**Step Four:** As this bridging occurs, the “child memory fragment” may eventually integrate into the mature adult ego state, “growing the child up” into the Adult more completely; and the younger self, once split off, now vanishes into the integrated tapestry of personal history.
6. **Use of CONTROLLED DISSOCIATION for arousal management** At times it can be very useful to have clients watch a trauma like a violent attack or a severe car accident from outside of the event and outside of the body as in “Controlled Dissociation”. This allows them more easily to move through time – past T-0 to see the situation come to an end. SEEING “IT’S OVER” is a powerful resource in itself. After that, it may be easier to move through the sequence in a more embodied way.

This is also helpful in helping a client see that their loved ones survived if that is what actually occurred. An intervention might be to have the client see their child safe before them and really take that in, because if a child or pet was in an accident with them, often their focus is still on whether they survived and are in fact okay now. Once they really “get it” that their loved ones are healing or are getting the help they need or are intact, they can better focus on their own experience and healing.

7. **FREEZE FRAME strategies to increase a sense of safety in the face of danger.** It may also be wise to FREEZE FRAME the Threat to reverse the FREEZE RESPONSE and to REVERSE THE IMMOBILIZATION that can occur in extreme life threatening experiences. One might suggest the client imagine the threat as far away from him or her as their body needs it to be to feel reasonably safe. FREEZE FRAME THE THREAT there so the threat is immobilized in that location. Suggest to the client that he or she can move but the threat cannot. This often aids the client to feel safe enough to find and initiate active responses to the original threat that were previously thwarted. Completing the active defensive responses will often facilitate successful discharge to allow movement through time in another way.

8. **RECLAIMING PRESENCE IN THE PRESENT.** As the trauma moves into the past where it truly belongs, if it is indeed over, then the client can enjoy more life force and presence in the now and fully embody and enjoy life.
THE ENCAPSULATED CHILD, DIFFERENTIATION
FROM FAMILY FIELD and REPAIR

NOTE: If available, look at your actual Childhood pictures of good times and challenging times
Meditation: Acceptance of YOURSELF NOW including YOUR YOUNGER SELVES and EGO STATES

DEMO: Working with the Encapsulated Inner Child and Differentiation from Family Field into a present corrective group field.

ENCAPSULATED CHILD/DIFFERENTIATION EXERCISE: When you imagine yourself at a younger age what image or feeling state comes up? Also Sense your Family Field. What did you family field feel like? What happens when you access the family relationship field now? Can you make a distinction between then and now?

Personal Inquiry: DISCUSSION AND CLOSURE Acknowledging Our Wholeness, Embracing Our Capacity to Love. What is your relationship to love and connection? To Secure Attachment? To the intact Holding Environment and the “well being – BEING well”? How are you seeing your way back to secure attachment? Do you receive or deflect Love?

WORKING WITH THE ENCAPSULATED SELF

Ego State Work

- Seeing the inner child and inner child seeing adult
- Helping the inner child grow up
- The inner child does not actually exist
- Arousal bound identity isolated in history bubble
- Identify your Attachment Styles
- Look for leaky wounds from the past usurping the present. What are you aware was missing in you attachment history? Ask yourself, “What would make a difference?” What do you need and/or what can you do to repair that part of the past?
  We often have “encapsulated experiences” at certain ages with extreme difficulty. What ages do you revisit and do not yet feel integrated? What resources can we import that may give that self the support it needs to complete developmental tasks and to discharge excess arousal for the scary event or lack of connection?

EXERCISE: Discovering the INNER CHILD memory sensorium. Groups are holding the present relational group field to help the client differentiate from the original family field.

1. Contact your inner child and build a trusting relationship
2. PRESENCE: When you envision or sense the presence of your “Inner Child”, what do you see or experience? Can you see or feel your Inner Child clearly?
3. Import resources from now until then. See what difference it makes to the inner child to have his or her needs met or resources and antidotes available
4. Bring the inner child to older ages, growing up and integrating various ego states gradually into the present

5. Give your inner child a tour of your life now and introduce them to the man or woman you have become with the resources you have now. You may have a relatively safer life now that the child can connect to.

6. **CARE AND TREATMENT:** What is happening in this memory? How is your Inner Child treated by those around him or her? Especially the important others like parents, siblings, grandparents, etc. who, in an ideal world, would be abundantly loving, present and competently protective...

7. **AGE(S):** How old is he or she? One age or an age range? Are there several ages in childhood encapsulated due to over-activation from events at those ages and stages?

8. **APPEARANCE:** What is he or she wearing? What does your Inner Child look like in your mind’s eye?

9. **ATTITUDE/COMMUNICATION:** What is your Inner Child feeling? Doing? Expressing? How does he or she feel about the adult you? Does she or he even know you exist?

10. **TRUST:** What is he or she willing to tell you about his or her situation or feeling state? Does your Inner Child trust you to be available, listen, and allow the feelings trapped there? Or does your Inner Child expect you (or others) to turn away and ignore him or her? Can he or she feel your willingness to listen now? Can he or she trust you now? Do you feel deserving of that trust? Who might your Inner Child trust? This person can be from any time in your life and “imported” back to the child state. This resource can be someone a person has seen in a movie or read about in a book. You can ask yourself or your partner in the exercise: what qualities would someone have to be considered trustworthy if you had to make that person up "from scratch"?

11. **CRITICISM/JUDGMENT:** Is your Inner Child hiding or fearful of being judged by you and/or others? Is your Inner Critic strong? Harsh? Unforgiving? Gives you a hard time?

   a. **Snapping back to the EGO:** Remember when we are feeling loving, loved or are expanding in our consciousness, we often “ring the doorbell” to the Superego or Inner Critic to contract us back into our false identity or ego. Our defensiveness in reacting to judgment from our self or others efficiently snaps us back to orienting to our self from the familiar perspective of our original conditioned mind.

**REPAIR**

**The importance of REPAIR:** If possible and if you are ready, initiate a repair in one of your relationships where needed.

**Exploring the Capacity to Initiate and Accept REPAIR:** Explore the following topics:

1. **What type of repair works best for you?** Hugs, sincere apology, dinner flowers, attuned communication, fixing things, rituals, acts of kindness, verbal, non-verbal, touch or speech?

   Repair is one of the most important indicators for successful sustainable loving relationships according to John Gottman. His research shows we have 80% more chance of sustaining well-being in our intimate relationships when we learn the skill of both initiating and receiving repair attempts.

2. **Who would you like to repair with?** How would you go about it? Knowing the other person, how are they most available and where are they most responsive?
3. **Who would you want to receive a repair attempt from?** Could you receive it? What would be needed for you? Can you let them know what you need? Have they tried in their way and have you rejected or accepted it?

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Sharon’s presenting issue is Mother’s abuse of choking her as an infant and Sharon’s dissociation, feeling she has to beg for connection and realizing she also needs to push contact away as it feels so dangerous to her – the hallmark of Disorganized attachment.

Sharon: That's great, because now I could see everybody.
Diane: Notice the difference it makes.
Sharon: It does make a difference.
Diane: This one, it's really more obvious. You don't have to even look. It's right there. You don't have to orient. It's right there.
Sharon: Thank you.
Diane: It's what happens in your body when there's more support.
Sharon: I had a settling here.
Diane: In your belly. (Tracking somatically to establish sense of safety with me and the group and in her body)
Sharon: A shift and a settling. Relaxing.
Diane: Let's give that time. That's a physiological shift, so I just want to give it body time. You can access these folks any time you want. Feel their energy. Check out their faces and eyes or bodies whenever you want.
Sharon: Then, this happened again. It's like a fluttering.
Diane: Like a fluttering. On your left side.
Sharon: Yeah.
Diane: On your ribs or in your viscera? More like your ribs?
Sharon: On my ribs. That came after that settling feeling.
Diane: It's starting to show us something. We're not quite sure what yet. Is the settling continuing in your belly?
Sharon: Yeah. That's continuing. It's both at the same time.
Diane: Really beautiful. That's very significant that your belly relaxes.
Sharon: It feels good. It feels a relief.

Diane: There’s a relief sense to it. Relief is an undervalued emotional response. Relief is really good. That's akin to relaxation, safety, letting go, letting down. Just letting there be space for the physical feeling of settling and the experience of some of that, and orienting to your row (of supporters in the class) and Walter. Your body's somehow picking up a little bit of something with the relational field right now, possibly, that's helping your amygdala calm down a little bit, maybe, and allowing your body to shift. Just noticing you've done a good job with that, and your body's using it.

Sharon: I feel very settled on the whole right side. Then, on the left side is this stuff, and some stuff here.

Diane: A little bit in your heart or chest.

Sharon: It's in that area.

Diane: Sometimes when we've had a lot of arousal our body will compartmentalize left-right, top-bottom, from your waist up, or head and body. It's one way the body manages arousal. That might be informative for us that your right side feels maybe a little more present, or more okay, or more settled, or something. Your left side might be managing something.

Sharon: My left side feels agitated. The right side is more settled. (Compartmentalized arousal)

Diane: You can even check into the right side a little bit, let it inform the left side a little bit. Then you've got your relational field, your row here. If we were to have this row, you tell me if this fits your experience, but as with that sentinel energy we were talking about earlier, with maybe more of that protective energy, and Walter as well. Is there anything that if you could have a sentinel in your life or could insert one in your history of something you, in particular, would have liked them to do or imagine them doing?

Sharon: It's emotional.

Diane: It's big.

Sharon: Because I did have a sentinel. (Initiating a Corrective Experience for a Competent Protector and in this demo referred to as a Sentinel - which has a watching over and protective intent)

Diane: You did.

Sharon: My brother, Wayne.

Diane: Your brother, Wayne.

Sharon: I feel like I would just not even have made it without him.

Diane: He really helped you. Really, really, helped you.

Sharon: Yeah.
Diane: What happens with the emotion? What's that telling you? Is that appreciating him? What is that with Wayne?

Sharon: It really ...

Diane: Touches you?

Sharon: I just so appreciate him. I said to him in an email not too long ago, "You'll always be my hero."

Diane: How is it to bring his presence in, as well, and how he was with whatever happened? His hero nature.

Sharon: It was just so pure is the word that comes, which was so different from what we were growing up in.

Diane: In your family?

Sharon: Yeah.

Diane: The rest of your family.

Sharon: My parents.

Diane: With your mom and dad, both?

Sharon: Yeah.

Sharon: Then, outside of the family, the nuclear family, was my Aunt Francis. She was another ...

Diane: Protector, in a sense.

Sharon: Protector. I couldn't think of the word "sentinel."

Diane: Protector is fine. As you imagine Saint ... I was going to say "Saint Francis," but that [crosstalk 00:06:29] Saint Francis.

Sharon: She was.

Diane: Aunt Francis, but Saint Francis, energy. Not a bad association. What happens when we bring Wayne and Francis?

Sharon: It's just immediately safety.

Diane: How does your body register that? Your hands.

Sharon: My whole body registers it.

Diane: Isn't that good to know? Not just the right side. The whole body can respond to that lived experience. That neural network is online right now, the protection and safety that Aunt Francis and Wayne actually provided you. You've got your current day here-and-now folks, as well.
Sharon: I just feel a total shift.

Diane: That different planet. (Refers to the Empowerment Planet I use in the teaching as a distinction from the Victim Perpetrator Power Wound Planet)

Sharon: Exactly.

Diane: A different space. Let's take a little time on this planet. Just noticing what happens in your body and your emotional self and your perception when there's more safety there, in your whole body right now. Which is significant, because it's not compartmentalizing the left and right at this moment. Noticing that is big in itself.

Sharon: It's like a perfect anchor, the words "safe planet." I don't think I ever really felt safe on this planet, on earth. I could feel very safe in the spirit realm. (Feeling safe here in a more grounded way versus exiting to the spirit realm)

Diane: In this level of reality. How is it to look around? Look around out the window, I don't know, wherever your eyes want to go. You don't have to overwhelm yourself with too many people, but wherever your eyes want to go, to whomever your eyes want to go, or just nature, or the flowers. How is it to be in the world a bit from a safer, relatively safer, sense, just to feel the possibility of that? (Orienting in space and time and in the here and now to support her presence in the now)

Sharon: I don't think to do that, expand safety. I've always been busy my whole life trying to create it for myself. The possibility of expanding safety just feels very good, and remembering to expand safety.

Diane: How's your belly doing?

Sharon: My belly is doing okay. When I said that, I had this push again here.

Diane: Do you ever remember being pushed in some way? Because some of it could be literal. I don't know.

Sharon: I don't have any memories of being pushed. It is. It does feel like pushing.

Diane: It does feel like that. If there were to be some push energy, I don't know, it could be energetic, or physical, or something else. It could be something completely different. I have no idea. If your body were able to have all the help of everyone here now, and Wayne, and Aunt Francis, and whomever else you'd like, does your body want to respond to that energy any way? Does it want to push back, or have a boundary? Is there any response to it that might be active? Again, there may or may not be. We're just exploring. If your body had its druthers, what would it want? (Looking for an active response versus a passive one or storing the arousal in body symptoms)

Sharon: Right. If it had its “druthers”, it wants to keep moving. (Sharon gestures moving away toward the right as if getting away or flight response perhaps)

Diane: Over here.

Sharon: This way.

Diane: Away.
Sharon: Then, there's also this other, “Don't push me!” (Important finding her voice in a fight response as anger is usually unavailable to her due to fear of retribution from an abusive sadistic mother)

Diane: You've got a little flight response and a little fight response. Both of those are really important. Which would you like to play with first? We can do both. It doesn't really matter.

Sharon: The fight, that's kind of new to me.

Diane: That came through, really.

Sharon: “Don't push me!”

Diane: Yes, Don't you push me, or don't push me, just to let that come through... really like a Clint Eastwood energy... “Make my day.” or “Don't you dare.”

Sharon: I didn't know how to do that as a child or adult. (She has a new tool to use her words to set boundaries, feel the strength and energy of anger and to say “NO” to the abuse)

Diane: May not have been space for it, or you may not have been supported to have your strength and anger.

Sharon: Boy, it definitely wasn't.

Diane: Sometimes that's seen as a challenge to parents, and then they squish it.

Sharon: Big time.

Diane: It's important that it comes now... actually quite significant that it comes now. How is it to have the safety and for all your helpers to have that energy? We can all do it with you, if you want. We could do a Greek chorus.

Sharon: [00:12:00] I felt, when you reminded me of the field, I felt like... Backed up. They're all with me. I didn't have a ... (She is integrating the Corrective Experience of Being Backed up)

Diane: Isn't that great?

Sharon: I felt like they were with me. That's a new experience.

Diane: Really take that in, like a sponge, if you can. This is a very important healing possibility. (Giving her time to feel the felt sense of support in her body)
Sharon: It feels really good.

Diane: I can see that.

Sharon: To be backed up like that. My truth being backed up. (Integrating a new positive experience)

Diane: This is my truth, and there's people responding appropriately, and listening, and getting it. A part of you feels felt, or gets gotten, or however you'd say it, that there's this attunement, and connection, and shared truth, and honoring your truth. Not negating, denying, dismissing, belittling that so often happens when there's abuse dynamics.

Sharon: That's the big piece: not denying.

Diane: Take a moment just to be with that's a lot already.

Sharon: It's a little shaky, and this pushing is there again.

Diane: What's your response to it this time? Earlier this was the, don't push me. Then there was also maybe a feeling of moving away. Let's just check and see how your body might want to respond to that sensation of being pushed.

Sharon: There was a little difference in it, a stomach gurgle. I felt a little gurgle.

Diane: A little gurgle through that area. Something's moving, maybe.

Sharon: It feels painful. It hurts.

Diane: It hurts.

Sharon: That was a big revealing, because I tried to express anger and I tried to express when I was afraid. That got, my mother slapped me, things like that. Boy, I tell you, I never tried to express hurt. It was a big thing that I didn't realize until after I said this hurts.

Diane: That's so important. It hurts. What you're doing hurts. Ouch. It's painful. It hurts. How is it to allow that hurt, just to let that show? What was happening was really, really hurtful.

[00:16:00]
Sharon: It's such a relief. Yeah.

Diane: Yeah.

Sharon: There's a lot in my throat. (Her body seems to be forecasting the memory of being choked as an infant that comes later. Notice I am not searching for content very much but working in sensation, image, meaning and emotion mostly.)

Diane: Take your time. Take your time. When the arousal goes up sometimes we lose our voice. That's okay. Speak when you want to or feel moved to. There's space for the hurt, tremendous hurt, that you went through. Wayne seemed to understand it and act appropriately, and your Aunt Francis as well, perhaps, and folks here now. It's safe to show that and feel that. You are not alone and feeling it. It
doesn't have to be hidden. Just to feel the difference that might make. (Emphasizing she is not alone now and the experience here and now of new support as she was so under-supported and abused as a child)

Sharon: Yeah, because the same thing had happened. I forgot to go into my row, the safe planet. I was trying to do it all by myself. (Significant that she caught herself acting as if she is all by herself and then allowed support in again in this new environment.)

Diane: Because that’s deeply patterned over many, many years. We’re just suggesting something new, recently. That's why the reminder is helpful. When we’re all doing this together in our mini-tribe, same thing. It’s helpful to remind that the field is there. You can do some on your own, but how is it to also have the field?

Sharon: It's expansive.

Diane: You tend to get small.

Sharon: Because I am so constricted and was a hider. I just didn’t even know, even though I had my brother and Aunt Francis.

Diane: Didn't know quite how to get it, right, that expansion. (working gradually for her to be comfortable with expansion in a titrated way and gave her a toy to help explore expansion and contraction)

Sharon: Yeah. I love it.

Diane: You can play with it, too, any time you want.

Sharon: It's cool.

Diane: You don’t have to do that. You know how to do that (constrict as she makes the toy smaller), but you don't have to do that. There's this possibility (of tolerating a bit more spaciousness or expansion) that we're exploring now.

Sharon: I had the feeling when I started using the toy [in 00:18:56]. It's like I don't want to go there (meaning the constriction and hiding).

Diane: This might be kind of fun.

Sharon: I want to keep all my resources.

Diane: How is it to check out your row and Walter, as well as Wayne and Aunt Francis? (Reminding her of her relational resources) I bet you are pretty happy when it's fine with them when you show up and expand. It's not threatening. You don't look particularly scared, or anything. They look welcoming, maybe. (Finding out it is OK to be present and really show up – It is ok for her to show up and also to be seen showing up by others who are also supportive – Ventral)

Sharon: Happy.

Diane: How is that to be received? (I am implying by me as well as the group) Part of it is showing up. We
often have the idea that if we show up we're going to show up in “the living room of Mom and Dad”, because that's what originally was there. Just to check that there's a different field now. (Differentiation from the Family field)

Sharon: To get that smile back.

Diane: Some of those “gleam beams”. (Term referring to the “You are SPECIAL to me” Attachment gaze)

[00:20:00]
Sharon: Yeah, gleam beam. What I just felt was people being happy for me. (Big shift to Ventral)

Diane: Celebrating with you. Enjoying you. Enjoying your energy, your light, your aliveness. Sometimes our parents didn't know how to do that. Their wounds weren't healed enough for them to do that enough. Sometimes they actually acted against it. Sometimes I think when parents get deeply wounded or people get deeply wounded, then when that energy, life force, love comes at them, they actually have an aversive reaction to it, because it reminds them of their own wound, perhaps. I don't know the different dynamics there. (Compassionate explanation of parents wounding)

Sharon: That was the vision I had earlier. Earlier, during our time, I had the vision of my mother's face and that sadistic way.

Diane: She had that sadistic energy.

Sharon: During the abuse. Particularly, there was a choking incident. (Now we know more about specific trauma and a lot of support has been established to be ready to go there in a manageable way)

Diane: She tried to choke you.

Sharon: Yeah.

Diane: That would be terrifying, coming from someone whose job is to protect you. Again, that's so horribly confusing and a horrible experience to have. (Joining her in a way that she knows I get how terrible it was without being too emotionally reactive – holding the container for the horror/terror.)

[00:22:00]
Sharon: It was.

Diane: Just notice... notice there's that tension in your throat as you speak of it, of course. Just, again, you might want to dose yourself a little bit with your field now. You want to bring in all your resources. If all these folks could be active sentinels, or certain ones of them, and they could be in that scenario with you and do something appropriate, protective rescuing, whatever that might be, or Wayne or Aunt Francis could, we could import them from the past, or these folks from now, what would you imagine or what might your body want in that scenario that fits for you? (Setting up a scenario where she could feel supported and protected by others as to fill in a missing resource related to abuse in the past)

Sharon: Immediately it was to be held, to be out of the death grip and to be held, because I was a baby. (Naturally she wants/needs comforting and nurturing)
Diane: You were a little one, really little. For them to stop her somehow, get her out of the room, or take her to anger management classes, or whatever. Somehow get her away from you in this situation. Were you crying before? Do you have any sense of that? (Checking for actions she may have wanted her sentinels to do...she goes to her near death experience and the love she found there.)

Sharon: I don't have any memory of crying. I had a near-death experience. (NDE)

Diane: In this choking?

Sharon: Yeah.

Diane: It was really intense.

Sharon: That's the confusing part of it, because I went to this unbelievable loving energy in that death experience. (This love is wonderful and I feel it can also be tied to dissociation so I feel we still need to get more into the trauma symptoms residing in her dissociation, throat tension, need to hide and constrict and feeling pushed on her right side.)

Diane: Understanding that that's there, that sometimes we access very directly in a near-death experience, sometimes.

[00:24:00]

Sharon: Now and with the memory, I have more memory of that than the badness that brought that about.

Diane: I understand.

Sharon: I think that what my mother did is stuck in my body, though.

Diane: Could certainly be. We could work with that a little bit, if you'd like, if that's a focus you would like. (Checking to see if she feels ready to deal with some of the “badness”)

Sharon: Yeah.

Diane: Again, checking out your folks (in the room as supporters). Is there anyone you'd want closer or near you?

Sharon: It feels okay the way it is.

Diane: It's good where it is. If you make your own little movie about this, do you remember how old you were? I know you were an infant. (Making a movie is a step back from processing only in the body to go a bit slower as we are now working in image which is often easier as a first step)

Sharon: It feels like around a month and a half. For some reason, I feel like it was definitely before two months. (I am not worried about accuracy as feel it is how she internalized the experience — I don’t know how she knows this happened. I am looking for symptom relief and a return to presence and aliveness, etc.)

Diane: We know eventually something stopped that. Did your mother stop on her own? I don't know how much information you have, given it's so early. Did someone interrupt?
Sharon: I don't know.

Diane: Somehow she stopped short, thank goodness.

Sharon: I don't know if it was my dad. I don’t know.

Diane: If we just make our own movie right now, play with it a little bit, because we’re working with the neural networks, if someone were to come in and stop her, it could even be somebody here, which we know didn’t happen in actual history. We don’t know what happened in actual history. Just the possibility, when somehow she stopped, either she stopped herself or she was stopped by Aunt Francis, or some distraction, or I don’t know. Just however you were going to make your own little movie clip of this, what would you want to see? If we just get completely creative, what would you want to imagine happening or want to experience happening?

Sharon: What comes is it not happening at all and her being attached to me.

Diane: Wanting the secure attachment that obviously would have been the ideal. Did you feel anybody else had more capacity for that, like Aunt Francis? (I am intentionally switching from her understandable desire for her Mother to attach to someone who had more capacity – I feel it is too big a jump to try to heal attachment with a sadistic Mother but hope her body and self can integrate a Secure attachment experience with her Aunt and even with me and the group in the present day)

Sharon: Definitely Aunt Francis.

Diane: When your infant self was around her, just again to notice the difference, we’re just going to check that out first. (Differentiating form her experience with her hurtful Mother to the nurturing she can access with her Aunt Francis.

Sharon: I feel very different. A smile comes when I just automatically imagined her holding me.

Diane: It's easy to get that secure attachment feeling, being held, and looked at in a kind way, and maybe played with a little bit, giggling.

Sharon: It might.

Diane: Playful, or toys, or whatever.

Sharon: I got this (feeling). ..it came up again. I did feel welcomed in that imagining my Aunt Francis. (She is now integrating the positive, reparative experience more)

Diane: A bit like you felt here. From then, to then and now...(there is) this sense of appropriate and loving welcoming. Going into this piece that might be held in your body, to try to help clean out that closet a little bit,... we insert Aunt Francis and the folks here, maybe prohibiting your mother from ever going in that direction. Since she did, I want to see if we can clear your body from it. It's a very little body, but if you imagine your body being able to defend against that, (Meant to focus on others helping her as more developmentally appropriate) or to have the people around here, or Wayne and Aunt Francis, what might you see them do to help you?

We know you made it to the next moment where eventually you could breathe, and eventually she
stopped, and eventually she was away from you in this state. We don't quite know how that happened, since it was so early. We want to move you through time a little bit so it doesn't just stay stuck there, because that's very, of course, debilitating. Even though it took you to love and back to our true nature, there was still this very violent ... (Was too big a step so she disconnected AND I want to get to the heart of the trauma and will try again later)

Sharon: I got very disassociated. I really couldn't follow too much of what you were saying. At the option of my row, of my people ...

Diane: Your people.

Sharon: Being there, I had first confusion, and then I started losing it. I got disassociated.

Diane: That's a pretty different suggestion.

[00:30:00]
Sharon: My stomach gurgled a little, and I felt separated. I feel coming back now a little.

Diane: How is it to breathe right now?

Sharon: This is the breathing in something here. I felt some shame. I want that, what you offered, having people there and the whole thing stopping. Phew. (We planted a seed of what protection could be and she is attracted to it AND it is very different from her history)

Diane: Take a minute. It takes you right to the core of it, so it's a lot of arousal. We're seeing the arousal. We just want to unpack that slowly.

Sharon: I notice my shoulders went up, too. (More signals of threat response)

(Clinically I am now “taking a left” here to see what happens if I attempt to reverse the role reversal as Sharon is a minister and very much living in the spiritual world so I use an intervention to support her abusive Mother)

Diane: What possibility would be to imagine your mother being a bit resourced by these adults or some adults, just that she's getting some of her needs met but also being contained so that she can't be harmful? How would it be for her to have adult resources that she may not have had? Just to see what difference that makes to you, seeing her have resources herself?

Sharon: It makes a big, big difference. Boy, this comes up again. (right side feels pushing)

[00:32:00]
Diane: There's something there that wants to reveal itself. We're just not quite sure how to decode it quite yet. That's okay. It's telling us something.

Sharon: With my mother resourced, I could relax. My body relaxed a lot more. (So it worked to free her up from taking so much responsibility for her Mother and allowing other competent adults take care of the Mother instead – frees her and she can relax)

Diane: With your?
Sharon: My mother being resourced.

Diane: Your mother being resourced.

Sharon: Imagining that.

Diane: She was getting some of her needs met.

Sharon: My team, here, resourcing her.

Diane: There's something in you that lets go. Usually heals, role reversal, but it just lets you relax more. Just notice that relaxation. She's being taken care of and regulated and maybe healing. I don't know what's happening there, but she's getting some of her needs met. It doesn't put pressure on you, then.

Sharon: As I grew, I did that. I stepped into resourcing her.

Diane: That's the role reversal - that's a generational boundary rupture, actually. Ideally, the way it's supposed to be,.. Parents are supposed to be there for kids. It's an asymmetrical relationship. It's not kids are supposed to fix parents so then parents can be there for kids. It's a distortion that happens in families. With six kids, also, your mom might have been overwhelmed logistically and energetically with little rest and time and everything. It's a lot to do, maybe more than her being could handle.

Sharon: Exactly.

Diane: Especially if she wasn't well-supported by your father or nannies or neighbors or sisters and brothers, whatever. There just wasn't enough support. It doesn't excuse her behavior in any way, but just the reality of that. When you see her supported, it starts to lift you out of the role reversal, all that burden, which you wouldn't be ready for as a little one. You don't know how to take care of your mother. You're not a trained mother-taker-carer-of, or therapist. That's not possible. You don't know how to do it and you can't do it. You could do little things, but it's not your job. It's out of the right order of things. When we have your mother have adult resources it brings it back into the right.

Sharon: What's cool that's happening now is not only the role reversal in childhood, is now to letting go of that role. I don't know how to explain it. I felt it in my body, too. That has been my role. I felt a shifting now, as an adult.

Diane: When you're freer of it or have more choice around it, what happens when that drops?

Sharon: It's that spaciousness you talked about. It's like, what of me, using that word identity, what's my true identity? Because that was something I took on. (Relief from the role of caregiver to her Mother as a child and now)

Diane: Big job. It might be fun to find out. You're still here. You haven't disappeared or had identity fell off. You're still here, and very bright, and very Sharon-ness of Sharon, without that job.

Sharon: Exactly.
Diane: Without that consuming identity space.

Sharon: It's a huge release, and energy relief, and actual tangible behavioral role release.

Diane: Stepping out of it, into something new and different.

Sharon: A nice curiosity of, what might be there?

Diane: What might be possible now? Feeling the possibility, the potential, the possibility of it, the ability to be curious and explore. That’s, again, coming out of a threat response. That’s coming more into your natural well-being and resiliency. It’s such an, again, big shift, that other planet.

Sharon: Then, this came again. What I experienced with that is that permission to, no, don't talk about that.

Diane: The taboo.

Sharon: Don't talk about that health and well-being, and that stuff I was just saying. Don't go there. That’s taboo. (Inhibitions from her family and community resurface.)

Diane: That history coming through, that (feeling of well-being) is ringing the doorbell of history. The admonition or the inhibition of, don't. Don't go there. Don't talk about it. Don't be it.

Sharon: It breaks our code.

Diane: How is it to break the code? We're code-breakers.

Sharon: What's cool is I saw a glimpse of Peyton when I was, and she was smiling.

Diane: Good. Break that code. (OK to break the Taboo Code with me and support of Peyton in the group)

Sharon: It was divine timing.

Diane: That's why it's so great to have you guys right here.

Sharon: Right.

Diane: Strategic. That's good. When you see Peyton, what's the message in that, that she's smiling right at the moment you're worried about code-breaking?

[00:38:00]

Sharon: It was just the greatest response. The smile was to be me, to be my truth, whatever that is, it was honored and encouraged. (Wonderful return to truth and authenticity with support)

Diane: Which in an ideal world our parents and our communities would do, in an ideal world, which it isn’t. In an ideal world. You can feel the rightness of that, even though that didn't happen when you were little with your mom and dad and your community. That health sensor in you is, even with all the taboos, is still there. It's still unbothered. Just noticing, wow, that felt divine, even. That felt really like the right thing. There's a memory of history - which would have been telling you it was the wrong
thing. You can feel the difference. What's your response to this taboo code thing now, coming a little bit more from this expanded space? What do you want the sentinels to do, or the protectors to do, or you to do or say, or I don't know, when there's this energy coming in of, don't talk, don't break the rules.

Sharon: My arms wanted to do this, like chopping it. (Active versus passive shutdown dorsal response of keeping it all stuck in symptoms in her body)

Diane: Like chopping it. Just cutting that, I don't know, tentacle that holds you. Just sword-like, almost. Knife-like. It's a very emphatic way of saying no.

Sharon: I really feel that pushing when I do that. (She has access to her defensive responses exemplified in chopping and pushing)

Diane: I noticed. Your whole body is now getting pushed. We're coming up against a pretty major piece in your history.

Sharon: I could feel nervousness there that time, too.

Diane: [00:40:00] If I do this, I'm ... It's true when you were little, if you had done that, there would have probably been "hell to pay", as they say. There would have been a lot of recrimination or consequence to that. Just to help your body see that right now Peyton was actually enjoying and smiling and supporting you in your shift. What happens? That's going to be confusing. You're getting two major messages here at the same time. Just noticing how that is. This was a very strong force, it seems, in your family. We do it. It's our family. Don't talk about it. I don't know, I'm just making this up. It's nobody else's business. (Again we are differentiating from her non-supportive attacking Mother and the support of the people in the group now)

In the '50s, '60s, it was like that. There wasn't social workers you could call and say, "Hey, wait a minute." That didn't, I don't think, exist in most places, if at all. It was more like... this is our family business. We do with our kids what we (choose)... It was weird, more isolating. Neighbors didn't interfere, because of your family. There was all that stuff going on a lot, I think. As you break out of it, your body might still remember, oh my gosh, that would be major trouble. Right now, it's not trouble. (Then and NOW differentiation focus)

Sharon: That was even through adulthood, my adult siblings not wanting me to open that truth up. I feel tingling in my legs and feet.

Diane: Tingling in your legs and feet. Is that an enlivening, coming awake feeling, or going to sleep feeling? Because tingling is a bridge. It could go either way. Just noticing.

Sharon: It's an aliveness. (Aliveness and vitality returning – Ventral Vagal)

Diane: [00:42:00] That would have been my guess, the context we're talking about. Something's coming alive. Just give that a little time. Something's coming alive. Whenever you want, you can check into your row there as you come alive. They enjoy you coming alive. There's the physiology part of that, and also the relational field part of that, whenever you want to play with it.

Sharon: I notice when I check in I just automatically smile, not in a fake 00:42:35 kind of way, but in a real
way. Like you were saying, trauma is fun (can be — not always of course!). I can authentically smile. (Her presence feels real now)

Diane: It feels real and there's a real joy that can be expressed there.

Sharon: It just comes. There's a part of me that almost wants to, maybe I shouldn't be smiling this much. (Fear of too much expansion; ok to take it slow)

Diane: Stop that, would you? (Joke and she can join in humor - ventral) There's this authenticness that's with it. You're not having to smile to cover hurt or smile to cover fear, because sometimes families do that, too. You have to smile to cover pain, cover anger. Women especially get a lot of conditioning to smile over difficult feelings. It happens for men, too, but there's a cultural sometimes push that way.

Sharon: This is very much like I smile and I get the beam back. My beam was not mirrored. It was like, “Don’t you be beaming here”.

Diane: You beam and get you in big trouble.

Sharon: Exactly. My shoulder and I kind of ...

Diane: Just noticed what happens when it's reciprocal, because that's a meeting. That's part of secure attachment, is the ... We have our little beamer, if you want to play with it. (Highlighting reciprocity and playfulness as a bridge back to Secure attachment and Social Engagement)

Sharon: Cool. Try me.

Diane: You can beam them.

Sharon: Cool.

Diane: Patty found that for me. I love it.

Sharon: This is fun.

Diane: Your infant self might enjoy a few toys here.

Sharon: Cool. It has "M&M" on it.

Diane: I know. I guess there's M&Ms in there. I never freed the M&Ms, but there's a little button you can press. Again, this is the healthy response. (Explaining attuned responsiveness to the signal cry). This is the secure attachment response. It goes both ways. It's met and responded to. You signal it, there's a response, a quality response. You've got a very high-quality response team here, and timely. You don't send a beam and three years later it comes. There's a time and quality and response. It's without looking at you cruelly that shuts it. This is more, I guess, shutting it down. That's a repair, really, possibly, into secure attachment. Your secure attachment system is the one that's saying, “this feels really good”. This feels right. This feels like the right thing. You recognize it. You don't have to hold that, I was just being goofy.
Sharon: This is, it was very different (with my family of origin). It was different from what I was experiencing with my row (where there is support and permission and celebration). It's like I had no permission to hold the light (with family). I felt afraid. It was too close. (Her being a bit hard to follow is part of the disorganized attachment language pattern)

Diane: Almost like with your light... your parents were acting like it (referring to her light/being/true nature) was an attack and not something so beautiful and true, and their nature and your nature, but it had been blocked somehow for whatever happened in their situation. I think the pain of losing one's light - we don't really lose it, but getting out of touch with it - then sometimes, if people are in that (wounded) space, they can't tolerate someone else's. It starts to trigger their wound move, maybe. I don't know. There can be this annihilating reaction to the truth of you, which is a very deep betrayal and deep specific wound. It's a wound of actually your being, not being able to be.

Then you start, in trying to fit the field you're in, then you try to move away from it almost out of compassion or love for your family, or whatever, or the threat of it. It's complicated. Then you feel like you've betrayed yourself, because where did my being go? It's complicated. Maybe that's what the shame was pointing to earlier, was just that you dimmed your light. Of course, in that environment, that was the way to survive. (Children may dim down to join parents of try to protect them from being uncomfortable perhaps)

Sharon: Exactly. That felt good hearing it was to survive.

Diane: Right now there's something different happening. Your dimmer switch can go the other direction, perhaps.

Sharon: [00:48:00] Boy, there's something about light in particular. I feel that fear here. It was very different from just the smile.

Diane: You're really getting a felt sense of the intrusion of the threat as you're reclaiming yourself. It keeps showing. That might go on for a while, that the more you reclaim yourself, then there's this reaction that's your history saying, “wait a minute. Don't. No. Not okay.” Then, you hanging out with that and seeing that maybe it is okay. It takes time to shift that. What's happening now?

Sharon: I realized I was tensed up.

Diane: Remember that. That constriction again.

Sharon: Then this is, there's still a lot of fear here. That, as I imagine it, there's a taboo around shining my light.

Diane: When you do this, what does your body want to do? Because it went right into this. Taboo?

Sharon: It doesn't want that taboo. It wants to expand.

Diane: Just notice you just made that gesture (of expansion), which is “un-tabooing”.

Sharon: I remember this (constriction), but I didn't remember that (expansion).
Diane: You didn't remember this. You remembered this, but you didn't remember this. Isn't that interesting that you're finding, your body's showing us, the possibility of maybe a little un-tabooing. I'm making that word up.

Sharon: It's cool it(my body) did it spontaneously, and I didn't know it.

Diane: Notice. It's one step ahead of you.

[00:50:00]

Sharon: Yeah. It just felt so good that it's there.

Diane: It is. It's there and it's ready to express. How is it to have folks with you in that un-tabooing? You can even do it publicly.

Sharon: That feels exciting. I had the push here again.

Diane: That may be just a part of the process for a while. As you have the courage to un-taboo, then it comes in, but then it goes away. Eventually we unpack it enough that it doesn't bother you at some point, possibly. It's not blocking this. Even though it's there, it's not able to stop your process. It may be part of your process for a while, because I think that influence from your community, your family, your mom, your dad, I don't even know exactly all how that worked, but we get to see the effect of it without even so many details. Right now it would be certainly fine to go into that, the specifics, at some point, but it's already opening something. (Just naming and normalizing her experience in a hopefully attuned way)

Sharon: It's not even a potential anymore, it's there, of being in the environment, the field, that's really me. This environment. I feel like I could even look at the whole room. (Wanting her to feel the presence of the whole group eventually so she can show up more in groups and as a minister in her congregation)

Diane: The whole group.

[00:52:00]

Sharon: That this environment is me, where everybody brings their truth, and it's okay, and we unpack it together. (She can BE herself and be supported in community)

Diane: Honor that in each other.

Sharon: I felt a little bit of shame, like I said too much too fast. (I call this the Boomerang Effect – saying more than you feel you are ready for but it passes for her quickly)

Diane: Just finding your own pacing with speaking. What you said was beautiful. Again, honoring your pacing.

Sharon: I feel a lot of energy in my feet, and it feels good.

Diane: Let them move a little bit. Run, kick, jump, dance, whatever they want to do. How's your throat doing?
Sharon: It feels natural and normal, okay. (Throat is normal now which of course is significant as we are essentially working to heal the trauma from the choking as well as all the relational dynamics of abuse and isolation)

Diane: I think of that little baby surviving choking, moving forward in life. I'm wondering if that infant state, the infant self, can touch into any of what we're doing here. That might not be easy. We'll just see. You can look back and see her, perhaps. I'm wondering if she can receive even a few molecules of the field you're accessing here. It's a little more challenging, so just see if that's okay, if that's a good idea. Somehow she had this experience and then moved forward in time a bit. She might feel strange. (Checking to see if her younger self is less frozen in time due to the intensity of the trauma or if she can see forward in time to experience the adult Sharon)

Sharon: The opening that feels like is happening is to let ME (the adult self) be there. (Great intra-psychic connection for the infant ego state to have the felt sense of support from the adult self)

[00:54:00]
Diane: Exactly. How is it to have the “you of now” be there with the you of one-and-a-half months self, or that you're there in your field and with your light and your being?

Sharon: I just immediately cold-clocked my mother. (Big gesture or self protection!)

Diane: Fantastic. All right. Boom. Boom. Look at the aliveness in you. It's fantastic. Boom. That would have been really good.

Sharon: It was really good.

Diane: It is really good right now.

Sharon: Knocked her out and got her off me. (Got her off of me and is now free.)

Diane: Off you.Exactly. All right.

Sharon: That was so fun to see Walter and everybody laughing, too, and you. It's like, yeah.

Diane: I think everybody in the room wanted to do that.

Sharon: That's a cool energy to have in my imagination.

Diane: And in your body. Your body's claiming that fight response that of course is, at one-and-a-half months, there's no contest. You don't even have the muscle. You don't have all that, but you have it now. Your adult self can bring that back to that infant time and help renegotiate that scene. How is your infant self enjoying watching that happen, or being a part of that, or seeing you do it, or seeing the woman you've become? However.

[00:56:00]
Sharon: It's like a hurrah.

Diane: Hurrah. The heroism in you.

Sharon: I can see. It's interesting, because I didn't think it was possible for me to sit up at that time, but I can
see myself sitting up, and somehow that's important.

Diane: That you're sitting up. It's more empowering to be seated, probably, less vulnerable. Of course, you're not one and a half months anymore. You can grow in shape and time, because you have all these ages between one and a half months and now. Now. You didn't have them then. It's okay that you get some older capacities. (Infant self is growing older and stronger – less helpless) I edited much of what is presented above end the video clips here and the total is only 21 minutes now.....)

Sharon: It's like it got all that energy off me.

Diane: All that perpetration energy.

Sharon: It does have that evilness to it.

Diane: It's there, which is new also. Your light from today is being transported back there. This dark energy, or this evil intent, or whatever that, I don't know what it was, [inaudible 00:57:33] whatever was going on, sadistic-ish stuff now is clearing out of your field. That's really important. Before you remember the death experience of love, which is lovely, literally, but this was also there. We have to deal with these pieces to get you out of that frozen moment in time and that repeated experience, that you then only have the choice to contain in your body, but now we can unpack it. That's very different.

Sharon: This is very strong, me as an infant sitting there. It's as though I'm observing it instead of it happening to me.

Diane: You're in the witnessing, versus the experience. Just let that happen. How is it to move into the witness mindful awareness of what happened?

Sharon: I feel a lot of strength in my legs.

Diane: You get stronger.

Sharon: I've had very numb legs, but I feel a lot of strength there. Just with that shift, I feel a lot more strength now. I felt very weak.

Diane: You would be vulnerable and weak at one and a half months. Of course. Especially in a near-death, life-threatening experience. You're weak and vulnerable by your age, but then you're also in a life-threatening experience. That would maybe rob you of a sense of strength, because you're young developmentally for that, but then also the circumstances. You, as an adult, whatever age you are now, and the aliveness and strength you have now is true, also. This part of you doesn't know about that, but it's learning about that and it's becoming integrated with that, or whatever the right way to say it is.

[01:00:00]

Sharon: It's like now I have appropriate strength, instead of I used controlling as a strength, rigidity.

Diane: As an attempt at strength.

Sharon: Right.
Diane: To feel the difference that this is ...

Sharon: Thank you for that clarity, because I started to get back into that.

Diane: Because that's the only way you knew. We tend to get controlling when we've had things happen to us that are really super difficult that we didn't have any control over. Then control becomes a really strong focus, because, again, it's linked to survival. Now something else is happening, and your actual essential strength, your real strength, your embodied strength, is returning. It's not impinged upon anymore. You cold-clocked your ... We have to make that gesture around you a lot. You just light up. It's great.

Sharon: I automatically remembered to look at my row again.

Diane: Which is significant.

Sharon: That's part of my strength.

Diane: That's part of your strength and your defensive responses are going towards threat, and your attachment system has a safe place to land with your row, which unconfuses and satisfies both needs in a way that were cross-purposes with your mom. You're trying to attach to somebody you're also terrified of. That's really tough on us. We're trying to let you defend against the threatening part of your mother, and then have a safe place for your attachment system. It starts to organize in an easier way, the way it was intended to organize in our design. You didn't forget it this time. You had both. You had the experience of, I can defend. I can have my strength. I can have my light. I can have connection. You don't have to lose either one, which is a big renegotiation from how your life experiences taught you it had to be. You had to give up yourself or you always were risking annihilation or disconnection with your attachment figures. We're just looking at a little piece of that, but a big shift in possibility right now as a correction. You can feel the health in it. That's, again, when your survival system can operate the way it was designed to operate and your attachment system gets nourished and met and you're safe. More safety. More protection. More playfulness. The fun you were feeling. Gaze.

Sharon: I notice when I try to stay more connected to you is when the fear will come.

Diane: That may be, I don't know, but that may be where the over-coupling of connection and the threat response were originally entangled, because when you're trying to connect to your primary attachment figure, in this case it would be your mom, there was also fear. They came as a packaged deal. Right now it's easier to sort that out with the group, your row, and it gets a little more amplified in our connection, which is okay. That's fine. Maybe because I'm representing that a little bit more in your history. Just noticing that. It's already untangling here, and you're able to defend with your mom. Your feet might also want to run response, whatever. Your defenses are able to show up without getting squished a little more. Then there might be some more unpacking, of course, to do when you come into a deeper connection.

Sharon: It's cool how much this subsided when we brought that out in the open.

Diane: Naming things is, I think, especially in this category, I think is really important, because it helps clarify
and it's an antidote to confusion. Because this is full of confusion, biologically, psychologically, emotionally, soulfully, on every level. Naming, and it feels sometimes very hopefully naming relatively accurately, but even if we're not, then we can go, okay that doesn't feel right. This feels right. We're getting there. It starts to sort out some of the convolutions of how this was presented to you as a child. This is subsiding a bit as we get clearer. You're tracking that really beautifully and able to articulate it very clearly, even when we're in this hard, difficult territory.

Sharon: That was a big shift inside of me that I can't explain. I would beg my mother for attachment.

Diane: Of course you would.

Sharon: As a child.

Diane: It's not a luxury item. We need to bond and connect and be held and cooed and protected and played with, play, have a play partner with, and gleam beaming.

Sharon: It's cool I didn't have to beg you. *(No begging needed with me – or with the group)*

[01:06:00] Diane: No. Not at all.

Sharon: Or push you away without wanting to. No need to Dissociate. *(Healing of the Disorganized dilemma - Can connect without needing to defend out of survival fear) –*

Diane: Pushing away because of the fear, that that's not necessary. It's a terrible position a child's in and adapting to when that's the situation. Parents with unresolved trauma that act out, and then don't have their capacity to bond cleaned up enough yet. They're in process, too. It's really confusing for the child. Really confusing. As we sort it out, then it's easier for us with kids and friends and partners and people, animals.

Sharon: It's like my hands want to go up here and just say, this is so cool. I don't have to push you away.

Diane: Isn't that wonderful?

Sharon: Yeah.

Diane: You're brain's going, yeah, yeah, yeah, yeah.

Sharon: Yeah.

Diane: A little support to the brain, here.

Sharon: My hands really just ...

Diane: It's so much better. Beautiful.

Sharon: It was fun having you mirror that, too.

Diane: The mirroring is really helpful, isn't it?
Sharon: Totally.

Diane: It's easy for us to do, as therapists, really to get it, to really communicate that we get it. We can feel it, too, and then you get it even more when you're feeling it yourself. You're showing it, and then I get to feel it too. It's good.

Sharon: I can see Walter. Your hands are just in such a cool place, and Peyton. You're opened up. It was really cool.

Diane: You experience your environment and the relational field in a very different way.

Sharon: Just to relax.

Diane: What a terrible thing, to want to connect, and feel you have to push away because it's too scary. You want to love. You want to connect. You want to be held. You want to be enjoyed and enjoy another person's body and energy and emotion and sharing. Then to feel like it's just not safe to do that, it's horrible for a child. It's so against what all of our natural impulses are. (A start toward Resolution of Disorganized attachment) (Explanation to help integration at end of the session) You can feel, when you don't have to do that, then what possibilities it opens up. Of course we have to choose and discriminate who we do these things with. That's natural. There's probably lots more opportunity for people that have a lot more capacity than your mom had the opportunity to have or be at that time, at least. It's important to allow that safe nurturing and safe connection to happen when it's with the right situation.

Sharon: It's such a bingo, because I realized my begging for her, but I didn't realize my pushing away at the same time. (New awareness of the confusing dynamic)

Diane: Because that's the expression of two different things. The attachment system gets chronically activated, because it's not getting what it needs. It keeps trying. It's in distress, so it's signaling a lot. Then, wait a minute. This person's scary, or not present, or something's aversive about it. That conflict that keeps getting played out reflexively, just like a reflex, like if you were going to hit somebody, it's just patterned into the body. As we become aware of it, then it can move. Often it's in implicit memory, where we don't even know it's acting out. It's doing it. It's so wonderful you can really feel it when it gets excavated from implicit memory and conscious memory to explicit. Then you go, oh, It might even be surprising. You recognize it as true. You somehow recognize. Huh, I didn't know that was there, but I get it that that was there. Maybe then something new and different has the opportunity to happen.

Sharon: Exactly, and I can stop beating myself up for the pushing away. (Yes! No self - blame)

Diane: That you don't bring the judgment in. You understand it compassionately. That's with that kind attention, instead of a, what's the matter with me? "Nobody else does that here, though. It's just you." (Joking) It's just being a part of what we're all unpacking.

Sharon: Man, that's good to hear.

Diane: When we understand it for other people, it also helps us be less judgmental, more compassionate.
(Return of Compassion)

Sharon: It's totally because I felt like I was the only one that did that to that degree, and the whole number.

Diane: We're actually set up to do that when we have those kinds of dynamics when we're young. It's patterned in. It's the only way often the attachment system and the nervous system and the brain can manage. You're in a situation, all of all, all humans are in a situation where whatever the relational field is... we're trying to make it work. Sometimes we're trying to make it work by shutting our attachment system down, which would be more avoidance. Sometimes we're trying to make it work by staying in crisis, and that chronic cry, signal cry, because we're afraid if we don't do that no attachment will happen. Then, sometimes what the ambivalence in that is, is that when the person responds you actually feel like you want to go the other direction, because it doesn't fit your original pattern. It's amped up a bit more and disorganized where there's abuse, because your threat response is also at cross-purposes with your attachment system. You're trying to go towards someone you're also trying to go away from, or deck. You're trying to bond with somebody you're also terrified of.

Sharon: Terrified of.

Diane: Which triggers your fight and flight response. We're trying to help the relational field come back to what it ideally would be so you can adapt back to a more secure attachment response, as well as the nervous system being calmer, the amygdala coming out of threat a bit, and then things look very different.

Sharon: They do look very different.

Diane: How is it? I know we've done a lot. I don't want to push your nervous system too much. I want to give you a chance to rest. Just noticing. You've done a lot of exploring. Just how it is right this moment, just noticing what you notice, and maybe even checking in with your one-and-a-half-month-old who might be more older now. I don't know. How that part of you is doing with what it's learning with us today, and also with you and your presence that it has now. It didn't have you as the adult there before, so this is new, perhaps.

Sharon: With my one-and-a-half-month-old, the words are, "I get it now." (Great integration of understanding for her young infant self too)

Diane: I get it. I get it.

Sharon: She's still sitting. Because it's like she's observing, and the stuff is over there, there's a big sense of safety.

Diane: New. It's that felt sense of safety.

Sharon: That this is happening over here, but I'm over here.

Diane: She has some space from it.

[01:14:00]

Sharon: I just don't think I, in the here and now, or back then, had any space from it. Like I said earlier, in our
session here, that I would just take care of myself. I would forget the field. I would go back into that, which is another way of saying I didn’t have any space from it. The space feels really good. I can feel some differences in my body. Lots of bingos.

Diane: Ahas.

Sharon: Personal bingos.

Diane: Personal bingo.

Sharon: I would get the bingos in all the reading over the decades, but it's a total different bingo when it's happening.

Diane: When you actually feel it in the felt sense. That’s the bingo we’re going for. They're all good, but this is a, I don’t know, a better bingo, but it's a bingo with a capital B. I don’t know, something like that.

Sharon: It's the lottery.

Diane: Winning the lottery. It's a good, big bingo. Can your one-and-a-half-month-old see you now? Can she see you in the situation, the woman you've become, the age you are now, the sentinelness of you? Can she see you at all? Maybe not. We're just checking.

Sharon: What happened is it immediately was seeing me over there.

Diane: That's okay.

Sharon: With them. Then, it became in a mediator role. It became supportive of her. That's great, because it's then I could go through the motions of supporting and nurturing myself, but I could never feel it and take it in. I can feel it and take it in. It's acceptance with my one-and-a-half-month-old me.

Diane: A good relationship starting to happen.

Sharon: There's a acceptance and a unity starting to happen. (Good supportive intra-psychic relationship forming)

Diane: Unity, and also I get it. You get each other. You get her. Maybe she's feeling gotten. There's some, we call that contingency. We talked about that last training. It's a contingency. It's a sense of feeling felt, getting gotten, a shared experience, I get it, I get to the degree I can. There's a large sense of getting it. You’ll know, even if somebody says, "I get it," but they don't get it, you'll know. You can tell if somebody gets it or not. Maybe they don't get every single thing, but they get most of it. We're contingency detectors that way. She's feeling more of that getting gotten from you.

Sharon: Exactly. It just opened the door for us to learn each other and the way we are now. We're not limited to the way I was then.

Diane: It's not trapped in that moment anymore. There's more span and more sense of time and space. What that means, just for fun, on a brain level is that we've moved from implicit all the way into the hippocampus, because the hippocampus gives us space and time.
Sharon: Cool.

Diane: Which we don't get in trauma and attachment, because it stays in implicit. It happens too fast. When it shifts it's easier on us, because we're not trapped in that moment of time. **We've rescued your one-and-a-half-year-old, at least partially, out of that one moment of facing death.** Now she has much more ... The fact that she can see you is really quite huge, because usually it's easy for the adult self to look back and see the child self. For the child memory state to see the adult, that's a very big shift, because they've been frozen in time. They haven't even seen one year old, let alone you as a protective adult. That's a very big internal shift that can be very helpful. There's more to do, of course. It's not a one-session thing, but changes a lot.

Sharon: I feel changed.

Diane: There's something that feels different.

Sharon: **That freedom to get to know each other's authentic self, not the... what happened and how we adjusted.**

Diane: Not trapped in history.

Sharon: **Not trapped.**

Diane: You might give her a little tour of your life, introduce her to your row, a little play time, show her around the sanctuary of pines.

Sharon: The garden.

Diane: It would be fun just to play with that a little bit. We're going to begin to land. Does this feel like an okay place to land?

Sharon: Mm hmm (affirmative).

Diane: Okay to open our energy to the group a bit?

Sharon: Yes. Thank you.

Diane: You can do that gradually, if you want. It's a lot of people, but if you want to just let yourself gradually check in and see how the group appears to you now. Yeah. How is that, just to take a little journey into the group?

Sharon: That was so delightful.
Navigating the Labyrinth of Love:

How Attachment Styles Sneak into Adult Relationships

Dr. Diane Poole Heller

www.dianepooleheller.com
“As I travel and teach around the world, I feel we are experiencing a global epidemic of loneliness.”

Once strongly tied together, families or marriages are now often fragmented, disconnected, or slowly growing farther apart. Love relationships seem to be dissolving faster than ever into divorce or separation. We all deserve to experience healthier, more resilient relationships. To do so, we need the skills, tools, and practices to heal our past wounds.

In practical terms, we may need to learn to “re-relate” into resiliency bonding versus trauma or wound bonding. Resiliency Bonding is a term I have devised to describe relationships that are based on our original design before it may have been disturbed. These relationships reflect secure, safe attachment within a Relational Field of mutual respect, appreciation of differences, acceptance of healthy interactions, and well-defined boundaries. They also include a mostly positive holding environment that allows an easy flow between aloneness and connectedness.

My sincere hope is that relationships with our partners, spouses, parents, children, friends and colleagues can be more enjoyable, fun, sustainable, mature, rewarding and loving. I want us all to have this possibility and share it with our near and dear.

We all grow up in a relational field with our original caregivers—a matrix of sorts that embodies the relational dynamics of the family and thus become “familiar” to us, as in “of the family.” These ingrained patterns may strongly influence how we see and feel in all of our later relationships. They create a “blueprint of expectations” of sorts, built out of our early encounters with others. When we are raised with secure attachment, we tend to find relationships are easier. We expect to be treated well and know that is what we deserve. We treat our partners with respect as well. We trust our partners and others realistically, and have Basic Trust in humanity and the world more or less unconditionally. Even when the chips are down, we still feel a basic optimism.

We answer “Yes!” to Einstein’s famous question, “Is the Universe friendly?”

Those of us that are fortunate to begin life in secure attachment typically find it easier to connect, to commit when we find a good potential partner, and to maintain contact. We predominantly feel safe in our relationships and partnerships. We have a sense of humor and playfulness. We can disagree, have different styles, and still respect each other. We make enough pro-relationship choices that are win-wins for each person that our “coupledom” is preserved and rich.

If the original bonding or attachment patterns were too painful, the residue of hurt often influences us from behind the scenes—without us even being aware of it.

If attachment was impaired by too many disruptions in bonding with caregivers, we may later fear that our adult relationships will bring us the same pain. We may unconsciously or consciously react based on past experiences. We may project the past onto the present without realizing that it dooms us to relive our worst moments over and over again.

“Though we may be in a present-day relationship, we expect to wake up in the living room of Mom and Dad.”

There we “know” we will be confronted with the same controlling attitudes, criticisms, lack of presence or appropriate boundaries, manipulations, or other problems we may have experienced as a child as part of the familiar family scenario. We worry we will not be seen or met or that our very essential nature will be annihilated.
Attachment patterns are so easily transmitted through the generations that it is the human condition to project the past onto our present. Because of this tendency, we may be blind to the love we actually have in our lives now. And if we cannot first sort out what belongs to the past and what is actually happening in the present, “It is possible that we cannot even believe OUR OWN STORY about what is happening in our current relationships.”

We may be more in relationship with the old hurtful patterns from our history than in relationship with our partner or friends.

“How can we change this destiny and live fully and freely in the present?”

ATTACHMENT STYLES: SECURE ATTACHMENT

Secure Attachment, as illuminated and defined in Dan Siegel’s book on Attachment Theory, The Developing Mind, is what we hope to encounter with our original parents. If we have not had this original experience of security, safety, and caring, we need to learn how to find our way back to it later in life. Fortunately, this can happen even after attachment disruptions have occurred in childhood.

“Later we can ‘earn’ or ‘learn’ how to reorient to Secure Attachment through a healthy relationship of any kind—such as therapist, significant other or marriage partner, good friend or even a neighbor or doctor.”

In childhood, Secure Attachment includes a “healthy holding environment” that occurs with “good enough” parents who are loving, responsive, and attuned. These caregivers are present, safe, available, and allow for the natural flow or rhythm between connection and aloneness. The child grows up and develops good boundaries, feels secure, has a sense of basic trust in others, and has a strong sense of integrated identity with self-esteem intact. This is the kind of attachment I believe we are designed for.

In secure attachment, adults join children in play. They know how to initiate and repair when misattunements happen. The parent-child dyad knows how to find harmony again. Parents can contain whatever the child is experiencing: from pain, anger, and frustration to joy, bliss, and expansion of the life force.

“Secure Attachment is there waiting to be excavated from the mire and tar of past hurts. We
can rediscover it because it is hard-wired as a ‘bonding blueprint’ into our psycho-physiology. We just need to ‘dust off the diamond’ of our true ‘in-light-enment.’

Mary Ainsworth calls this our primary attachment system. The good news? If we were not lucky enough to have had a “healthy holding environment” in the beginning, with the proper support, more often than not, we can find our way home to Secure Attachment later in life. This return to our innate design for health is the basic and predominant focus of my work. I want to help answer the important question, “How do we cross that bridge from any type of attachment disruption back to Secure Attachment and reap the rewards of enjoyment and connection from enduring, stable, fulfilling and loving relationships?”

We are all social beings who need connection. We also need the alone time to connect deeply with ourselves and be in touch with the depth or our own being. We long for intimacy with others AND intimacy with self.

Disrupted attachment styles cause us to have an imprint for pain, rather than consistent love, in our relationships—especially our dyadic partner relationships which pull on our attachment histories the most. These patterns are easily imported into our adult relationships consciously or unconsciously. Unresolved early attachment disruptions may wreak havoc later. They often run our relationships into the ground before we and our partners even know what hit us.

When disruptions occur in our early years, the patterns get formed so quickly, and often occur pre-verbally and pre-cognitively. In this way, they become wired into our sensory-motor awareness. For example, a child learns to block their kinesthetic and corresponding muscle movement to reach out if he or she experienced a lack of responsiveness to needs early on. She may later need to resurrect this latent or thwarted impulse.

“I had a client who had recurring dreams of having their arms chopped off when needs arose for them, due to a history with a troubled parent where having needs was severely punished.”

These examples reflect one reason why it is often crucial to include body-based therapies in healing early attachment wounds (along with emotional and cognitive work). The emerging body-oriented therapies help access and lay the groundwork for allowing the original sensory-motor patterns to eventually arise, complete, and prevail. Bringing our awareness back to secure attachment in the body as well as integrating the emotional-cognitive self helps us to heal the old wounds more effectively. This healing frees us from repeating old, destructive patterns.

Unfortunately, attachment disruptions are easily transmitted through the generations. Because this happens so naturally it is best to not focus on blaming our parents or our parents’ parents. Many of our parents did not have the opportunity to do therapy and did not know how to self-reflect about this important topic in their lifetime.

“Blame would have to go back to the caveman and what is the point of that?”

The culture and the time period deeply influence our experiences as well. Many of us have children of our own now and know how difficult parenting can be. But this is not about being perfect parents or perfect partners.

According to John Gottman’s relationship research in The Seven Keys to Successful Marriage, having the empathetic attunement to realize there has been a break in the connection of a relationship and then
initiating and/or receiving repair attempts to restore the connection in a more harmonious way is 80 percent of what gives relationships sustainability over long periods of time.

The art of repair is one of the best predictors of longer, happier, healthy relationships. When people develop and practice their ability to repair, this capacity results in deeper intimacy and well-being in all of our relationships. Given its 80 percent chance of improving our connectedness, this skill is definitely worth investing some time and energy in.

Of course, in all relationships, it helps to recognize that we all have unresolved history homework to do. This includes our partners and friends. Compassion for our own journey and the journeys of others is an invaluable key when exploring this tender territory. Often we need to unlearn attachment disruptions and relearn how to find our way back to Secure Attachment. How do we build and eventually cross this bridge back to Secure Attachment? If our original patterns were not healthy, we need to recognize them internally, heal the original wounding, and then practice specific exercises to help us learn Secure Attachment.

When we do the hard work of discovering the dilemmas we carry within us from childhood, we become freer and more transparent to present-day reality. We can stop watching the same old recurring movie built out of the past that we continue to project onto our lives.

When we cease calling on the “Central Casting of our Unconscious” that keeps us locked into passed down old patterns, we have the opportunity to replace those well-worn relationship blueprints with new designs. We are empowered to write new, fresh scenes to live by.

For most of us, resolving early wounding is possible. I have gathered an array of effective Corrective Experiences that help heal specific attachment disruptions.

Exercises include excavating the various elements of Secure Attachment, one by one to specifically target what may have been disturbed when we were younger. Examples include healing the attachment gaze by connecting to kind eyes, the welcome to the world exercise, and initiating bodily or emotional impulses, such as reaching out and trusting others, and several more beyond the scope of this article.

Re-discovering Secure Attachment is NOT done solely through “wound tracking,” emotional catharsis, or talk therapy alone. As therapists, we need to realize how to evoke the original healthy impulses for Secure Attachment and bonding on an intrinsic level. This means healthy impulses arise naturally in the safe context of therapy or other “safe enough” relationships. We also need to be able to “presence” Secure Attachment ourselves to be effective. Most of us have a mix of disruption styles if we did not imprint a secure style first. Let’s look briefly at the most commonly described disruptions as noted in Dan Siegel’s The Developing Mind.

AVOIDANT ATTACHMENT STYLE

Avoidant attachment results when parents have been extremely unavailable, neglectful, absent, or outright hostile toward a child. This environment teaches the child to regard relationships as unfulfilling because they do not meet their natural needs. The child learns to avoid relationships in order to survive or to diminish pain. Adults with this history often diminish the importance of relationships and focus more on work or hobbies and avoid investing emotional energy in others beyond a superficial level.

If the original “relationship restaurant” was terrible, adults adapt by minimizing the
importance of all relationships and stop “eating out.” In the extreme, they stop looking for “contact nutrition” at all and go on a fast.

Why keep going back to the same bad restaurant when it is usually closed for dinner, no one is waiting the tables, the food can be toxic, the music too loud, the environment blank, and the atmosphere rejecting?

In Avoidant Attachment, a person adapts to such severe disappointment in relationships from poor bonding by no longer reaching out. They may avoid connection at all costs as it is associated with great pain of abandonment, lack of presence, or fear of rejection.

Avoidantly-attached adults may “decide” they are loners and isolate by choice. They may feel that expressing few, if any, needs or dismissing support from others makes them better off, or even superior to, others who are in contact with emotions and real needs. However, this is usually a survival-based adaptation, made by default due to extreme early bonding deficits with caregivers. It’s not a conscious choice.

Avoidantly-attached children, as they move into adulthood, overly rely on themselves and dismiss others as not important.

As David Wallin points out in his excellent, clinically-oriented book, *Attachment in Psychotherapy*, this dismissing stance enters into the therapist-client relationship, too. A client might say, “Oh, you are going on vacation for three weeks? No big deal. I don’t need you anyway. Therapy with you doesn’t do anything for me. I prefer to do it myself.” These statements may be—and usually are—far from the truth.

Let’s get down to the nitty-gritty of what helps us and our clients clinically. I suggest specific Corrective Experiences that can help break the grip of a wounded past and bring other people back into the Avoidantly-attached person’s life in nourishing ways. These Corrective Experiences include the Kind Eyes Exercise that involves a person looking out into the world into the kind, loving eyes of someone looking back at them.

In this exercise, you imagine someone lighting up when they open their door and see you. You take that image and feel “into” your eyes and allow your eyes to reach out to that joy you see in the other person’s eyes. Sounds nice, right? But this exercise requires a tremendous amount of trust and the overcoming of intense fear as an Avoidantly-attached person takes the huge risk of “looking again” after years of blinding themselves to contact, especially in their eyes.

When successful, this exercise helps to restore healthy contact and reduces the defenses and/or disconnection in the eyes. The disconnection or dissociation can become a pattern from meeting too much hostility or vacancy as a child. This exercise accesses the original attachment gaze and gives it support, and perhaps emotional limbic nourishment as well, and exposes the original wound. We work with the attachment gaze to give it time to heal, discharge emotion, over-arousal and the original distress. Often the eyes have stopped “seeing” in terms of actual contact. Safety in contact has to be restored to resurrect the possibility of deeper connection and for the client to literally see anew in a way based on the reality of today.

**Welcome to the World Exercise** is another highly effective Corrective Experience exercise for repairing Avoidant attachment. In this exercise, clients create their version of a perfect, well-celebrated welcome of themselves as a unique being with very special contributions to make to the world.

The fulfilling and “full---feeling” experience communicated by the therapist (or other) and received by the client (or person) is: “We are so glad you are here. We have been waiting for you. I celebrate you and your very existence. You have the birthright to exist. I want to be in real contact with you. I welcome you. You belong here. We want you here!”

This Welcome to the World Corrective Experience helps clients regain the sense of their existence being celebrated. Instead of having one foot on the planet and one foot off—as if they have never committed to arriving here in the first place—they can land on their feet in a more connected, embodied, grounded way. Now the life force and brilliance predominantly residing in their heads, including their often extraordinary intelligence, can more fully inhabit their
physicality and beingness.

**AMBIVALENT OR ANXIOUS ATTACHMENT STYLE**

The “here today, gone tomorrow” Ambivalent Attachment type of bonding leads to continual frustration and relational insecurity.

Even if, at times, the parents were authentically loving, unpredictable caregiving and emotional inconsistency may have manifested in a way that the person feels incapable of ever being truly loved or lovable.

The following story may aptly illustrate part of how Anxious Attachment is installed as a bonding style. In the story, researchers put a pigeon in a cage with a little bar at one end to access food with its foot. At first, every time the pigeon hit the bar a pellet of food came out. For a little while, the pigeon keeps hitting the bar and eating pellets until it is no longer hungry or interested. The pigeon seems to forget about it and just explores the cage. The bird goes back once in a while when it’s hungry.

Then the experimenters only change one thing—to have the pellets come irregularly (intermittent reward). The pigeon then becomes obsessive, continually hitting the bar (like many gamblers in Vegas at the slot machines).

Researchers surmised that intermittent reward was a major cause of obsessive focus. To up the ante, they electrify the floor underneath the cage where the unpredictable pellets fall out. In order to hit the bar, the pigeon has to stand on the electrified floor. The pigeon does not choose to retreat to safety of the unelectrified side of the cage away from the bar. It chooses to keep pushing the bar to see when the next pellet will arrive—even when it is very painful to do so.

I make this analogy to Anxious or Ambivalent Attachment where love from parents was, in fact, present (like the nutritional value of the pellets), but the child never knew when, why or where, or for how long until it would be gone again. This is a “here today, gone tomorrow” parenting style.

Ironically and understandably, it is often the case that the parents are distracted or preoccupied with their own unresolved relationships histories.

The child cannot figure out what makes the relationship good or bad, so they are constantly trying to rearrange themselves to fit the parents’ changing moods and responses. Or they attempt to manipulate or control the parent to eke out the positive merging, support and/or love.

**The result is the child, and later the adult, becomes obsessively over-focused on the parent or external resources and severely under-focused on themselves. They become habitually unaware of internal sources of satisfaction and fulfillment.**

In adulthood this manifests as obsessive focus on the other in relationships—a bit like gambling. You keep investing more money in the game and never feel like you can win. They try to get the love they need but never feel it is enough.

The Anxiously-attached child or adult can never relax in the relationship. Instead of parents helping with affect modulation, their inconsistent behavior disrupts it. Neither self-soothing nor feeling content in the interactive regulation with another feels satisfying in any kind of sustaining way.

**If they feel loved now, the question always arises, “What about tomorrow?” “Will it last?” “This is too good to be true.” There is the tremendous desire for loving connection entangled with the debilitating fear of losing it.**
Corrective Experiences for this attachment style include re-establishing a felt sense of consistency and the ability to receive love and caring when these essential qualities are actually present. “I want and yearn for love and connection but cannot have it.” The basic personal identity is formed around that idea—the “parent-patterned” experience that “I can want, but cannot have”. This can result in yet another dilemma that it is critical for the Anxiously-attached person to realize:

If and when love actually presents itself, they often need to create distance themselves or dismiss the love in order to keep this original identification intact. They then create their own worst nightmare by never being available to receive the love they so actively seek because, paradoxically and predictably, it has to be rejected or deflected for self-identity to remain intact.

As therapists, we need to help our clients to see this pattern if it fits and to actively “disorient them towards health.” It entails restructuring the identity to regain its capacity to actually receive love. Healing Exercises include increasing one’s capacity to receive love and nurturing from others without dismissing it. As easy as it sounds on the surface, this is very challenging. The identity of the Anxiously-attached adult is literally based on “I can want, but I cannot have.” Or, “I cannot have without the uncontrollable and unpredictable loss that I am always anxiously awaiting and anticipating.”

Another relevant exercise is to have the client look at all the ways people in their lives try to show them love. The Five Languages of Love is a good reference. Have the person see if they dismiss or minimalize others’ love for them. It is helpful to point out how painful it may be for their partners or friends to have the love they offer deflected. I had that happen in my own life when my partner said how much he loved me and how much it hurt him that I could not seem to take it in.

I initially felt insulted and was certain that he was wrong—until I took an honest look at myself and realized I did not feel deserving of love, and was determined to believe that his love could not be true.

Let me share another example of how painful this can be for an Anxiously-attached individual. I once had a friend share with me that when her boyfriend would turn over in his sleep away from her she would experience a terrible sense of abandonment and a severe sense of loss. She would lie in bed weeping even although she knew cognitively that he was simply turning in his sleep and not really leaving her.

It seems that this turning away was enough of a trigger to re-stimulate the intermittent reward patterning of the “here today, gone tomorrow” style of loving from unpredictable parents. This causes the child to be stressed while searching to attach to a moving target, never knowing when the rug will be pulled out from under them—even when the love was real and present for them because they could lose the love at any moment and not understand why. Instead of the parent’s interactions with the child increasing self or interactive regulation, the inconsistency actually increases the relational distress. This terrible unpredictability sets up a hyper-awareness of the “other,” and an over-focus on looking for need satisfaction, nurturing, or external love.

Because of this pattern, the Anxiously-attached person remains anxious because they lose contact with themselves, in fact abandon themselves, and then try to get themselves back from other people. The obvious trouble lies in the fact that you can’t get yourself back from others. You get yourself back by learning to recognize or develop your sense of self and to stay connected to yourself in the first place—when alone and in the presence of others. You include yourself in the relational field rather than all of your attention flowing out into the other.

Anxiously-attached persons want interactive regulation and affect modulation with others and prefer not, or lack the capacity, to self soothe or self-regulate. Avoidantly-attached persons prefer the opposite. In Secure Attachment both can return to having self-regulation as well as interactive regulation and affect modulation in a harmonious way. This opens many more options for well-being.
Another exercise teaches clients how to stay connected to their inner self with greater ease as they learn to keep their sense of self intact when in the presence of others. This requires developing a dual awareness: one that does not eliminate the self but includes the other in the relational field without using manipulation.

**Another paradox is that once you abandon yourself for another, you are in double trouble. When you leave YOU, you are, by definition, disconnected and abandoned. And in abandoning yourself, where are you going to go?**

You can’t, in reality, leave yourself! REALLY, where are you going to go?

Until we learn to stay connected to ourselves in the presence of others we are doomed to be and feel abandoned. We must recognize this pattern as an internalized map that came from early bonding deficits and repair connection to self and redefine connection to others so we do not continue to see the partner or other as the Source.

It is a perceptual trick. Once you learn to stay connected to your inner core, you will naturally find it a stable, consistent source of nourishment and fulfillment, as well as finding contact nutrition from relationships outside of the self.

**DISORGANIZED ATTACHMENT STYLE**

Disorganized Attachment can result when a parent is terrifying or overly chaotic. The relationships were so overwhelmingly scary, painful, harmful that the child had no safe holding environment in which to process or cope with this terror and pain. With the original caregivers, there was regular, devastating disruption of the attachment system without the relief of a safe haven. Because of this extreme situation, ANS regulation and Affect Modulation are severely interrupted, thus leaving the child with multiple incoherent models of the self, the other, and the relationship between them. In place of a coherent well integrated sense of self, fragmentation rules.

The main difficulty in addressing Disorganized Attachment clinically is in the major double bind of conflict between two of our major human psycho-biological drives, 1) the deep need to attach to a safe attachment figure and 2) the strong need to survive.

Later, adults with the disorganized attachment style become very afraid when they begin to feel close or intimate because closeness is over-associated with fear of the original parents who could not be trusted. They become stuck and mired in an approach-avoidance pattern. For the person to feel safe enough to stay in the relationship and enjoy it in a relaxed and nourishing way, the need for connection and fear for survival must get untangled.

A Corrective Experience may include the **Installation of a Competent Protector** to establish the essential quality of safety missing as resource. Ideally parents model protective sensitivities toward their offspring as most animal species are biologically designed to do. A rabbit runs from predators such as coyotes, fox, hawks, snakes etc., but once it returns safely to the rabbit hole she lavishes her affection on her young. Snuggling happens—not attack from one’s own species.

However, when children are terrified by one or both of their parents, it does not make sense biologically, psychologically, or soulfully. This terror disorganizes the attachment system, designed to operate and facilitate deep bonding in the environment of relative safety.
The need to attach is so strong that we are said to bond with any caregiver no matter what their actual behavior—even if life-threatening. This may require the child to literally override his or her own survival system or warning signals to allow them to walk into danger instead of running away from it or risking fighting back. **They must be provided clarity in communication** to override the original double messages presented to them by parents or caregivers. **The attachment system must have a safe place to land, usually in relationships outside of the family.**

**This can be done in the safe context of therapy, where the defensive responses for self-protection (fight or flight) can be redirected toward the original threat of one of both of the parents.**

Allan Schore’s synthesis of research finds that the best modalities for healing attachment wounds include body-based therapies. In other words, the body needs to feel the return of safe Secure Attachment in a deeply physical way—as well as emotionally—so that the new corrective experiences of healthy relating can eventually override the original negative wounding.

The challenge is that attachment patterning happens so early, beginning in the womb. We need to develop skills to work pre-verbally, nonconceptually, within bottom-up processing for most of the session. But we also use top-down processing, to educate and help integrate the healing at the end of the session. What we need to appreciate with our clients and our relationship partners is that much of our current adult behavior can be considered a reflex from our early attachment patterning. We need to learn how to develop skills to function as securely attached adults (as partners and therapists) even if we had insecure attachment in childhood.
Somatic Experiencing® (SE) developed by Peter Levine and the Dynamic Attachment Repatterning experience (DARE) that I have developed over the past seven years are two such therapies. I believe that our original design is organized for Secure, safe attachment and that our bodies and brains can rediscover how to embody and live from this foundation.

We can then integrate this felt sense emotionally and cognitively.

This heals the scars and dysregulating impressions of the past left in our brain, autonomic nervous system, and attachment system.

My biggest passion in teaching is to help clients become “unimpressed” by the disturbing elements of their history. They literally discharge the hurtful emotions and fear from the body and brain so that they can risk opening to themselves and others again.

I believe our birthright is to give and receive love open-heartedly, and derive deep satisfaction, fulfillment, and nourishment from nurturing healthy relationships.

We can return to a state of pure transparent beingness—our deep nature and true authentic self—from where we can be truly intimate with ourselves and share intimately with others.

This is our greatest gift to ourselves and to everyone else. It takes great courage to really “show up”. I believe that, in most cases, we can heal in the context of a corrective securely attached relationship in our lives at any time, with anyone, or directly from the “universal field of being” that holds the archetype for all that is true for us as spiritual essential beings.

We are naturally social beings and need a strong relationship both to ourselves and to others. On an Essential level, we have all that we need in just Being. Part of our fulfillment comes from sharing our “beingness” with others. We need our alone time as well, some more than others. Secure Attachment allows for an easy transition between connection and aloneness.

It is this balance of the inner and outer world that gives us wholeness.

**This is the journey home to secure attachment.**

For more information about Diane and her upcoming teaching schedule and training DVDs, please visit

www.dianepooleheller.com