

Integrated Healing Intensive

with Diane Poole Heller, Ph.D.



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Intensive Training in Trauma Resolution

Manual Contents

Overview	3
Concepts We Will Explore	4
DVD Series Outline with Topics and Times	5
Support Materials	
Understanding the Role of the Brain and Autonomic Nervous System (ANS) In the Treatment of Trauma	8
Our Journey from Trauma to Restoring Aliveness: Physiology of Healing Bonding Attachment Issues and Polyvagal Theory	9
Attachment Model Dynamics	10
Healing Attachment Wounds Outline	11
Avoidant Attachment	12
Ambivalent Attachment	14
Disorganized Attachment	16
Psychodynamic Victim Perpetrator/Identity Issues & Victim Perpetrator Dynamics: An Overview	18
Sexual Abuse and Physiical Violence Recovery	19
Sadistic and Non Sadistic Abuse Matrix	30
Demos: Descriptions, Process and Teaching Points	31
Disc 1 Pavitar	32
Disc 2 Cheryl	33
Disc 4 Amara	33
Disc 5 Masti	35
Disc 6 Nirala	37
Disc 7 Coral	39
Disc 8 Sam	40
Disc 9 Sahaja	41
Disc 10 Samved	42
Bio: Diane Poole Heller, Ph.D.	43
Resources	44

Intensive Training in Trauma Resolution

Presented by Diane Poole, Ph.D.

An Overview

Through this 28 hour presentation we discover that, when integrated and metabolized, suffering can actually serve us, provide the nourishment to become freer, more mature human beings and, surprisingly, provide a new paradigm for the expansion of consciousness.

This intensive will benefit both experienced spiritual seekers and trauma therapists and students who are looking for ways to transform the constrictive patterns that may be encountered in either field. Unlike conventional therapies and also some spiritual teachings, the workshop will provide practical ways to recover from overwhelming life experiences and use these as a doorway to expanded spiritual awareness.

Do feel scared or confused in relationships? We will discover how everyone can attain deeper connection, meaning and passion in all levels of relationships. In this series you will learn to understand unconscious dynamics that block our ability to connect deeply in adult relationships and how to overcome them to achieve better communication, trust and intimacy. I provide specific examples of how early patterns developed within our families obscure our innate ability to bond. I also provide concrete methods for reclaiming our essential selves that will enable us to experience the joy of living from our true selves.

We all have the capacity to heal the past and live more fully in the present. Understanding the source of our patterns and applying the right understanding to unwind them releases new energy to live fully and freely in the present. We are hardwired to heal.

This workshop prepares therapists and other healing arts professionals to approach trauma healing holistically and effectively by inter-weaving all aspects of the human experience – body, mind, and spirit – in the healing process.

Here I present a unique blend of therapeutic modalities, including Somatic Experiencing® techniques and spiritual perspectives, to help you to address your own and clients' recovery needs by tapping into our natural and vast potential for recovery and growth.

Through these lectures and live demonstrations you will learn to recognize various early attachment models such as Secure, Avoidant, Ambivalent and Disorganized as described in Dan Siegel's illuminating book, The Developing Mind. In addition you will clearly see the practical application of Somatic Experiencing® principles, techniques and Corrective Experiences to alleviate stuck attachment patterns. As you explore this material and your own attachment history, you will discover how to help your clients heal this important part of our human journey.

In all of my work my goal is to relieve as much unnecessary suffering as possible, quickly and compassionately, and unleash the core aliveness we all possess.

May you, and all you serve, enjoy the fruits of this work and thrive!

Warmly,

Diane Poole Heller, Ph.D.

Concepts We Will Explore

PRESENCE: Learn to be with clients in increasingly difficult states without disconnecting yourself. To gain a capacity for consistent awareness and presence when confronted with high activation states. The nervous system is highly trainable!

RESONANCE: To establish an empathetic relational field, to communicate in an attuned manner, and hold the container toward stabilizing coherence and continuity in the client.

SELF AND INTERACTIVE REGULATION: To increase your autonomic self-regulation as well as provide interactive regulation for the client. To teach the client how to self-regulate through felt sense in practical ways, creating personal capacity to regulate interactively in healthy relationships.

TRACKING: To recognize high activation states, dissociative states, flooding states, frozen states and learn the practical strategies to work with them efficiently through the physiology, tracking emotionally, cognitively, and “essentially”.

COUNTER-TRANSFERENCE: To recognize when therapists are reacting to the over-activation from the clients’ issues and “acting out” or “acting in” by becoming symptomatic as a form of “arousal-induced” counter-transference.

WORKING with AROUSAL: To understand how to induce symptoms with or without memory or content. For example: Working the edge of arousal by alternating back and forth to a “resourced” or calmer area of the body. Working with symptoms or Syndromes (symptom configurations resulting from long term untreated post-traumatic stress—as in migraines, heart arrhythmia, fibromyalgia, asthma).

DISCHARGE FEAR: To excavate fear and terror out of symptoms/syndromes and to redirect the energy toward original threat and discharge out of the body versus charge being held in the body in the symptom or behavior.

INNATE HEALING WISDOM: To evoke the client’s own innate healing wisdom, or core intactness, i.e., in the form of intrinsic movement, organic meaning/emotional shifts, etc. This restores clients’ trust in themselves and their body in a very empowering way as the clients feel they are doing the healing - not over-attributing the healing effects to the therapist or teacher.

BODY TIME: To work on the sense of time held in the body versus cognitive time, which is much slower. To use appropriate language to engage the survival brain and nervous system, versus cognitive function, in order to disengage the amygdala from stuck-ness in threat response and shift it to pleasure or relaxation or safety.

EFFICIENCY: To reduce unnecessary suffering by providing enough support while working with the maximum amount of arousal to avoid system disorganization or disintegration, while also helping the client stay aware of and connected to uncomfortable states long enough integrate them.

Integrate Healing Intensive

DVD Outline

*Note: The following outlines and other materials support, rather than mirror, the teachings in this DVD series. *The full descriptions of the Somatic Experiencing® Demos with notes, teaching points and descriptions are found at the end of this manual.*

Disc 1 - Time: 2hrs 42 min **Manual page 8**

Somatic Experiencing Overview as Related to Attachment Styles. 1hour
Autonomic Nervous System Regulation and Dysregulation, Parasympathetic and Sympathetic Nervous System Function. 15 min

*Demo: Pavitar, Disorganized Attachment Style including physical and emotional abuse. 1hour

Nervous System Over-Arousal and Regulation Management. 26 min

Disc 2 - Time: 2hrs 56 min **Manual Page 8 and 9**

Social Engagement Related to Bonding, Discharging Fear from the Freeze/Immobility Response, Mobilization and Completion of Self Protective Responses. 56 min

*Demo: Cheryl, Discharge of Chronic Pain Pattern. 1hour
Understanding the Threat Response Sequence: Clinical Applications. 1hour

Disc 3 - Time: 1 hr 22 min **Manual page 8 and 9**

Working with the Social Engagement Nervous System, Understanding Addiction, Evoking Self-Protective Responses toward Perpetrator. 1 hour

Use of Touch in Attachment Repair. 21 min

Disc 4 - Attachment Models Part 1 Time: 2 hrs 53 min **Manual page 10**

Importance of Compassion in Attachment Work, Earned Healthy Attachment and Accessing the Relational Field. 1 hour

Specific Corrective Experiences for Each Attachment Style 1 hour

*Demo: Amara Avoidant Attachment, (page 12) Difficulty with Intimate Relationships, Existence Issues resolve into sense of Safety and Relationship Continuity,

Disc 5 - Attachment Models Part 2 Time: 2 hrs 48 min

"Welcome to the World" Group Exercise, Chaos Theory Related to Healing Trauma, Use of Invitational Language 1:00:22 AM

Gill DVD Discussion (see References page 44), Trauma And Counter Vortex, Exercise: Focus on Therapist Self Regulation, Pleasure and Pain in Ambivalent Attachment. 1 hour

Disc 6 - Attachment Models Part 3 Time: 3 hrs
Manual pages 10 -16

*Demo: Nirala, Ambivalent /Disorganized Attachment (Pages 14 and 16) with an occasionally violent mother. Evoking and completing a flight response, Return to Mastery, Empowerment, and Pronking. 1 hour

Attachment in Current Adult Relationships, Being Aware of Issues of the Past Projected on the Present. 1 hour

Disorganized Attachment versus Secure Attachment, Core Intactness, Repair of Holding Environment. 1 hour

Disc 7 - Attachment Models and Victim Perpetrator Dynamics Part 4
Manual pages 16-30 Time: 3 hrs

*Demo: Coral, Installing Competent Protectors for Disorganized Attachment, (page 16) Related to Violence and Aggression in her Childhood, Addiction in Family. 1 hr.

Freeze and the Dorsal Vagal Response, Building and Installing a Competent Protector. 1 hr.

Lecture: Victim Perpetrator Dynamics, (page 18) Power Wound Resolving into Empowerment. 1 hr.

Disc 8 - Attachment Models and Victim Perpetrator Dynamics Part 5
Manual pages 18-30 Time: 2 hrs 32 min

Victim Perpetrator Dynamics, Repairing Ruptured Boundaries, Restoring Safe Boundaries. 39 min

*Demo: Sam, Disorganized Attachment, 360 degree Boundary Exercise, Violent Father, discharge of over arousal to heal collapse and immobility and restore life force. 1 hour 27 min

Demo Discussion. 37 min

Joining Versus Merging, Allowing vs. Fixing, Somatic and Relational Resonance. 32 min

Disc 9 Time: 2hr 53 min

Somatic Language. 1 hour

*Demo: Sahaja, Resonant Field, Boundary Exercise with Safe person, Irritating Person, and Perpetrator, Resolving Conflicts. 56 min

Trauma Transference: 1. Savior, 2. Incompetent Observer, 3. Perpetrator
1 hour

Disc 10 Trauma and Spirituality**Time: 3 hrs 55 min**

Case of Mistaken Identity, Minimal Use of Content, Movie Exercise, Core Intactness, Ex: Healing Judgment, and Meditation about Space. 1 hour 6 min

Discussion: Working with Judgment, Relative Reality, Essence, Different States of Consciousness. 43 min

Spaciousness vs. Structure, Activity of Judgment, Acceptance leading to Discharge. 46 min

Explorations: "What is a real Life?" "How and when do I show up?" "Life Force and Fear of Death". 22 min

*Demo: Samved, Fear of Judgment, Working Outside Ego Structure to Regain Aliveness, Connection, and Authentic Presence. 36 min

Understanding the Role of the Brain and Autonomic Nervous System (ANS) In the Treatment of Trauma

- I. How to recognize high arousal states
 - a. Sympathetic nervous system
 - b. Parasympathetic nervous system
 - c. Central nervous system
 - d. Peripheral nervous system
2. Working with ANS Regulation
 - a. Down-regulating techniques
 1. Identify resource
 2. Learn to translate experience (words, images, emotions, gestures, thoughts) into felt sense/sensate focus/ sensations
 3. Establish discharge pathways – head chest arms and/or belly legs
 4. Evoke and complete self – protective responses/ defensive orienting such as fight and flight
 - b. Working with biological sequencing
 1. Threat response sequence: Startle/Arrest; Orienting to locate; Evaluating Danger; Self- protective responses; completion of movement; discharge; pronking – mastery
 2. Brace – Collapse – Rebound into Resiliency
 3. How the brain (amygdala) generalizes and encodes threat and how to extinguish threat/alarm arousal physiologically
 - c. Excavating Fear from energy bound into symptoms and redirecting it out of the body through self- protective movements or direct discharge
 1. Types of discharge: warmth, shaking, trembling, flow
 2. Uncoupling fear from immobility responses/ freeze / shock states

Additional Notes:

- a. Keeping awareness intact, open and curiously engaged.
- b. Working the edge of high activation – i.e. splitting/bodily compartmentalization- top/bottom or right/left;
- c. Boundary rupture and repair
- d. Tracking physiology skills – understanding how to manage over-arousal in the autonomic nervous system
- e. Helping the body restore a capacity to rest
- f. Shift physiology from threat state to relaxation state of well-being = sets stage for essential states

Our Journey from Trauma to Restoring Aliveness

Polyvagal Theory and the Social Engagement Nervous System by Diane Poole Heller

This outline of the Polyvagal Theory Psychotherapy is based on the research and writing of Stephen Porges, Ph.D. This model uses solid scientific method to significantly change the previous commonly accepted view of the ANS with huge implications for trauma therapies. Porges' work combines naturally with Peter Levine's trauma resolution methods for excellent results. For DVD and articles on this subject See References page 44.

Victims of the Worst Fire in US History

- Death mask of unresolved trauma (PNS Dorsal Vagal shutdown)
- Lack of affect reflected in face

Diving Reflex

- In threat the Dorsal Response triggers conservation of oxygen like a diving reflex
- As therapists we attempt to facilitate a physiological shift to deeper belly breathing

Dorsal vagal response is also in charge of muscle activity, especially in digestion

- As the freeze response "thaws" you may hear rumbling in the belly
- Reptilian Brain
- In charge of Survival Instincts
- Not cuddly like limbic animals – dogs and cats

Not limited only to threat, the calm Dorsal gives us the capacity to relax

- Basking...
- Meditating, and...
- Sleeping

Freeze/Immobility Response

- Immobility response - not passive state
- Under extreme stress we tend to shut down or collapse
- Response is like putting the brakes and gas on simultaneously

Dorsal Vagal response can include Depression

Lifting the Dorsal Vagal Response Breaks Through Constriction

- Releases intense energy
- Often shaking shows discharge and reorganization
- Be careful to release gradually

Pendulation - Avoid flooding, overly reactive expression or the release of too much energy through

- Titration
- Pacing
- Pendulation (restoring natural rhythm)

Sympathetic Nervous System

- Move energy toward completing fight or flight survival actions
- Self protective flight response usually occurs first

Evoke and Resolve incomplete Fight and Flight Responses

Action as Resource

- Running
- Dancing
- Playing
- Etc.

Movement From Completion of Action toward:

- Interactive Regulation In Early Childhood
- Involves two way resonance in the relational field between parents and infants
- Interactive Regulation In Early Childhood

Pronking

- Animals often leap as they experience a sense of exhilaration from successful escape

Pronking for People

- People can also experience a return of mastery, empowerment and exhilaration once they have initiated and completed physiological survival plans, even if defeated in the actual event
- Restoring Regulation: Unconquering the Essential Self: How did Michelangelo carve the David?

Attachment Models Dynamics

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.

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.

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 looks for a safe attachment figure, and finds instead a need to protect oneself through the survival instincts to dis-attach.

'**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. We will explore how:

- To identify how over-coupling dynamics between early childhood "family of origin" attachment patterns may play out in adult relationships.
- To be able to define the distinctions between secure, avoidant, ambivalent, and disorganized attachment models.
- Three options of how the use of Corrective Experiences to aid in resolving fixed attachment patterns.
- How to facilitate "earned attachment" as repair and healing of early attachment wounds towards secure attachment

Healing Attachment Wounds

Introductions and Grounding Meditation

Field Dynamics

1. Impressionability in Early Bonding
2. The Matrix Relational Field Exercise
3. Holding Environment beyond Biological Parents
4. Basic Trust

References:

The General Theory of Love by T. Lewis, F. Amini, & R. Lannon
Becoming Attached: First Relationships and How They Shape Our Capacity to Love by Robert Karen, Ph.D.
The Neurobehavioral and Social-Emotional Development of Infants and Children by Ed Tronick
Attachment Psychotherapy by David J. Wallin

Attachment Models Overview

References: **The Developing Mind**, and **Parenting from the Inside Out** by Dan Siegel, M.D, **Growing Up Again** by J. Illsley Clarke and C. Dawson

1. Secure Attachment and "Earned Attachment"
2. Avoidant Attachment
3. Ambivalent Attachment
4. Disorganized Attachment
5. Symmetrical vs. Unsymmetrical Relationships

Secure Attachment and Use of the Corrective Experience to facilitate repair.
Clinical demonstration

Exercise in Dyads: 30 min each/15 min discussion. Find an event in childhood that was moderately disappointing and track the body's response to a corrective experience. 2 Rounds.

Overview of Social Engagement Nervous System

Reference: Stephen Porges, MD

Physiology of survival and attachment process:

1. Dorsal Vagal Shutdown Responses
2. Sympathetic Nervous System Over-Arousal
3. Ventral Vagal Bonding/Social Engagement System

AVOIDANT ATTACHMENT MODEL

Parents Attitudes

1. Distant emotionally, neglectful/rejecting/hostile.
2. Ineffective or insensitive to child's needs/ low affect attunement/not age appropriate expression for child.
3. Incoherent language and facial expression.

Child's Internal Working Model of Attachment

1. Parent has never been useful at meeting emotional needs or attuned to child's state of mind.
2. Behaviorally it makes no sense to seek parent out on reunion. Child avoids contact so remains isolated.

Child's Adaptive Strategy

1. Minimizes proximity seeking.
2. Reduces expectations.
3. Distance from others and self may dominate his or her experience and may be unaware of disconnection.
4. Engages in dry, logical, analytic thinking; lack of sensory or intuitive component (schizoid character or disorder).
5. Lack of richness or depth in autobiographical narrative and/or self-reflection
6. May present as robot-like or mechanical and refer to body parts or self as "it".

Healthy Matrix and Emotional Desert

Bowlby suggests that human infants have an inborn, genetically determined, motivational system that drives them to become attached to their caregivers (whether or not the caregiver is responsive or sensitive).

Attachment thrives when:

1. Communication is predictable, sensitive, and attuned.
2. Parent shows interest in and aligns with states of mind of those of the child.
3. If not, child adapts their behavior to minimize frustration and disconnects.

Avoidant Attachment produces Emotional Desert:

1. Holds no clear memory of childhood, for when attachment is deficient, memory-making is impaired.
2. Minimizes IMPORTANCE of relationships in life.
3. Lives on their own, which is a mental adaptation versus a conscious choice of the infant.
4. May believe in hard work and extreme autonomy or independence.
5. Child experiences a world emotionally isolated from parents.
6. Child's sense of self remains fundamentally separate from parent. (Object relation with absence).
7. Can have Dissociative symptoms.

Sample Avoidant Style Repair Messages:

◆ I'm glad you are alive ◆ You belong here ◆ What you need is important to me ◆ I'm glad you are you ◆ I celebrate your existence ◆ You are alive and welcome ◆ You can feel all of your feelings ◆ You can embody and feel your body ◆ You can put both feet here and now on the planet and connect to humans

Note: Autonoesis is the mind's capacity to engage in "mental time travel." It is thought that the region of the brain (Right Orbital Region) most central to attachment is also the primary mediator of auto-noetic consciousness. Within the domain or focus of auto-noetic awareness is the **SENSE OF SELF** in the **PERSONALLY EXPERIENCED PAST**.

Autobiographical Memory consists of:

- General periods of time
- General knowledge of family, culture
- Specific childhood events

Without AUTONOESIS, we may know an event occurred but have no felt sense of ourselves in the past, so we have a factual memory but no sense of self time travel. The parts of the brain responsible for incoming ENGRAMS are the Amygdala and Orbitofrontal Cortex and they may red flag experiences to be value laden, emotionally meaningful and therefore, MEMORABLE.

It is possible that avoidantly attached children lack the necessary emotional involvement to engage the Amygdala and Orbitofrontal Cortex, so that the labeling of relationship as meaningful does not happen. It may be harder to integrate a sense of self or the view of the self may be limited to non-emotional domains.

Demo on Avoidant Attachment with Discussion

AMBIVALENT ATTACHMENT MODEL

In this attachment model, infants return to parents on reunion but are not easily soothed and do not return to play quickly. They exhibit crying, then relief, and then cry again, so appear not to trust consistent availability of parent.

Parent's behavior, attitude, qualities:

1. Inconsistent availability, perceptiveness, sensitivity or effectiveness.
2. Parents intrude *their* state on child.
3. "Preoccupied parents" have intrusions in themselves, so attunement ability is disrupted when the parent's unresolved past usurps their present, causing them to be distracted regardless of infant's signals.
4. Affect Modulation, instead of flowing, will be unpredictably disrupted rather than continually enhanced by communication with the parent.

Child's Internal Working Model of Ambivalent Attachment:

1. Infants remain uncertain whether their own emotional states/needs will be attuned to or met.
2. Insecurity and unpredictability emphasize the infant's focus on attachment situation.
3. With unpredictability, the ambivalently attached child feels a more urgent need to rely on and seek comfort from external interactions.
4. Infants over-focus on the other and the natural oscillation between need for connection and need to be alone is disrupted; self-regulatory functions are deregulated rather than enhanced by parent.
5. At 9 months, an infant develops an Internal Image of the parent, a virtual "other" to create Object Constancy.
6. If Internal Representation of the original attachment figure is inconsistent, appeals for connection in other relationships later may be blocked and the infant may feel unnecessary caution, uncertainty, and insecurity.
7. Insecure attachment has many "incoherent" models of attachment. The "Virtual Other" may become so dominant in the person's mind that the actual other in adult relationships has little chance of being accurately perceived.
8. Attachment history shapes the child's perception and expectation of the world, others and the self into AMBIVALENCE.
9. The child feels hunger for closeness with simultaneous disabling fear of losing it in over-coupled responses.

Possible Ramifications in Adult Relationships

1. May unintentionally create their own worst nightmare through *replaying inconsistent emotional availability, and intrusiveness*.
2. Preoccupation with previous attachment wounds.
3. See their children through the filter of the past, continuing *generational trauma pattern*.
4. The individual's concerns--"Am I loved enough?" "Will I be abandoned?" "I have you now but will you stay?"—may be activated in a variety of relationships, so that they are always defending against the next loss.
5. Leaky boundaries between past and present.

6. New relationships may be experienced as inconsistent and unreliable, even while the individual hungers for emotional joining. Their primary feeling may be “wanting but not having.” (Oral Character)

Sample Ambivalent Style Repair Messages:

◆ You are loveable ◆ I will be here for you ◆ I respect your boundaries ◆ You have a right to your own space and privacy ◆ Think of me as loving you when I (or you) are away ◆ I hold you in my heart ◆ You can come to me or call me when you need me

Note: Avoidant *dismisses* parental contact or parental state; **Ambivalent** *obsesses* on trying to keep attachment and has greater apparent distress at having some quality attachment and then losing it without warning. (This is a similar dynamic to the creation of gambling addiction through an unpredictable reward system.)

Workshop Exercise 1:

Review your own attachment model concerns and discuss them with your partner. Make a list of relationship concerns regarding an important current relationship – friend, family member, partner -- and write next to each concern whether it is a reflection of the current situation or if you have had this worry before in earlier relationships. Detect the influence of the past. Put “N” for now and “P” for past beside all concerns. Partners need to work through past wounds in their original context. The goal is to determine as clearly as possible the presence of the Virtual Other in your adult relationships and when you are seeing the Authentic Other objectively.

Workshop Exercise 2:

Work with Object Relations Units: Make a list of both parents’ inconsistent behaviors, boundary ruptures, lack of presence at times, etc.

- 1) Notice what feelings come up for you reviewing these behaviors and work with a partner to begin the healing process through corrective experiences or re-establishing creative self-regulation in relationship context. Emphasize re-establishing consistency and attunement in the felt sense experience: “Being Gotten,” “Feeling Met.” Follow your own pace and rhythm rather than over-focus on the other.
- 2) Flip the Object Relation and see how you may be drawn to acting out the behaviors of your parents in your own adult relationships.

Implicit versus Explicit Memory

1. *Explicit* – reflects FACTS about childrearing, autobiographical EVENTS, and general knowledge.
2. *Implicit* – includes personality, learned behavioral and emotional responses, mental models, attitudes, beliefs, perceptual images, internal body sensations (SIBAM).
3. Activation of implicit memory *does NOT* involve sense of recollection stored in the body awareness, so when triggered, parents merely act, feel, perceive or sense in the here and now (although actually from the past). Because this is not conscious, there is no self-reflection asking, “Why am I doing this?” “Why do I feel so strongly about this?” “Why am I feeling this way?”

DISORGANIZED ATTACHMENT MODEL

Infant displays frequent chaotic and disoriented behavior. May run toward and then abruptly away from parent as the child needs them but feels unsafe with them simultaneously. May run in circles, fall down, avert gaze, rock back and forth, hit their head against the wall and exhibit trancelike states indicating Freezing.

Parents attitudes, behaviors, and qualities:

1. Communication from caregivers contains “paradoxical injunctions” which present child with insolvable problems, i.e., “Come here, go away” messages.
2. Parents set up interactions that are *frightening, disorienting* and inherently disorganizing to the infant. They make no sense.
3. An internally triggered parent creates disorganized attachment through *sudden shifts of extreme states* without reference to the child’s signals.

Child’s Internal Working Model of Disorganized Attachment

1. Child cannot use parent to soothe as parent *IS* the source of fear.
2. The primary Attachment System is designed around safety for the child. When the child experiences physical, emotional, or sexual abuse, he or she develops *dis-attachment*.
3. Dual dilemma: *The child experiences terror of the attachment figure AND the loss of the safe haven needed for healthy attachment* with minimal possibility of fight or flight to reduce threat.
4. Child remains stuck between Approach and Avoidance and can become frozen into trancelike stillness (zombie like) that moves toward clinical dissociation.
5. Child may develop Affect Regulation problems, social difficulties, attention deficits, and lack of a coherent mind. He or she may become *aggressive* with others or exhibit a *controlling style* due to the danger experienced with out-of-control, scary parents.
6. Unsolvable paradoxes lead to overwhelming feelings most of the time, accompanying dys-regulation, and an inability to solve problems.
7. Children or adults with disorganized attachment may exhibit reactions without conscious awareness of ORGINS, i.e., use of present tense to describe the past, incomplete sentences, prolonged pauses in speech and cognitive disruption. They have the greatest risk of psychiatric disorders.
8. Two major drives are in conflict: the innate drive to attach and the instinctual drive to survive.

Sample Disorganized Style Repair Messages:

◆ I am paying attention to you and what you need ◆ I am sorry I scared you ◆ Let’s all calm down and talk ◆ I will protect you and stand up for you ◆ Let me give you clear directions

Demo with discussion

Discussion on *Importance of Repair and Reconnection after Attachment Mis-attunements*.

REPAIR OF ATTACHMENT DIFFICULTIES:

First Round of triads: 30 min each/15 min discussion of following questions. Explore what is relevant for you regarding attachment wounds and ways toward earned attachment or repair and reconnection.

Second Round of triads:

Parents need to REPAIR RUPTURES when they happen

1. Can you as adult practice repair in your relationships? Can you find ways to reconnect after a disturbance occurs in our relationships?
2. What are you aware was missing in your 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?
3. 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.

Group Closure Exercise

Psychodynamic Victim Perpetrator/Identity Issues

Identity often seems to become rigid and stuck in victim-perpetrator issues. We can learn to help clients become free from these adopted ways of being and live in the present in a variety of ways. The intensity of a violent encounter can create strong and disabling relational issues for the victim. Because physical and/or psychic boundaries have been ruptured, the victim may experience a wide range of attitudes and expectations about the perpetrator and these may be projected elsewhere in life experience. A form of trauma "fusion" can arise, in which the victim develops loss of differentiation, increased ambiguity in relationships, coupling of rage and powerlessness, and numerous other complex and debilitating feelings.

Victim Perpetrator Dynamics: An Overview

1. Healing the Power Wound toward Recovery of Empowerment
2. Use of Relational Field to excavate Healthy Relational Matrix
3. Dis-identification from Victim and Perpetrator Identities
4. Use of Corrective Experiences in Healing
5. Installation of Protective Ally
6. Somatic Experiencing® Techniques, including Titration, Pendulation, Resourcing and Discharge to a Trauma Resolution (Ref. Peter Levine)
7. Social Engagement Nervous System working to release and complete physiological patterning from immobility, self protective actions and reconnecting to self and others. Ref. Stephen Porges, M.D.
8. Reverse Immobilization and Dissociation when introducing threat in a safe distance and freeze framing it there
9. Boundary Rupture and Repair; Restoring a sense of safety
10. Trust Issues and Disruption of Attachment
11. Victim Perpetrator Fusion and need for Differentiation
12. Distinctions between Safe and Unsafe Touch
13. Distinctions between Sadistic and Non-Sadistic Abuse from perspective of Victim and Perpetrator
14. Therapeutic Stance, Tasks and strategies, and the Appropriate use of Empathy
15. Trauma Transferences and Counter-Transferences
16. Grounding and Containment Exercises

SEXUAL ABUSE & PHYSICAL VIOLENCE RECOVERY

(from DVD series A1 by Diane Poole Heller, see references page)

PART ONE

MODULE 1 – CONNECTIONS AND BROKEN CONNECTIONS

A – RESILIENCY IN CONNECTION

B – HEALING OCCURS IN CONTEXT OF RELATIONSHIP
LOSS OF SENSE OF SELF – SPLITS/FRAGMENTATION
COMPARTMENTALIZATION/DEPERSONALIZATION

C – BROKEN CONNECTIONS
LOSS OF “OTHER” IN MANY FORMS – PARTNER, FAMILY,
FRIENDS – ISOLATION

LOSS OF THE HUMAN HERD: SOCIETY, COMMUNITY,
CULTURE GOVERNMENT – DISPLACEMENT

LOSS OF SAFE EMBODIMENT, SENSE OF BODY, SEXUALITY –
DISSOCIATION

LOSS OF COHERENT REALITY

MODULE 2 – THERAPEUTIC ALLIANCE, ISSUES OF TRUST, & GOALS OF TREATMENT

A – REALISTIC TRUST VS DAMAGED TRUST

B – NEED FOR CONSTANCY & SEVERE THREAT OF ABANDONMENT

C – STAGES OF RECOVERY – ESTABLISH SAFETY, REMEMBRANCE &
MOURNING & RECONNECTION WITH ORDINARY LIFE

D – FACILITATING CORRECTIVE EXPERIENCE & ANTIDOTE
RESOURCES

E – THERAPIST AS CORRECTIVE COMPETITION WITH
PERPETRATOR’S OR PASSIVE BYSTANDER’S VIEWPOINT

F – REPAIRING RUPTURED BOUNDARIES DUE TO INVASIVE
VIOLATION

MODULE 3 – SADISTIC VS NON-SADISTIC ABUSE

A – DISTINCTIONS BETWEEN SADISTIC VS NON-SADISTIC ABUSE

B – VICTIM’S PERSPECTIVE

C – VICTIM-PERPETRATOR FUSION & BROKEN BOUNDARIES

D – THERAPEUTIC TASK FOR VICTIMS AND THERAPISTS

E – APPROPRIATE USE OF EMPATHY

F – SUICIDAL/HOMICIDAL RECYCLED RAGE

G – DEALING WITH DEATH & EXISTENTIAL ISSUE

MODULE 4 – TRAUMA TRANSFERENCE

A – C – SAVIOR, PERPETRATOR & INEFFECTIVE WITNESS

D – E – INTENSITY BEYOND PSYCHOTHERAPEUTIC
TRANSFERENCE

F – COUNTER-TRANSFERENCE CHALLENGES

G – SURVIVOR GUILT & SENSE OF HORROR

RECOVERING FROM THE DEVASTATION OF ABUSE

OVERVIEW: *Why this topic? Sexual Assault and Physical Violence including torture and war trauma are unique in traumatic experience because they are relational. They happen in a context with other human beings – man's inhumanity to man. Violence disrupts the fabric of our sense of connectedness, sense of existence and trust of other at a very basic and deep level.*

MODULE 1 - CONNECTIONS & BROKEN CONNECTIONS

A. RESILIENCY IN CONNECTION

B. HEALING OCCURS IN THE CONTEXT OF RELATIONSHIP: Helps repair lost sense of self and trust in other

C. BROKEN CONNECTIONS:

- The loss of God, planet, body, self, friends, family, community, intimate relationships.
- Loss of other: Nancy could only connect to rocks and trees after an assault at age 7 shattered her trust in people.

a. Spiritual disillusionment – one client repeated the Lord's prayer over and over again while being subjected to torture and felt refused even in her requests for death.

b. Humanity: Another experienced distrust of being human and would view the world from a disembodied distance to attempt to understand the world's fascination with violence and sexual violation.

c. Disembodiment and Dissociation: Need to re-establish a sense of safety inside the body where the wounding also resides. Client describes feeling fragmented with arms and legs in all corners of the room. Especially in bodywork, the therapist needs to understand how to help client re-embody gradually.

d. Planet: Need attention to grounding and finding the experience of feet. The Grounding exercises are helpful.

e. Interconnected web of life: Reconnect to life and aliveness. Re-establish connection to others like rejoining the herd in "The Horse Whisperer".

f. Divided and split sense of Self: One part stores the painful feelings and is often split off or compartmentalized inside. Fear-driven functioning covers the losses and often survivors are over-achievers. When the wounded self emerges, often functioning "feels" threatened.

g. Attachment Difficulties: Friends, family and intimate partners. Extreme fear of abandonment and betrayal. Need for persona that substitutes for genuine self so often people are not in relationship with the whole person. Client needs to eventually give up the deception. As safety increases, the authentic self engages more.

h. Broken Connections in Relationship are specific to trauma and exacerbated by Relational Trauma which may result in lost connections to self, other, family, Community, God, planet, body, sexuality, government, globe, society. When abuse is within the family and the parent is the source of terror and conflict the attachment figure and safe haven is lost.

Our job as caregivers is to help the client knit themselves together and to heal disrupted relationships when possible.

Reference: "The General theory of Love" by F. Lewis, F. Amini and R. Lannen

In terms of enhanced resiliency, victims once healed, will never be "normal" again but, instead, often exceed their own expectations. Resolved trauma leads survivors to expand their range of resiliency and capacities because, in order to recover, they must access resources they may never have accessed otherwise. During the completion stage of recovery the client often enjoys a treasure hunt- exploring an unfolding new life that includes mastery, empowerment and the inner knowledge that the challenge of trauma can be met.

MODULE 2 -THERAPEUTIC ALLIANCE, ISSUES OF TRUST & GOALS OF TREATMENT

A. REALISTIC TRUST VS EXTREME LACK OR OVER-GULLIBILITY

- Client may demonstrate a variety of problems and distortions around issues of trust with you as the therapist as well as in other relationships. Shame or violation of boundaries can lead to need for deception.
- Clients may throw trust at people without taking the time to let people including you earn their trust. They may want to trust so much that they leap before they look. This excessive gullibility can get them into difficulties.
- Clients may swing to the other extreme and never trust anyone. They globalize the projection of danger and the disturbance with their perpetrator.
- In either event, there is no discrimination regarding realistic trust and this is what needs to be developed. It is helpful to ground client's sense of trust in the body as body awareness is gradually tolerated.

B. NEED FOR CONSTANCY OF TREATMENT AND RELATIONSHIP AND THE CLIENT'S SEVERE THREAT OF ABANDONMENT

Treatment needs to be available and consistent.

- Breaks in treatment often trigger a severe threat of abandonment in abuse survivors so care must be taken in preparing a client for a necessary break.
- Transitional objects can be helpful. You might lend a client have something from your office in your absence.
- It may be advisable to refer clients out before starting treatment if you will be out of town or unavailable for extended periods of time.
- Victims and survivors of abuse have had to live with an intolerable lack of support and often have suffered severe abandonment by the perpetrator and other caregivers especially if the abuse happened in the family context where, in an ideal world, children could expect to be protected. (Rabbit in the rabbit hole)

C. STAGES OF RECOVERY

- Establishment of safety – build an oasis of safety that includes important resources. You should notice a gradual shift from the client's hyper-vigilant sense of unpredictable danger to a more reliable sense of safety. Bring the growing sense of safety into the body sense. What happens in your body when you feel safe?
- Of course it is important to deal with and resolve real threats in the client's current environment.

- Remembrance and mourning – Gradually facilitate dissociated trauma memories to be integrated and support the needed grieving.
- Reconnection with ordinary life – support a movement out of isolation into greater social connection.
- Group support is stage related in those survivors groups eventually need to include people without abuse dynamics.

D. FACILITATING CORRECTIVE EXPERIENCE & ANTIDOTE RESOURCES

- Resurrection or construction of protective ally – exercise
- Construction of corrective experience at specific place, time, age, event.
- Evaluate missing & existing resources, build oasis as safe space.
- EXERCISE: In dyads, the person playing the role of the client will describe a moderately frightening experience where they felt alone and the person playing the role of the therapist will facilitate exploring the possibility of having the experience with the added support of a protective ally. 20 minutes each.

E. THERAPIST AS COMPETING CORRECTIVE VIEWPOINT

- Often when abuse occurs, there is no competition for the perpetrator's point of view: Therapist needs to compete the perpetrator's view and to challenge and correct it so that new perspective can be added to the menu and eventually replace the offender's worldview. Victim Perpetrator Fusion can be a problem that needs to be addressed if the client merged with the perpetrator's views and words.
- Because abuse most often happens in secrecy and isolation, the therapist needs to actively counteract these distorted messages vs. remaining neutral.

F. REPAIRING RUPTURED BOUNDARIES DUE TO INVASIVE VIOLATION

- Boundary exercises – 360 degrees, rolling ball, touching & gently pushing palms.
- Put perpetrator away as far as client needs them to help to reverse dissociation and immobilization.

MODULE 3- DISTINCTIONS BETWEEN SADISTIC VS. NON- SADISTIC ABUSE & APPROPRIATE USE OF EMPATHY

A. DISTINCTIONS FOR SADISTIC ABUSE VS. NON-SADISTIC ABUSE (see last page chart)

- **Sadistic** Abuser is less overtly angry, more controlling, slowly tortures; the angry rapist explodes.

- **Non-sadistic** Abuser distorts the victim's reality by projecting that the victim desires the contact. "Grooming offenders are turned off by the presence of pain: they do not intentionally inflict pain or suffering. Typically, they do not use physical violence of any sort, preferring instead to manipulate children into sexual activity through cycles of trust and betrayal." Awareness of pain decreases arousal levels.
- **Non-sadistic** offenders engage in a variety of creative thinking errors, the effect of which appears to be to mask from themselves the child's aversion to the behavior and to rationalize their own involvement." Anna Salter – Transforming Trauma
- **Non-sadistic** offenders can have empathy in other areas of their life when not blinded by own desires. Can take the perspective of the child in order to manipulate them but are unable to use empathetic concern. P. 111, Transforming Trauma
- **Sadistic** offenders do not distort the victim's point of view. See the client clearly and use the accurate information to the client's detriment. Gelin (1992) described one such offender who saw that the child was mentally escaping the molestation by gazing out the window. He shut the curtains. In that act, he revealed both that he knew the child's experience was aversive and that he was capable of determining even subtle ways the child had of relieving her pain. His goal was to increase suffering, not to pretend it wasn't there. Another was not allowed to look away.
- **Sadists'** thinking errors do not include denial of victim suffering. Instead, sometimes sadists will project on the victim their own sense of being sick, perverted or evil.
- **Sadistic** incest offenders seem prone to enmeshment and fusion with their child victims.

VICTIM'S PERSPECTIVE:

- Child molested by a **non-sadistic abuser** who **uses manipulation rather than violence** has the experience of emotional invisibility. (Use sheet and cover up person or self.) His or her reactions are misread by the offender to suit his own needs so that **he or she is not "known" by him** the way the victim is deeply "known" by the sadistic offender. His or her true feelings are invisible to the former even as they are carefully monitored by the latter.
- **Internalized Non-sadistic offender's voice:** The child is worthless, enjoyed the abuse and is responsible for it. The survivor disregards his or her own experience as it was once disregarded by the perpetrator. His or her needs, wishes, and desires do not matter. He or she takes responsibility for other's affect but seems unaware of his or her own co-dependency tendency. After all, he or she has been taught that he or she is responsible for the offender's sexual interest in her. "Bambi may associate his innocence as causal to the giant foot's descent of Godzilla.

Deserved it. Shouldn't have been out in that patch of flowers in that part of the woods..." Blames self for wrong place, wrong time.

VICTIM – PERPETRATOR FUSION & BROKEN BOUNDARIES

- Victim-Perpetrator Fusion more severe in Sadistic abuse: Extreme forms of negative self-image – the sense of being horrible, of being slime, of being disgusting.
- Sadistic offenders projections: Include their own, and unfortunately accurate, sense of being EVIL.

Broken boundaries

- Energetic violation – negative merger
- Disown introjection/re-own projection
- Emotional – invalidation or misuse of invasive empathy
- Physical boundary rupture – specific & generalized
- Appropriate use of non-merging touch
- Spiritual void – calling back of the soul
- Victim-Perpetrator fusion: No separation between violator and violated due to loss of boundary. May need to work abuse from both victim and perpetrator's vantage points.
- Need for differentiation: i.e. me, not me exercise. Violation, voltage and vulnerability; Remember: (Activation in the nervous system-stacking to logjam to fragmentation.)

THERAPEUTIC TASK FOR VICTIMS & THERAPISTS:

- Non-sadistically abused victims have the task of removing the borrowed self-image, of finding and countering the internalized offender's voice, easing the shame and parts. Not effective to simply say it wasn't your fault – only cognitive and needs to change on deeper level.
- In Therapy: Not afraid of emotional visibility – can be relieved by it during effective therapy. He was abused while being emotionally invisible so he finds safety in visibility and attunement and be free of the crippling internal critic that haunts him. This may create excessive dependency on therapy. Fear betrayal.
- Sadistic offender's victim's task: emotional visibility holds no solace and may be terrifying. Offender saw him and used his thought, feelings and wishes to intentionally hurt him.
- In Therapy: Any expression of caring or interest in anything was dangerous because it could be attacked to hurt him. High levels of de-

compensating anxiety may be generated by the “being known” quality of therapy. This creates much confusion for the client as well as the therapist in treatment. The client may get worse as he is seen more. Needs to learn that safety does not lie in deception, in hiding one’s true feelings and to appreciate that there can be benevolence in the face of vulnerability.

- THE ENDLESS QUEST FOR EMOTIONAL INVISIBILITY ON THE PART OF THE SADISTIC ABUSE SURVIVOR CAN MIMIC ALEXYTHYMIA IN ITS EXTREME FORM! This difficulty often applies to torture survivors.
- Examples: A client has no feeling related to flashback nightmares or resource state, can draw difficult scenes from childhood but no emotional response – can’t laugh or cry. Recommended book: Too Scared to Cry by Lenore Terr. Severe split self. Certainly, fear of emotional visibility is a factor in many survivors’ difficulties in marriage and partnership – because there can be no intimacy when one partner remains emotionally opaque.
- Therapist’s stance of benevolence in the face of vulnerability and be a compassionate presence. Such a presence can ultimately be internalized by the client into a loving kindness toward the self. This replaces the distorted critic and the homicidal rage that is too dangerous to direct toward the perpetrator that is often turned against the self as in suicidal tendencies. Completion of the thwarted rage response is necessary for physiological completion and integration.
- Unconscious learning: is that vulnerability will be met with projection, co-dependency and sexual exploitation. Therapeutic neutrality may be understood to mean indifferent stance to pain. This is re-abuse. Ineffective witness transference.

USE OF EMPATHY IN TREATMENT:

- Use empathy in accordance to client’s capacity to receive it. Do not flood the desert. Empathy can be the drug and we as therapists the pushers. Do not over function and rob clients of their own growing functioning.
- Remember empathy can trigger sadistic misuse of attunement. Attunement that was real but used against the survivor.
- Survivors can get better and worse at the same time which can be confusing for both the client and the therapist.

SUICIDAL AND HOMICIDAL RECYCLED RAGE OUTBURSTS:

- Thwarted rage response and the explosive need to go somewhere. *The rage often is alternately aimed at the self in the form of suicidal ideation, suicidal acts or toward an external target in homicidal ideation.*

- You always must evaluate whether or not the client is in danger in terms of harming themselves or another.
- Check rage and suicide history, whether the client has the means now, i.e., has recently purchased a gun or drugs, etc. Check if the client has a plan to execute and if they feel at risk in terms of hurting themselves. If you determine danger is imminent, you can have the client checked into a hospital under a 72 hour hold, to be evaluated by the hospital and a psychiatrist.
- Clinically, help client work toward COMPLETION AND INTEGRATION of defensive orienting responses such as FIGHT OR FLIGHT.
- Flooding of SNS re: Fight & Flight can emerge when the Dorsal Vagal shutdown releases (like brake lifted too quickly and you feel over-acceleration). Need to titrate.
- Understanding self-mutilation as form of discharge. As you help your client rebuild the body's capacity for discharge, this need will diminish and resolve.

MODULE 4- TRAUMA TRANSFERENCE

A. SAVIOR TRANSFERENCE:

- Client feels that you are the perfect rescuer and attribute inflated qualities to you. Need to help them see that they are doing the hard work of recovery and that it is their internal wisdom and body that knows how to heal. Counter-transference: Feel you should be able to do it for them or possess a magic wand. Make sure you are not working harder than your client.
- Out of an intense need to be rescued the client may give the therapist magical powers and develop intensely idealized expectations of the therapist. Do not take on this projection of omnipotence. The client may feel that life depends on their rescuer and that there is no room for error. You must continue to empower the client and help the client to recover from the extreme helplessness toward reclaiming personal power. Beware of over-functioning for the client or an over-dependence on therapy. Remember what GURU really means. Say aloud, G, U R U!

PERPETRATOR TRANSFERENCE:

- Client sees you as perpetrator. May be a useful part of integrating memory. Keep your seat! (Nan) "I want to strangle you!" You may over-react to their collapsed state or anger. Beware of projective identification in counter-transference in taking their anger as your own.
- What used to be considered the client's innate aggression is more appropriately seen as the violence of the perpetrator and offers important clues to what the client actually experienced in the abuse or torture.

(Nan) the client may attribute all sorts of unhealthy or malevolent motives to the therapist as a reflection of the internal doubt and disrupted trust, i.e. voyeurism relating to the story.

C. BYSTANDER OR INEFFECTIVE WITNESS (explicit or implicit denial or neutrality).

- You may feel unskilled by the client as if you are totally ineffective as they work through rage as passive or ineffective bystanders.
- ELEPHANT IN THE LIVING ROOM: DENIAL – Everyone in the family walks around it even if they knew about abuse. Ineffective witnesses. Explicit denial.
- Environmental and relational implicit denial: Many people around the survivor did not know the abuse was happening and this makes the survivor feel ISOLATED AND DIFFERENT.

TRANSFERENCE IS INTENSE:

Exceeds idealizing or devaluing transference referred to in psychoanalysis. Trauma survivors' emotional, cognitive and visceral responses to any person in authority have been disrupted by extreme fear. Therefore, trauma transference often has an extreme life and death quality very different from ordinary therapeutic experience.

TRANSFERENCE IS TRIAD VS. DYAD

Presence of perpetrator and their command for silence is now being broken. Perpetrator energy is in room as you are treating the victim. Perhaps the victim energy is in the room. Ex: Client had terrifying dreams that the therapist would be killed and mutilated by the perpetrator who had promised to do so if the client ever told the story.

F. OTHER COUNTER-TRANSFERENCE CHALLENGES INCLUDING WITNESS GUILT AS YOU BEAR WITNESS TO THE CRIME. SECONDARY PTSD DIFFICULTIES.

G. SURVIVOR GUILT AND SENSE OF HORROR

"Integrity is the capacity to affirm the value of life in the face of death, to be reconciled with the finite limits of one's own life and the tragic limitations of the human condition, and to accept these realities without despair. Integrity is the foundation upon which trust in relationship is originally formed, and upon which shattered trust may be restored. The interlocking of integrity and trust in caretaking relationships completes the cycle of generations and regenerates the sense of human community which trauma destroys."

Judith Herman, M.D. – TRAUMA AND RECOVERY, pg 154.

SADISTIC ABUSE	NON-SADISTIC ABUSE
STYLE: Cold & Calculating. May describe act, then slowly torture.	STYLE: Rapists angry and explosively violent. Molesters groom victims through seduction, manipulation, and cycles of trust and betrayal.
MIRRORING OF VICTIM: Accurate, empathetic connection and offender uses information against the victim to increase terror and pain. Victim is deeply known, visible, seen.	MIRRORING OF VICTIM: Distorts victims, reality to believe victim wants contact. Projects own desires on victim.
AROUSAL RESPONSE: Abuser's arousal is increased by victim's suffering and is intentional @ inflicting pain and inducing terror.	AROUSAL RESPONSE: Turned off by pain. Decreased arousal if suffering seen or acknowledged.
THINKING ERRORS: Do not include denial of victim's suffering. May project onto client their own sense of being sick, perverted, dirty and evil.	THINKING ERRORS: Rationalize own behavior. Will not see child's aversion. Believe victim wants or deserves contact & violation.
IMPACT OF FUSION: Offender prone to enmeshment with victim. Victim may introject extreme forms of negative self-image; i.e., sense of being horrible, slime, evil.	IMPACT OF FUSION: Less fusion. Incongruence, isolation & separateness felt as well as difficulty in knowing self.
VICTIM PRESPECTIVE: Deeply known by abuser, feels overly exposed. Genuine feelings and responses seen, acknowledged and used to hurt. Vulnerability becomes intolerable and need to deceive imperative. Hides out.	VICTIM PERSPECTIVE: Victim experiences emotional invisibility. The victim's true feelings are disregarded and he or she functions as merely a screen for the offender's desires. The victim may become skilled at reading other's wishes, feelings, and states but is unaware of his or her own. Co-dependency issues.
THERAPEUTIC TASK: Caution in use of empathy because was abuser's tool for pain and suffering. Intense anxiety and decompensation possible as client becomes better "known" in therapy. May get better and worse. Client needs to realize safety no longer lies in deception. There can be benevolence in face of vulnerability. Therapist must provide compassionate field.	THERAPEUTIC TASK: The unseen client usually finds safety in being seen in therapy because the danger was in being unseen during abuse. Need to extricate client from their "borrowed or introjected" self-image. Need to compete with perpetrator's perspective and deactivate inner critic. Client fears betrayal and trust easily disrupted.

Reference: TRANSFORMING TRAUMA by Anna Salter

Demos

Descriptions, Processes and Teaching Points

Disc 1 Demo: Pavitar

Disorganized Attachment

Pavitar experienced a childhood with physical and emotional abuse. Consequently she is fearful of being with other people, filled with self-hatred and inability to trust others. During the session, she notices one friend she can trust in the group as a resource. When Pavitar feels the presence of this safe person, along with the sense of safety that Presence creates in her body, Pavitar's hyper-vigilant activation decreases and calms.

Understandably, we discover highly mobilized energy in her arms that initially becomes tingly aliveness. Pavitar is able to self-soothe and self-regulate. Soon more activation shows up in constricted shoulder muscles. We look for evoking and completing self-protective movements through distancing the original threat. We reverse the immobilization by freezing the threat instead of allowing her body to become paralyzed. She experiences tremendous relief and feels her own body is her greatest resource.

Pavitar experiences her history of abuse falling off her back and shoulders. She continues to work on the activation triggered by an upcoming visit with her Mother for the holidays. We work to repair weak boundaries behind her back that were related to that troublesome relationship.

Most significantly, Pavitar emerges from living in the chronically stuck threat response long after the original threats from an abusive childhood have passed. Pavitar realizes she has a completely different experience of the world as she feels safer and reclaims her sense of empowerment and resilience.

Teaching Points:

1. Emphasizing the appropriateness of Pavitar's protective energy brought in the felt sense, reinforced by installing the Competent Protector.
2. Reducing hyper-vigilance and enhancement of a sense of safety with someone present in the room as a relational resource engenders trust as an antidote to the recurring deep betrayal from an abusive childhood.
3. Giving the client distance from the threat and reversing immobilization support safety and relief. This also gives space for self-protective movements and defenses to arise and complete.

Repairing the boundary rupture from previous intrusions results in her feeling her history fall off her back. Once relieved of threat response, she enjoys a completely different experience of the world.

Disc 2 Demo: Cheryl

Discharge of Chronic Pain Pattern – 11 minutes

Disc 4 Demo: Amara

Avoidant Attachment – back into her SPARKLE!!!

Amara's concern is the lack of intimate relationships in her life. She feels alien and "walled off" from others when she has needs or requests. She explains that her parents had tried to have her aborted. It was a large family. Her Mother did not like children and both parents were very busy and preoccupied. She describes an emotionally dead, vacant family life. The felt sense of the family deadness shocks her.

Experience of safety and relational continuity
Ego state work and integration

We start with grounding to check ANS regulation.

As Amara connects with a male friend who is grounded and present, she feels solid inside and safer. We emphasize how her body feels safe in the felt sense and she has the experience of "I arrive." "I show up when in the presence of presence." Looking into the face of a secure attachment figure like her friend, Amara feels solid, out of chaos and grounded herself. When we alternate from the family deadness to the rightness of this man's presence, Amara feels her "sparkle" come back amidst laughter and lightness. Humor is a Ventral Vagal capacity and we see her socially engaged. Here is a fine example of how healthy friendship can restore healthy secure attachment.

She sees herself at age 10, when the family moved a lot, dealing with a hostile mother. We access friendly faces present in the group to enhance her sense of having allies imported to that time. She feels safer, stronger. I have her imagine her 10 yr old seeing her current adult self and experience the difference it makes to feel safer now. We have the adult Amara give the 10 yr old a tour of her life now, which brings integration and relief.

Amara can feel connected to members of the group and regain her emotional self with support of others who are connected and compassionate. She sees that she is no longer limited to her difficult family. We explore contact issues and the walls that come up when she attempts sustained contact with others. She can feel her conditioning from her history in her body. It feels great for her to articulate, "I'm alienated."

She sees the projection of the past onto the group and how real it feels not to belong. Amara worries about the group's reactions to her. She decides she can survive on her own-a reiteration of Avoidant Attachment style that is not really a "decision". We honor that isolation from a difficult family worked in the

past. This time, when she lets her allies in, she can breathe and regulate again. She feels her real self again and feels light-hearted and playful. She risks looking at the group and feels, "I want contact with them but will they want contact with me?" Amara stays with the impulse for contact and feels a *new* sense of connection in her body (not a mom and dad experience for her). She can tell she is NOT projecting her history now. Weight drops off her shoulders and she takes time to integrate. The SPARKLE is back!

Teaching Points:

1. Using corrective experience and antidote resources to recall the core intactness of the original attachment system
2. Integrating ego state by accessing the activation related to the frightened 10 yr old and bringing her into the present.
3. Accessing and stabilizing the group relational field as a safe resource to help break Amara's projection of the past.
4. Helping the impulse for contact with one's self and others to emerge and broaden to allow fuller social engagement and connection.
5. Reclaiming radiance and playfulness of her authentic self

Disc 5 Demo: Masti

Avoidant Attachment

Meditation Exercise: Imagine looking out into the world and seeing kind eyes looking back at you – eyes of a grandmother, friend, a dog, anyone. What happens to your physiology when you see kind eyes – eye to eye?

The avoidant attachment style includes issues with contact with self and others to the point of feeling “alien” or alienated. It is as if they haven’t fully arrived on the earth plane yet and have one foot on and one foot out in the cosmos. The therapeutic goals are to help them arrive more completely, to feel fully embodied, and to engage in the physical emotional realm--to have the sense that “I have arrived” in welcome.

Difficulty feeling that “I exist” in safety can be caused by the absence of another PRESENCE to allow the child to be present. Often children develop this when their caregiver is absent or actively rejecting or hostile to the extent that the child reacts by disconnecting. The child decides that relationships in general do not work and are not satisfying. Having basically given up on others, one relies on oneself for nurturance or seeks fulfillment in only work or non-relationship activities.

We focus on ANS regulation first and continue with the exercise of looking out into the world and being met by kind eyes as a corrective experience to the hostility she experienced with caregivers as a child. She feels sad about her original family. With the kindness resource, Masti discovers her “body smile”.

Masti reports often feeling withdrawn and notices that she pushes contact away. She knows that is a strategy for self-protection, but we try something new to increase her options so that we are not taking anything away but rather expanding options.

We work with designing a “*Welcome to the World*” corrective experience next, asking “What kind of entry into the world could you have that would really celebrate you?” She sees a meadow full of blooming flowers in the midst of a gathering of horses. “What particular horses or particular flowers?” We take time to fill in the scenario and bring it into the body’s felt sense to deepen the corrective experience. Eventually, the relaxation and sense of safety she feels from the welcoming scene lands in her belly.

We want to include people to help heal isolation from others. We revisit the *kind eyes* exercise and she regains her feeling of lightness and excitement. She is more relaxed with more space. “What happens in your body and sense of self when you consider this possibility of connecting to people?” Masti reports a vertical channel opening through her body, connecting the heavens above and

rooting her to the earth below. She regains energy and awareness in her skin and the muscles of her face and a sense of connection to herself that feel very new. We revisit the scene with the horses and flowers and track what happens in body. Again we revisit *kind eyes*. The contraction in midsection lets go into expansion.

It is harder to bring people in. We explore what difference the kindness she can touch into makes and this awareness is curative. Masti reports that she used to “go out and now may stay in. *“I can just BE, just as I am”*.”

We take time to orient, to explore this new place as well as time to stabilize and reorganize. Masti feels there is nothing she has to do. The new experience is manageable – she has enough energy and life force. It is ok and fun to show up. She has a glow in her face when there is presence and safety. “You still have that presence, that core intactness, even though the original holding environment were disrupted.” I advise her to “Pace it to as much as you are ready for”. Masti feels much more whole. She says, “My energy is coming out of my eyes to meet others now.” Her radiance is there, full of laughter and smiles. She is socially engaged with a shining face. I recommend that she save and soak in this new energy to build capacity for life force and juice. Don’t spend the energy right away and allow time for adjustments to happen.

Teaching Points:

1. Using attachment specific corrective experiences to contact original healthy attachment system; i.e. “Finding *Kind Eyes* and designing the client’s own “Welcome to the World” exercise.
2. Helping clients with Avoidant Attachment to safely resurrect the impulse and capacity to connect with others, allowing clients to regain social engagement.
3. Helping clients increase their capacity for greater life force and to contain stronger energy while being embodied and in contact with one’s self.
4. Giving time for stabilization and reorganization after major internal shifts occur

Disc 6 Demo: Nirala

Ambivalent/Disorganized Attachment Style With Victim-perpetrator Dynamic with Occasional Violence

(low volume at beginning)

BACKGROUND: Nirala's mother was violent at times and loving at times. Fortunately Nirala has a very safe partner in the present. She experiences a quick spike of activation when we access her mother. She experiences over coupling in that she wants to cry, her hands are cold, and her mouth is dry. We focus on safety with her partner and their dog, Shanti, relaxing in bed. "What difference does it make when you access the safety available in your life now?" She is afraid to repeat the pattern of her family of origin and feels a heaviness. (PNS over activation)

We put Mom as far away as Nirala's body wants her. Nirala loves her but is afraid of her. Mother has bipolar pattern full of energy and negativity. Example: "My Mom would tear my clothes out of my closet and demand I clean it up." She experienced an erratic chaotic, situation with her mom in reality, but she longs for a stable mom. When she feels the support of her current partner, she relaxes into an experience of healthy secure attachment.

Nirala experiences her need to dissociate; to check out. We acknowledge that it is important to keep her love for her mother intact while we focus on the difficult mom; the one who trashes her closet, etc.

Dissociation: Nirala has to effort to get through the "fuzz" blocking her memory. I reinforce that this childhood is OVER. As she reconnects, she recalls, "The first time I said, 'NO,' she hit me until I said, 'Yes'." Nirala's physical defenses were beaten down. We did the exercise to give her body the distance she needs from her Mother. Mom is seen as a tiny person on tree branch in glass bowl in the shade. Nirala wants to make sure she is alright. We normalized that relationship with a parent is complicated, containing many feelings of love, anger, etc. We look for anyone stable in her early life. We bring relationships with Marc and Maggie as resources from today back to childhood. They are competent protectors imported as allies to her child self. We include Nirala's adult self as a resource as well. She immediately feels more alive. Then she feels guilt about talking back to Mom. She was 10 when she was hit. I reinforce no one gets hurt in this exercise. She experiences a successful escape into new life now. Nirala has already survived the difficulties of childhood, which feel real now even though they are from the past.

Exercise: What does the 10 yr old want or need if you were making your own movie? She wants light-heartedness, but it is hard to imagine resources at 10 yrs old.

"What happens in your body when Mom was ok?" She wants everything to slow down. Slow it down. "What happens in your body when you slow everything down?" She feels more space for herself. She can breathe and feel her breathe again. She holds her chest as self-nurturing and self-regulation. Slight collapse and letting down happens. Time stops. She feels the presence of Marc and Maggie next to her now.

The tightness in Nirala's throat resolves when she expresses "BACK OFF!" As she mobilizes her self-protective responses toward running to a safe place in the forest, she feels more power and can breathe.

Aliveness increases for Nirala as tingling in her arms as she is "running." So much energy! She groans and cries while running and discharges the bound energy so it no longer locks up emotions in the body. Her feeling of having "a beehive in my hands" indicates high activation. She feels like an animal running free versus being trapped in a household with violent parent. She has a successful escape and a lot of new found energy to defend her self from Mom and Dad. "Feel the energy of sound and let it up and out your throat." I point out her that her mother was not just cutting her off; she was also abusive with the hitting. Nirala realizes, "I feel like I got away. I'm proud and excited and can relax, down regulate. I'm Pronking!" Energy can now release instead of being stored in symptoms. She relaxed the bracing that thwarted her own impulses to protect herself. She was running with full extension and "full on" – expressing, "I'm alive and I'm free".

Teaching points

1. Defining attachment style as disorganized due to violence and evidence of dissociative coping method.
2. Separating good mother from difficult mother to work the over-activation. Lifting the over-activation of the PNS–dorsal vagal brake to release bound energy.
3. Evoking and completing thwarted defensive responses of fight (groans, roars) and flight responses (running away through the forest).
4. Returning to empowerment and "pronking" exhilaration with the feeling that "I have successfully escaped."
5. Discharging bound, high activation to alleviate symptoms and reduce dissociation and increase aliveness and freedom
6. Repairing boundaries and de-constriction by having one's voice
7. Integrating the child self ego state into the adult self.

Disc 7 Demo: Coral

Disorganized Attachment

Coral grew up in a chaotic household with a father who was violent and mother who was suicidal. Her stepfather was also emotionally abusive. I ask her to think of a person in her past that was a more stable presence in her life and she chose a teacher named Joan. When she thinks of Joan her face becomes alive. She reports that she feels lighter and warmer. She begins to discharge with energy moving down and out through her arms. She becomes a bit afraid of the energy releasing and we go back to the resource of her teacher Joan. More sensations of discharge are aroused. We comment on how this is a good thing. She feels such relief in the resource she wants to cry. She feels her teacher understood her and accepted her sensitivity. As she resources the relationship with the teacher, her back starts to relax, her breathing deepens and she is able to orient. She feels she wants to leave her family and go with the teacher. She would like the teacher to come speak out to her family about their behaviour and tell them how they should treat her. She wants the truth seen and heard. Helping Coral find her voice "This needs to stop!" "This is not good enough" "You need to recognize the children's needs." As her arousal around her family begins to rise, we shift focus back to her "protector" teacher. She feels the final phases of the discharge go in her hands. She finds herself feeling safe and secure in the relational field of the treatment space. Colors are brighter.

Teaching Points:

1. Installation of a competent Protector to reinforce safety and stability in the client's body.
2. Restoring grounding and the capacity to gradually discharge high arousal.
3. Expanding the body's felt sense of safety in physical sensations of tingling, awareness, muscles relaxing and the body settling and "dropping down."
4. Using interactive regulation to support and enhance her self-regulatory mechanism.

Disc 8 Demo: Sam

Avoidant and Disorganized Attachment Style with Victim Perpetrator Dynamics.

Background: Sam was severely beaten by his Father as a child. At age 9 had the distinct feeling of his life being threatened by physical abuse. Sam's reaction is deep physical constriction and disconnection. He has been unable to relax or discharge bound energy.

Corrective exercises:

Exploration of boundaries. Sam comes to realize he has few or no external boundaries and that he has totally consolidated all of the mobilized energy into a tight ball in his belly, a deep constriction. We distance the threat and encourage self-protective responses to rebuild empowerment from extreme helplessness. He eventually experiences "I can stand up to my father" feelings in his trunk. He begins to have strong discharge and we work to help him stay present and to pace the discharge so that it is manageable.

Boundary repair begins on the left as his body experiences a very strong discharge. His body begins to fill with renewed life force. The process is to reintroduce threat to stimulate active responses for self-protection. We uncouple the collapse/immobility response of fear and mobilize defensive orienting responses. He regains more life force. We give Sam time to adjust to having more energy flowing through his body and to develop the capacity to contain it.

Teaching points:

1. Using the *360 Degree Boundary* exercise to identify ruptures and begin repair on his left side; working with right-left body split.
2. Facilitating strong discharge through vibration and shaking in Sam's legs to release deep constriction without flooding.
3. Filling the body with life force and helping Sam "tolerate" positive energy.
4. Introducing the threat, giving distance as resource, reinstating self protective responses to regain empowerment
5. Uncoupling collapse immobility (the freeze response) from fear and regaining defensive movement and mobility, restoring life force.

Disc 9 Demo: Sahaja

Boundary Repair

Exercise: Exploring Boundary Awareness in increasingly challenging relationships to evoke the restoration and discerning functioning of the client's boundaries.

First we have Sahaja imagine a friendly person with whom she feels relatively safe. She experiences openness and intimacy and that her boundaries are more permeable with someone she trusts.

Next we work with a relationship with a moderate level of conflict. This triggers automatic defensive responses: a sign her boundaries are available and working. She pushes out and expresses the message, "Go away!"

Finally, we introduce the idea of someone with whom she has a highly conflicted relationship, this time an ex-partner. Again, when she feels that she does not trust this person, she asks me to move them back. She wants his eyes covered so she does not see his offensive look. His look feels like a laser beam, mean and penetrating. He lives near her, so we experiment with what her body can do to avoid feeling invaded. She discovers her boundaries can bounce his negative energy off and she can look into his eyes now without fear. She tells him, "This town is my home, my space, too, and you will leave me alone. If I see you, I can walk right past you and be free." Her boundaries strengthen and she sees him more as an equal now rather than being intimidated by him. She sees that by discharging the arousal originally related to this relationship, she is now empowered and can choose more successful options.

We practice having her gaze into his toxic, mean look again. This time she says, "I can ignore it; he doesn't have any power over me now!" This exercise shows that boundaries can be repaired through discharge of residual arousal from activation by persons or events.

Teaching Points:

1. Determining boundary strengths and weaknesses in 3 increasingly challenging situations. We start with a safe situation.
2. Discharging arousal to strengthen and enhance boundary function.
3. Evoking and completing self-protective responses in the face of conflict, fear, or threat.
4. Demonstrating the boundary and discernment of intact boundary function.
5. Increasing Sahaja's confidence, resiliency and sense of safety in relation to a difficult person living near her with whom she occasionally comes in contact.
6. Noticing boundaries get stronger as threat arousal is discharged.

Disc 10 Demo: Samved

Samved wants to be able to achieve a deep sense of relaxation as opposed to feeling the constriction in his body that happens when he feels judged. I lead him into noticing his body's reaction to working in front of the group. He feels a level of agitation, tension, anxiety and high heart rate. After being with the feeling for bit his heart rate begins to settle. We notice that the body does this regulation on it's own. In an effort to relax he focuses attention on his belly. As he checks in to this sense of the group he realizes the condition of feeling judged is an old thought pattern. I ask him to place this idea or ego structure outside of himself, to observe it at a distance. As he does this his belly opens up and relaxes, releases heat in his center. As the discharge takes place his awareness of the relational field broadens and he sees the group more as individuals and more welcoming than judgmental. Having cleared the ego structure/point of view he now feels alive, freer and connected to his essential self.

Teaching Points:

1. Building the client's resiliency as well as extinguishing fear in the face of the tension around judgment as judgment exists as a universal human condition.
2. Discharge of arousal in the form of agitation and anxiety that arises from feeling judged by others.
3. Looking at the issue of criticism from an expanded perspective -working outside the ego structure.
4. Stabilization of increasing relaxation and expansion within disorientation so that Samved experiences deeper presence.



Diane Poole Heller, Ph.D., of Louisville, Colorado, USA, an internationally applauded author, therapist and teacher, is an established expert in the field of trauma resolution, with 30 years experience in spiritual exploration.

She brings cutting edge psychology, solid science, and insightful spirituality together with her 30 years of trauma resolution experience through her artful, approachable teaching style. Her approach to trauma healing is holistic and effective and interweaves all aspects of the human experience – body, mind, and spirit – in the healing process. Dr. Heller's approach to healing is a result of over 30 years of research, teaching, practice and spiritual disciplines which have lead to her believe that trauma, when supported with the proper approaches, can be an opportunity of greater spiritual expansion.

Her workshops are presented with interactive lectures, multimedia presentations and live demonstrations of the therapeutic practices in actual healing sessions. Workshop topics she presents include: Victim Perpetrator Dynamics; The Power of Presence; Character Disorders: Schizoid, Narcissistic, Borderline, Character Structure, Attachment Models; and Psychotherapy and Spirituality.

Her book "Crash Course," an explanation of how to resolve auto accident trauma, has been published in the US and internationally and is used as a guide for healing general trauma. She has created a highly successful series of media resources, DVDs, CDs and articles for SE practitioners and others interested in healing.

As dynamic speaker and teacher she has been featured at prestigious international seminars and conferences and is the author of numerous articles in the field, including a CNN video production dealing with the Columbine High School tragedy.

Somatic Experiencing®

Dr. Heller began her work with Peter Levine, founder of the "Somatic Experiencing" method of trauma resolution in 1989. As a Senior Faculty member for Levine's Foundation for Human Enrichment she teaches all levels of SE in the US and abroad, including Denmark, Italy, Germany, Switzerland, Israel and others.

Levine's theory postulates that symptoms of trauma are the effect of a dysregulation of the [autonomic nervous system](#) (ANS). He has shown through his work that, when supported by the procedures of Somatic Experiencing, the body has an inherent capacity to self-regulate after experiencing trauma. SE sessions are done face to face; however, unlike traditional psychotherapies, they involve a client tracking his or her own "felt-sense" experience. This approach engages the client's awareness of their own physical sensations as a partner to their own recovery.

Through a series of techniques that interplay between memories, body sensations, and dialogue with the therapist, traumatic events held in the body are discharged, allowing the body to self-regulate and emotional balance to be restored.

Recommended Resources

By Diane Poole Heller

(see Educational Resources document included on this CD)

Crash Course: A self-healing guide to auto accident and trauma recovery by Diane Poole Heller and Laurence Heller - (available at www.drdianepooleheller.com)

DVD Demos with Diane Poole Heller (35 minutes to 2 hours)

Disorganized Attachment
Avoidant Attachment
Avoidant and Disorganized
Ambivalent/Disorganized Attachment

Sexual Abuse and Physical Violence Recovery Programs
Therapeutic Interventions for Professionals DVD A1 and CD A1A

Hardwired to Heal: Somatic Experiencing and Poly Vagal Theory – Article, DVD and CD

An Overview of Somatic Experiencing, DVD and CD

And others

Waking the Tiger by Peter Levine (available at www.traumahealing.com)

It Won't Hurt Forever. Recognizing, responding to and preventing childhood trauma.
Peter Levine and Maggie Kline (Amazon.com)

The General Theory of Love by T. Lewis, F. Amini, & R. Lannon

Becoming Attached: First Relationships and How They Shape Our Capacity to Love by Robert Karen, Ph.D.

The Neurobehavioral and Social-Emotional Development of Infants and Children by Ed Tronick

Attachment Psychotherapy by David J. Wallin

What Babies Want, A Documentary by Debby Takikawa DVD

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Go to www.drdianepooleheller.com for

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