



Surviving isolation by understanding attachment theory

Guest: Dr. Diane Poole Heller

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Alex Howard - [00:00:15]

Welcome, everyone, to this interview where I'm really happy to be talking with Dr. Diane Poole Heller. Firstly, Dr. Diane, welcome and thank you for joining me.

Dr. Diane Poole Heller

I'm thrilled to be here.

Alex Howard

I think we're going to get into some important themes in this interview. I think one of the real challenges for people suffering from fatigue related conditions is the sense of isolation that they experience, some of the difficult emotions that come up as part of that. And I think in the context of it's almost like much of the civilized world in the last year has had a taste of what it's like to be cut off from friends and family, I think this dialogue becomes all the more important.

Just to give people a bit of Dr. Diane Poole Heller's background. Dr. Diane Poole Heller is an established expert in the field of adult attachment theory and models, trauma resolution and integrative healing techniques. She is a trainer, presenter and speaker offering workshops, teleseminars and educational materials on trauma, attachment models and their dynamics in childhood and adult relationships. She has lectured and taught around the world as both a somatic experiencing trainer and most recently with her very popular DARE Dynamic Attachment Re-patterning Experience series on adult attachment.

Dr. Heller began her work with Peter Levine, founder of the Foundation for Human Enrichment and the Somatic Experiencing Method of Trauma Resolution in 1989. As a senior faculty member of his organization, she teaches somatic experiencing based on Peter Levine's groundbreaking work in the US and worldwide. Her book, *Crash Course*, a guidebook on how to resolve auto accident trauma, is used as a resource for healing general trauma in the US and internationally.

I think a good starting point for this interview would just be to set a few frames initially. Why is attachment theory important and what is healthy attachment? What is the goal that we're aspiring towards? And then we can sort of come into its relationship to fatigue.

Dr. Diane Poole Heller

Great, I'd be happy to talk about that. John Bowlby from the UK, someone who hails from your area, really was a founding father of really the understanding that I draw on specifically for attachment theory. And he says it's a biologically organized system for all of us. We have it inherently, secure attachment. And then, of course, some things can get in the way of it or get piled on top of it, or we can get wounded and then we can move off into insecure attachment.

But secure attachment is something that we're biologically oriented to understand. We feel it when it's there. Our body responds, our emotions respond, the way we interact responds. So we have it just in there, when sometimes we have to uncover it, you know. But what secure attachment is, a lot of people think it's maybe having three meals a day, a roof over your head, trips to the doctor.

But it's actually much, much more than that. It's a feeling of safety in a relationship, feeling protected, feeling someone has your back. It's feeling that it's safe to ask for your needs, that's not a conflict there. It's OK to connect. It's OK to take your alone time. There's an interdependence. It's OK to depend. It's also OK to have your autonomy. And it has a lot to do with play. So one of the things you can do to build secure attachment in your relationships is have more playtime. That's always something that's really important to expand on and usually easy to do.

And so, other things that are important, of course, is presence, being attuned when things go a little wonky, which is going to happen in any relationship where we've got to get off or we have a conflict or whatever, is the ability to come back and repair that misattunement, really build secure attachment. So, if we've had wounding or circumstances that have taken us towards insecure attachment, there's a lot of secure attachment skills, that I think are especially important with the isolation of chronic illness, but, and certainly with the pandemic that we've been dealing with lately, that really are some things that you can do even on Zoom if you have to, that can build relational ties. So the isolation is a little bit less challenging.

Alex Howard - [00:04:29]

And I think it's important to say that healthy attachment is a felt embodied sense. It's not an idea. It's not something that happens in one's mind. It's a felt sense, right?

Dr. Diane Poole Heller

Yes. You actually relax in the relational field, right. You can be with somebody else and be relaxed. You can even be in the same room and doing different projects. So you're kind of in your little alone bubble, but you're in the same room. But there's a relaxation and a safety and a sense of connectedness that indicates secure attachment.

Alex Howard

And you touched on in the context of the pandemic and the sort of isolation that people are experiencing at this point. And a lot of people that have suffered from chronic illness or have suffered from fatigue related conditions for many years, have been very familiar with those experiences, perhaps for far longer than just sort of the last 11, 12 months or so. How can restoring healthy attachment help us better deal with that sense of isolation?

Dr. Diane Poole Heller

Well, for one thing, it brings us out of the bubble of isolation that starts to support social engagement, we actually regain our capacity to connect. Another definition for trauma, besides too much, too soon, too fast, is broken connection. So I taught trauma for thirty five years and trauma recovery. And one of the things I noticed, was one of the most difficult things, was for people to come out of the sense of disconnection, dissociation and isolation.

So whatever the cause, that is a very important focus to help return us to a relationship. And relationship for many of us is a really huge source of resiliency and empowerment and wellbeing and intimacy. All of those things can be strengthened when we understand some of just the basics that really will make sense any time I explain it. It just seems kind of obvious.

But often we don't do these things and we actually increase our sense of isolation or disconnection, not meaning to. So I just think giving people really concrete, practical ideas of how they can increase their sense of connection can be really helpful.

Alex Howard - [00:06:42]

I think one of the dangers that you just sort of speaking to is we normalize, over time, to the environment we spend a lot of time in. And so I remember in the first lockdown, in sort of March last year, and my wife and I were very proactive in making sure we were having Zoom dinners with friends. And I was calling my mom every night of the week. It was a sort of real sense of focus on connection.

And currently at the point of recording, we're in our third lockdown here in the UK. And my wife and I were saying the other day how we've really slipped on a lot of that, because it's just we're just sort of normalized to this sort of little bubble of isolation as a sort of close with us, and the kids, that we've got used to being in. I think that's one of the problems, isn't it that we just gradually get more and more used to things being a certain way and we normalize to something that isn't necessarily normal or indeed healthy.

Dr. Diane Poole Heller

Right, we adapt, which is one of our strengths is to adapt, but I think when we're finally over this pandemic and I know for the people with chronic illness, it's not going to be a final over situation. But there are things that we can do that are quite simple actually. I think it's going to be odd when we can shake hands and hug again. I mean, I think we're going to have to almost relearn that. How to do that. It's going to be like, well, how do I, how do I do this? You know?

Alex Howard

It's strange watching it on telly, right? I mean the kids were saying. The kids the other day were like "Oh, my God, they're touching, they're hugging" when we're watching something on TV. It's like it's this really weird thing that we've got used to not doing the most natural, normal thing.

Dr. Diane Poole Heller

And of course, safe touch is a really big part of increasing your sense of connection with secure attachment. But some of the other things are easy to do, like whether it's on Zoom or whether it's in your living room with people that you're living with, or that you feel safe around that you have around you. It's like just eye gaze is a really big part of secure attachment. So you can send somebody in a second, an I love you or you're special to me or I care about you kind of look sparkle in the eye and that really strengthens attachment. That's a safe thing to do. You could do that. Eventually when we have gatherings, you can do that across the room. If your partner's over on the other side of the room talking to someone, you can just shoot them a glance and it keeps you tethered, keeps you connected.

Your tone of voice is a really important part of secure attachment. That's something we can do whether we're on virtual like we are now or whether we're in the same room. And a modulated sort of melodic tone of voice actually triggers a sense of safety in the brain prosody, this tone of voice is called prosody. And when women get dysregulated or stressed out, it's biologically ordained, so to speak, that your voice gets high and shrill, you know, really high and shrill because that biologically, from an evolutionary point of view was, OK, it's cave women or something. There's a tiger in the camp. And as soon as somebody's voice goes shrill, the whole tribe would alert to danger. And men have a similar thing where their voice is lower and they tend to get really loud and boom. And that also triggers the whole tribe to the fact that there's danger.

So sometimes unwittingly, like when we're having a conflict with our partner because sometimes we work together, maybe too much with all this, you can't get apart sometimes. Or sometimes one's working and has to be in quarantine because it's a medical thing or something and you can't have any togetherness it can bring up, you know, some of our issues, of course, irritability. But when we get stressed, and we're kind of stressed because this is like the invisible threat.

And when you have a chronic illness, you're in a somewhat constant bit of a state of stress or threat perhaps too. Depending on medical tests, on what's going on. It's a long term struggle that way.

Sometimes their tone of voice will reflect it. So if we can just kind of try to hear ourselves and not trigger our partner, or families alarm system, then they can actually be more resilient to help us, you know, or that we can be more resilient in those relationships, because your voice will signal danger very easily when we are experiencing threat more directly. So these are little things that make a huge difference in, do you feel safe in your household?

Alex Howard - [00:10:50]

And that attunement to how people are being impacted by our tone of voice, our eye contact or lack of eye contact. That, of course, is important in terms of building that sense of safety and trust. And sometimes, I think one of the things that I imagine has been very challenging for some people, in the sort of forced lockdown of the pandemic, is if they're in difficult, intimate relationships or family relationships that normally they would manage those by having time away, spending as much time as they can out of the home. And then suddenly they're sort of 24/7, seven days a week, you know, every day of the month with those people. That can also be very difficult.

Dr. Diane Poole Heller

That's one of the main challenges right now, because sometimes, like right now, we're on a Zoom call, right. And if I was in distress or having being at the effect of domestic violence, I might be overheard. I might not have confidentiality to even report that there's child abuse or partner abuse or anything like that going on. So I've noticed on a lot of forms online now, there's a little question, is there anything, you know, is there any abuse happening? I've just noticed that with even signing up for vaccines and things like that, there's a reporting section.

The divorce rates are higher. Some people are loving this because they're having the together time they don't have enough of in general life. And they're just like, they feel like they're on an extended honeymoon, which is wonderful if that's the case. Or they're having more time with their kids that they would ever have normally because they're kids are teenagers and they're finally getting a chance to see them, you know.

Alex Howard

For better or for worse.

Dr. Diane Poole Heller

Right. Which is really great. They're doing a lot more as families. But for the people that are distressed or there's a lot of emotional volatility or there's a lot of fear and threat. It's really, can easily lead to feeling trapped and worse than all the symptoms you would have otherwise. So we do a lot of practical exercises in our trainings on how to work with threat and how to defend against threat like when we're doing an individual session or something. But it's really important.

Like I was talking to Peter Levine yesterday and he was saying that you want to get people away from being at each other's throats, to be at each other's side, you know. To get them on the same side. So fortunately, people can still get some couples counseling or therapy or resources like that online, even though we can't necessarily go outside and do all the things we used to do. So I highly recommend that, obviously. But it is a major situation that we're all dealing with.

Alex Howard

I think one of the things that's also very challenging for people that are, you know, suffering with a chronic illness is that it isn't necessarily the relationships around them are overtly abusive or violent or physically dangerous. It's that they don't feel the level of emotional holding and support that ideally that they would. And that's either because it's with family members that there's complex history or as people that are not very attuned or people that have sort of unhelpful judgments about one's condition. And often what happens is people become more and more isolated as what kind of, I think, use the term bubble of isolation in a sense, to try and protect themselves and shut themselves away.

But the problem is, that the danger is that the more that people do that, the more they're also cutting off potential support and holding and sort of coregulation, in a sense.

Dr. Diane Poole Heller - [00:14:15]

Absolutely. So sometimes I think having those disease related support groups are really helpful for co-regulation because somebody really gets what you're going through. And I think it's really important for the family members that are in the support role to have access to those kinds of support as well. The caregivers need support, too, because it can be a long, long need to constantly support. So I think it's good to have a break, to have some other people come in and help for a while. And then the other person can do something else and hopefully they feel a little space to do that.

It's difficult on both sides of that coin and I do think if you can practice secure attachment skills, it makes a big difference. And even the caregivers, the little things they can do that don't take a lot of energy like the eye gaze. I have this on, you can go on YouTube under my name, Diane Poole Heller and it says Kind Eyes and like I go through the whole exercise if we don't have time to do it today on the call. And these little things can make a really big difference, especially when it's a long term ongoing challenge that so many of the people that you're talking about with chronic illness are really, really having to deal with day in and day out. Not an easy situation, obviously.

Alex Howard

I'd love to unpack that a bit more, because I think one of the things that people often hear from friends and family is how can I help you? How can I support you? Clearly that person doesn't necessarily have the answers to the condition and they can do practical acts of service like cooking and shopping and those sorts of things. But I think that there's, in some ways, on an even more fundamental, simple level, some of these principles you're talking about can be enormously supportive. So if someone is caring for or trying to be there for someone, be it who feels isolated because of covid or at someone that's suffering from a chronic illness.

Say a bit more about some of these principles, there's kind eyes, there's receiving one percent more, installing a competent protector online. Just talk us through some of the practical pieces that people can use.

Dr. Diane Poole Heller

Well, some people, it can be their attachment history or things that happened afterwards, but someone that has avoidant, tends towards avoiding attachment. Usually they had a parenting situation where parents didn't know how to be present and maybe were even rejecting or only present when they were teaching them a task like when you're learning to ride a bike or learning how to fish or learning how to do math or how to read, person shows up. And so the left brain gets a lot of support, the learning brain. But the emotional brain, there's not any alignment or attunement, so people that grow up with that dynamic and have a bit more of that tendency, they feel like nobody will be there, nobody will really meet their needs. And they project that onto the world, into the future.

And then if they have an illness, they're really in a tricky situation because they have this feeling that I do it better myself. Nobody else really is there or cares. And some of that's attachment history getting projected on their support team. And then it's amplified, of course, if they don't have a really supportive team, but often they don't know how to ask for what they need. So the challenge would be to really, for someone trying to be in the support role, would be to really help them feel comfortable about asking for their needs and actually feeling the nourishment of having a need met.

When I'm working with somebody as a client, I'll set something up where I'll say, well do you want me closer? Do you want me further away? Just something where I have to accommodate them. And whatever they say, of course I move and accommodate that. And I say, how is it for you to ask for something that you prefer and someone actually responds?

And for avoidantly attached person that's a new experience. That's sort of like a little uncomfortable even. Right. And then they get used to receiving nourishment out of their relationships. But some of it is our own homework, right. That can get even more severe if we're compromised in some way, because then we feel like, oh, my gosh, I can't do it for myself and nobody else is going to want to because that pulls on their history.

So part of it is, is our own healing of our own insecure attachment patterns. And then also, if you are in the support role as a partner or somebody in the family, to really know how to be with that person in a way where you're not communicating that they're a burden, you're really joyfully, you know, being able to give to them. And it's joyful to give to someone else, you know, so you have to do it in a way that you don't become bankrupt.

But these dynamics, you'll see them play out a lot. And even when people don't have a chronic illness, just an aging where we all get a little more fragile and vulnerable as we get older, all of these default attachment patterns will show up. So you'll have some seniors that, or people with chronic illness, that will not ask for help regardless of how much they need it and that can really make their situation much worse.

And then you have other people. If someone moves to ambivalent attachment where they had on again, off again parenting, there was no consistency. They tended to always over focus on the parent because the parent was like a moving target, they couldn't quite get them to stabilize the relationship. They'll tend to meet people's needs all the time, but then not really pay attention to what's happening for them so they can easily get into emotional or physical bankruptcy. So when that's happening, you know, you really need to have the person emphasize the experience of focusing on themselves. What do they need? Can they take in from someone else? Because usually they're used to outpouring to someone else and then often they think they can receive and they'll complain and they'll ask and they'll even demand, which sometimes pushes their loved ones away. But they actually need to feel the experience that they don't receive particularly well. So even if they had everything in the world they wanted, they wouldn't have to take it in. And usually that's unconscious.

So I do an exercise with people and say, OK, if you imagine on this table having all of your needs met or all of the relationship behaviors in your family that you would want to have just everything you can imagine that would be good for you. What happens if you think about taking it in? And they usually just contract. And they're like, oh, my stomach hurts or I just contract, I get tense. And that's interesting because these are all the things you're asking for, but somehow it's too much or doesn't feel like you can have it. So let's just take one molecule of caring or one percent or whatever, and they'll say, oh, I can do that. And their stomach relaxes, their shoulders drop, they're able to breathe and they take in a little bit and they go, Oh, I think I'll take in some more and I go great and then they might go to two percent or they might go to 10 percent or they might whatever, we're building their capacity to actually receive. And then they realize that they actually have something that blocks receiving. So it doesn't matter how many caring behaviors are coming at them, they don't realize that they're repelling them.

Alex Howard - [00:21:06]

That can be a really life changing insight for people, I think as well.

Dr. Diane Poole Heller

Huge, huge. And then I give it to them as a practice, like, OK, every time somebody gives you a compliment or does something life affirming or says something kind or gets you lunch or does whatever, I want you to stay as present as possible. And that's going to be a challenge. It sounds really easy to receive good things, but for many people it's actually very scary because it's built on survival. These are all hooked to survival. So as they practice staying present for when their partner says, I love you or their kids, hug them, when you can hug, you know that. So they build this capacity to receive and it shifts the dynamic completely because they don't realize they can't receive. So they ignore caring behaviors and they usually then, blame the people around them for not being caring. And so sometimes people do need to be more caring, but sometimes we have a receiver problem.

So it's really important to be working with the right thing. Otherwise, the frustration, anxiety, depression, isolation just gets a lot of fuel that wouldn't be necessary. I mean, there's a certain amount of necessary suffering. But what I'm really trying to do is reduce or eliminate unnecessary suffering, things that we can practice and build skills to move out of.

Alex Howard - [00:22:23]

And I think a lot of that, as well, is about people growing their self awareness. Right. Because what's happening is that we're caught in these patterns of, for example, the story that no one's ever there for me, for example, that story, then we almost recreate that story by choosing all the people that maybe won't be very good at giving or as you say, when someone is giving towards us, we sort of delete that and focus on the other piece and so really just bringing one's awareness can be very powerful.

Dr. Diane Poole Heller

That's a big part of the healing, is bringing awareness and then going to the felt sense and actually feeling what is your reaction? You know, like I had this in my own marriage, when I was married. My husband would do nice things or say, I love you and he really meant it and everything but I would always deflect it. I didn't even know I was doing that. And then one day said, you know, it's really painful for me because when I'm giving you something or I'm saying how much I care about you, you just sort of change the subject or you just don't respond or something.

And I was like, you know first of all I got angry, I do not, I do not do that. You're just whatever, you know. I made it all about how he was wrong. And then I woke up in the middle of the night. I was going, oh, my God, he's right. I do, do that. And he said, what happened to you as a kid? Then I thought about, I didn't, you know, my household wasn't super big on loving behavior. So, I realized all that and I thought, OK, and then I made it a practice. I have to practice staying present whenever he did something kind. And of course, he appreciated that a lot. I didn't even realize I was hurting him. But then I started to actually feel loved, which was huge. Right. I could start to gradually take it in. So I really, this is like one practice, but one practice can shift things so dramatically.

Alex Howard

And there's something also in what you're saying that I think is really important around what we focus on, because I think what can also happen is people can focus on all of the things which people are not doing right for them, like someone not understanding their chronic illness, someone, you know, giving unsolicited, unhelpful advice about how they should, what they should be doing to get better. But they're ignoring the other things which are genuinely acts of love and care. They may not be the acts we most want, but they nonetheless are acts of loving care.

Dr. Diane Poole Heller

That's really a hallmark of, in this way of thinking about it, for someone that has ambivalent attachment, because they had on again, off again parenting their attachment systems like on high alert. And it's looking for it's scanning for rejection and scanning for abandonment. It's scanning for negativity. And until you realize that that might be part of your attachment history, you just think everybody's not doing anything and everybody's wrong and they're all, you know, you're not ever getting what you want.

And so, really doing that receiving exercise starts to help people actually have the experience of satisfaction and fulfillment, which for ambivalent attachment is really hard. That's a state that, of course, you think you want, but it's really hard to tolerate if you've had a history that supports moving towards ambivalent attachment. So, if somebody is caring for you and they're actually doing, maybe not perfectly, but they're doing a big effort and then all they hear is complaints and negativity, that's really hard to sustain over time, right?

So it's important that someone with ambivalent attachment kind of learn how to ask for their needs in a more positive way versus like, you never do this or you don't do this. Instead of like, wow, last time

you did that, it really helped when you, I don't know, propped my pillows or the soup was just the right temperature or, you know, you rubbed my feet or whatever, you know. To start to scan it should really have an effort to scan for caring behaviors because ambivalent folks want all these things, which is great because they're really into having a relationship.

People with avoidance sometimes have shut their attachment system down so they don't feel very available, but they want a relationship just like anybody else. But people will feel like they're pushing them away all the time. And that's not their fundamental secure attachment operating. That's their reaction to a parent that was hard to be around when they were little, so.

The great thing about understanding attachment theory is that you don't take things so personally. You realize that a lot of these patterns are being projected on to now. And they're things that started when you were younger. And just like when my husband said that thing to me, I could self reflect and kind of go, oh, wow. And then I could start to move into a much healthier situation for both of us.

So one of the things that's so helpful when you learn a particular secure attachment skill and you start to practice it as you get better at it, staying present for compliments or staying present and actually noticing caring behaviors, then it actually affects everyone around you. It affects the family. It affects your partner. If you have one, it affects any caretakers because you're starting to be able to ask for needs in a way that you're much more likely to get met. You're able to be clear about what you need without feeling guilty or like you're being a burden. You're able to receive what's given and actually feel some satisfaction, fulfillment. So everybody benefits when one person, doesn't matter who, starts this going in the right direction, it'll start to affect all the people in their relational field.

Alex Howard - [00:27:45]

You know, one of the things that's really coming to mind, as you're speaking, is that often it's not a lack of love and care from those around us. It's just sometimes a lack of skill to be able to meet our needs in the way that we most needed to or it's and lack of awareness of what's needed. And what I'm really hearing you say is that rather than someone just normalizing to a place where they feel isolated, unsupported, unheld by the people around them, that there is real potential for these dynamics to change.

Dr. Diane Poole Heller

Yes, I see it all the time and the people I work with and I teach this work online to thousands of people. So I get reports all the time of how one small thing, a couple of small things, has just changed the relational dynamic. You know what it's like when something, you feel really like you can show up in a relationship, you feel welcome, you feel like the other person's there, you feel like they get you, there's some attunement. It's like a blessing. It's so wonderful to have that in our friendships and our family relationships and their caregivers. And there is a way to get there. Not that it's going to take away chronic illness. It's not going to take away the pandemic. I mean, there's things that are, we can't control, but how we move through it with sort of an embodiment or a sense of connection or a sense of intimacy that can be restored, maybe not 100 percent, but probably a lot more than people imagine it could come back.

Alex Howard

And I think it does have a meaningful impact on one's body's ability to heal, because when we feel connected and held and supported, our nervous system, relaxes, our body is able to come into a healing state. And that may not be, as you say, the only ingredient necessary for our healing, but it is often a very important one.

Dr. Diane Poole Heller

Well, there's a lot of research on that, as many people know that your basic health and immune system and all of that nervous system regulation, our ability to go into the prefrontal cortex, part of our brain that really supports social engagement. We have an interest in self reflection and

connection to ourselves, which is beautiful. And we also have an opening and an interest to connect to someone else. So when we're in threat or we're like really struggling with pain and all of that, it often brings us into the amygdala or the reptilian brain where we were in a survival mode. And very often the need to disconnect or dissociate because we're in so much discomfort or disconnect kicks in. So this is really like shifting the whole physiology to a place of connection and connection really does affect our ability to heal, at least aspects of what we're dealing with.

Alex Howard - [00:30:22]

So how does someone initiate and start these dialogues? Because I can imagine the people watching/listening to this that are saying, well, I could see there is the potential for some of these relationships that are kind of close to them to be different. But I may recognize that part of this, as we've said, is courage. It's having the courage to actually take that step. But how does one initiate that conversation to others that may not be so familiar, let's say, with these kinds of words or these kinds of conversations?

Dr. Diane Poole Heller

Well, I want to answer that. I just want to give some additional resources in case somebody wants them. I wrote a book for the public called *The Power of Attachment*, and that's available on Amazon, as well as a CD of readings. If listening is easier I suppose it's on audible, but I also have CDs, healing your attachment wounds. So it gives a lot of ideas of how, what secure attachment skills look like and lots of examples and lots of how do you do this with a partner or your family or even your relationship with yourself, which is really important.

And then we also have a free attachment quiz on our website, which is my name, DianePooleHeller.com. And you can take that attachment quiz and get a little bit of an idea where you are. Just as a point of conversation with your partner, with your family. Kind of gives you just a sense of, huh, as you answer the questions. Oh, I do that really well. Or that feels really comfortable to me. And, oh, this one's a little tricky. It gives you, sort of a focus that you might not have had otherwise. Huh? Do I do that? Does that work for me? Is that a hard, hard thing for me or is that really easy? And then it'll give you a little bit of a scoring, like how much secure, how much ambivalent, how much avoiding, how much disorganized might be there. And we're reworking that to update it but it's still there and workable for now.

We're making it better. And then it has a little eBook that goes with it. So that's all free. You know, you could just get that. Anybody who wants it, you're welcome to get it, because we really wanted to answer that question for a lot of people. So there's a little eBook that goes with it and would give you just, you know, an appetizer for how to start. But partly I find, and there's other people that have written books on attachment, of course, that would also be very, very helpful. I think when, you know, like my husband brought that up to me and then I was able to reflect on that. But had I understood attachment theory, I could have done it through that frame. I would have understood it even deeper.

Alex Howard

But interesting that your initial response there was to be defensive. Right, because that's often...

Dr. Diane Poole Heller

Oh, I was mad. I was like, what do you mean I don't take in your love? What are you talking about? What's wrong?

Alex Howard

How dare you tell me I don't take in your love.

Dr. Diane Poole Heller - [00:32:57]

How dare you say that to me. Of course. I mean that was my first reaction. But fortunately, a few hours later I was like, oh, bummer, this is true. You know, Nietzsche says you can measure the I don't know, something about the character of someone by how much truth they can take, you know, so sometimes you can't take it in the moment, but hopefully you can chew on it a little bit and see if anything's relevant because sometimes it's not true. Right. But it was true in my case for sure.

But I think it's, you can, what we try to do in the attachment quiz is just have a conversation starter, like how is this for you? Is it easy for you to ask me for something that you need or? You know, I find I feel really guilty, I feel like I'm already overburdening you. I mean, it starts a conversation that can deepen intimacy.

Now, if you have avoidant attachment, sometimes intimacy leads to ghosting. Intimacy can sometimes, it feels really good in the moment, but then it gets scared and then they kind of go away for a while and that's an avoidant pattern. That then could also be discussed like, you know, I notice when we have these really wonderful, close, intimate times, you're kind of gone for the next two days, you know. What's that about? You know, you can start to see if then the avoidant can practice showing up, you know, practice coming into coregulations that have always doing, you know, something on their own, like getting lost in their computer or getting lost in Facebook or getting lost in, I don't know, you know, devices or something that doesn't involve anybody else, like fishing alone or whatever. Trying to bring them to an awareness that they can still have their alone time. You know, they need that.

But they can also make an effort to include other people and have what's called joint detention. They can watch a movie together and discuss the movie, you know, they can cook together, they can do things. And that's going to be a stretch for the avoidant and really a relief for the ambivalent. And the ambivalent needs to learn how to give the avoidant space sometimes because they want connection all the time, there's never enough quality to it that as they start to feel satisfaction that drops away.

We're not saying you have to adapt to all these different insecure attachment styles, as you give each attachment style what they actually need. Then they move to secure attachment and they relax. And it's just easy to trust and it's easy to know if your partner's away, they're coming back and that you're the special person in their life. All these things, this reassurance and this experience, as it shifts over time, people relax in their relationships and they actually get a lot more juice out of their relationship.

Alex Howard

And I think that's also, it's a really powerful example of how awareness of attachment theory can really transform these dynamics, because if some, if we have that closeness and intimacy and then someone pulls away, it's very easy to make that about us being rejected or not being loved or not being special to that person. And that's really painful. Whereas if we can recognize that they need to sort of self sustain and to sort of kind of take their space, it then becomes much easier to work with.

So, the people that are watching this and are listening to this and are thinking, OK, it's possible for this to be different, I need to take perhaps some time to become more informed. And you mentioned some of the resources that you've got on your website and that the people can use. There's a point that people need to take some action and take some steps and have the courage to do that. But often it's also a bumpy journey. That it isn't necessarily the first person they reach out to for support is going to respond in the most perfectly supportive way. And it may not be the case that you know, the person which they're most hoping that they're going to get that sense of holding from they get on the right day.

How do people navigate those disappointments? Because very often what happens is we fall back to our attachment style pattern as a defense and then we end up back in those old loops. So how do we break that cycle?

Dr. Diane Poole Heller - [00:36:51]

Well, I'd like to give you an example, for instance, if a couple kind of knows each other's attachment style or, you know, just one person knows it, it doesn't matter who starts to move in a good direction, it's a good direction to go in. One of the things like, just to give you an example that's practical. Let's say you're having a bit of a conflict which is going to come up. Right. That's normal stuff. And that one partner is avoidant they're going to have they're going to be overwhelmed emotionally somewhat easily if they haven't worked through this yet because nobody attuned to their emotions when they were a kid, emotions were kind of signaled that they weren't OK. So they didn't really develop a capacity to stay present for emotion or an especially strong emotion. But of course, sometimes, in a relationship, in life, you're going to have strong emotions about something.

So their partner, their partner might have been dealing with losing someone and they're in deep grief or had a tricky situation with a kid and is upset about it. They're going to, that's going to happen. So they could say as they're together trying to work it out, the person that's having the emotion, if they see their partner getting overwhelmed, they can say, look, I really need your support here and I need you to hear what I have to say. But I can see that this is a lot. So I, it's OK if you need to walk the dog for ten minutes or half an hour and we'll come back and then we can go further with this. I mean I'm OK if you go walk the dog for 30 minutes. They give the person a little bit of a chance to regulate and then come back in. But the experience is to come back in. They don't just walk the dog and then never, you know, go grocery shopping and are gone for five hours, right.

Or the avoidant can say, you know what, I get it, honey, this is really hard and you have really strong feelings about it. And I really want to lean in and be here with you. And if it's OK to touch, they can touch their arm or something to connect. And I want to be here, but it's a little bit much it's a little bit too much for me right now. So I just need ten minutes to absorb what you've already said. And I'll be back and it's really important. I'll be back when? I'll be back in ten minutes. Thirty minutes, an hour or whatever it is that you're clear that you're coming back because the person having the emotion really needs the support and they need to know what's going to happen sooner than later. I mean, ideally it happens in the moment, but sometimes attachment, you just need to balance each person's needs.

And if both people understand that, they can kindly you know, if I'm having the emotions that I'm really upset, I can say, hey, look, I know this is a lot, take a break, but I do need you I need you to help me get through this funeral, help me get through this situation with our teenage son or whatever. And the other person can take a break, but they are coming back and they tell you when.

So these are just some practical things that understand and support. Our inherent biological secure attachment system will love this. And the other thing is, is to make sure you're having time for play. I had friends that moved to the southern part of the United States and they said they were missing snow. So I sent them a whole bucket of fake snowballs. You can do that if you're ill, you know, and they had a snowball fight with these, like kind of like big chunks of cotton, but they were nicer than that. And so they had this wonderful snowball fight inside their house during the pandemic. You could even do that if you had a chronic illness, you could probably throw a fake, you know, like snowball at somebody. I mean, you can figure out ways to have play. And sometimes we get so serious. Certainly in the US, we are so productivity oriented. Oh, my goodness, we're all workaholics. It's really important to make sure you have play and you keep agreements around your play.

And the other thing that supports secure attachment, probably the most if you don't take anything else away from this call today is sucking it up and repairing, apologizing when you feel like you were a little abrupt or you kind of miss something or you just say, you know what, I was in a hurry, I was trying to get the kids off to school. I was really overwhelmed and when you asked me about dinner. I had no idea what I was going to make for dinner. And I was just like annoyed that you asked me that question. You just say it and whoever says it first, repair, repairing this attunement that are going to happen all the time with your kids, your partners, your caregivers, your, the person that you're caring for, really strengthens secure attachment.

John Gottman has done a lot of research on this. And he said people that learn how to initiate and actually receive repair have an eighty five percent more chance of sustainable well-being in their relationships. I mean, if you got eighty five percent return on your money, you wouldn't be buying

Starbucks or coffee or tea or anything. You'd be putting it all in the bank going, wow, this is great. So if you want really big relational resiliency, you know, support and payoff, learn to repair.

And people have such a hard time doing that sometimes. Or they'll say, well, you needed to apologize within the first twenty four hours or doesn't count or they do something to like make the repair impossible or you didn't use the right word or you brought me flowers, but I really wanted candy or, you know, whatever, they ditch the repair. And even your dog will try to repair, they get into the garbage and make a mess. I'm like, sorry, you know, and you can just say, oh, OK, don't do that again. And then you don't like stay in the mean thing. You like maybe a minute and then you come back and love the dog. Right. And we need to do that with our kids and our partners and be generous in repair.

That will make a gigantic difference because some days you're in pain, especially with chronic illness, sometimes you're like in horrible pain and you're just doing the best to communicate and it comes out abrupt and a little bit, you know, mean, maybe that's OK. I mean, that's understandable. You're dealing with all this awful chronic difficulty and pain and illness. It just doesn't seem to go away. And but you can always later say, you know, this is really hard for me. I was in a lot of pain and it's hard for me to just, not to say it the way I said it. But I get it, that was probably a little off putting. It's not a big deal if you make it a practice. But that's, when I'm doing workshops I always ask my group how many of you had parents that really modeled, you know, apology and repair and remorse and all that. And usually about five percent of the people, and these are therapists, five percent of them had that in their family.

Alex Howard - [00:42:40]

Maybe that's why they became therapists.

Dr. Diane Poole Heller

Probably part of the reason they became therapists, right. Because they say that the career of therapy, you get called to it if you have a little bit unresolved, disorganized attachment, which we didn't talk about much today, but where there's fear and threat in the middle of blocking your attachment system. But this is something that most of us have to make a concerted effort to learn. And Harriet Lerner has a new book out called *Why Don't You Apologize?* And I just bought it and I heard her podcast. And it has a lot of great tips on how to do an actually effective apology. So that's a really good resource on learning how to repair.

Alex Howard

I have to say, one of the things that my wife and I have noticed works so well with the kids is repairing with them when we screw up. You know.

Dr. Diane Poole Heller

Absolutely.

Alex Howard

And there's something about it that done right is actually very moving and very bonding and very beautifully connected because they really feel seen and valued in that process.

Dr. Diane Poole Heller

That's a huge, huge, giant step towards secure attachment. You are doing a great job. High ten. That's really great. Yeah.

And sometimes, you know, people are hard to do it with words like in my marriage I used to, my husband is a lot taller than me. So I would, when I was ready to repair, I would stand on the step going

upstairs and just the first step. So I'd be the same height and I would just stand there basically because sometimes it was easier to do an action than words. I would just, he knew that I was ready to reconcile and repair or apologize and he'd come and hug me and then we'd talk. Or you can have a place in your family where you light a candle. It's OK. We're ready to come back and have a conversation about this that you're signaling your readiness. And then maybe the other person needs a little bit more time for readiness. But you can signal it in different words. You can have a code word for it. Or you can just say, you know, I know yesterday didn't go so well and here's what was going on for me. But you don't want to put but in your apology. You got to get the but out, you know, and you don't want to overexplain you want to really say, I think I hurt your feelings and, you know, I'm really sorry and I won't do that again. Like, say, you know, if you, if you just keep doing it, the apology doesn't mean anything.

Alex Howard - [00:44:44]

Yeah. I think just sometimes saying, I screwed up. Look I'm sorry. That there's something about that simplicity.

Dr. Diane Poole Heller

Yeah. It signals a lot of attunement and that you're paying attention to the other person and that is one of the, not always the easiest thing, for some reason, but really effective. It has huge payoff. So that's something I really highly recommend. Great job that you're doing that.

Alex Howard

All I can say one tries. Diane I'm mindful of time, but you mentioned a little bit earlier, just say a bit more. People that want to find out more about you and your work you mentioned your website dianepooleheller.com, just say a bit more about what people find there.

Dr. Diane Poole Heller

OK, you can find all of our schedules of our online courses, of course, doing everything online right now. And the book, resources of *The Power of Attachment* you can get it on Amazon, UK or USA. And then there's the CD's healing your attachment wounds if you prefer to listen. That's available on Amazon as well and probably other places.

We do a monthly newsletter if you want to sign up for it on our website at dianepooleheller.com. Poole has an E on the end. It's an English name, so it comes from my father's English side. And so, you know, if there's any way we can give you more support or more information, we're happy, happy, happy to do that.

Alex Howard

Fantastic. Thank you so much. I think this has been a fascinating interview. And I think, I really hope that for those that feel isolated and alone, I think it's given them some real practical strategies to work with so thank you so much for your time.

Dr. Diane Poole Heller

I really appreciate it. Thank you.