



Attachment Styles and Healing Attachment Trauma

Guest: Dr Diane Poole Heller

Niki Gratrix: Hello everybody and welcome to the Trauma and Mind Body Super Conference. We have a really crucial interview that we're doing today with literally a world leading expert, a very experienced practitioner who is really a leader in her field. She's an expert in adult attachment theory, she trains that, she runs workshops.

She's also a very senior trainer in Somatic Experiencing and that's Dr. Peter Levine's training. And she has a whole program, The Dynamic Attachment Re-patterning experience (DARE) to deal with adult attachment trauma.

I love this topic, this is the most important topic for me on the Summit, as far as I'm concerned. I'm kidding, there's many important topics. But Dr. Diane Poole Heller, thank you so much for taking part in the Summit and welcome aboard.

Dr. Diane Poole Heller: Well, I'm thrilled to be here. Thank you so much for inviting me.

Niki Gratrix: Lovely. And so perhaps we can start on this topic of attachment trauma, quite a few people who might not even have heard of it before. So perhaps maybe we can start with, let's start with prevalence to begin with. And we can't talk about it without explaining a little bit about what we mean by attachment trauma as well.

Dr. Diane Poole Heller: Well, basically, if you think about attachment, it's just sort of started with John Bowlby's research and he thinks of it as a biological process that we're basically designed to connect to our caregivers. And that's for love and connection, but also safety and survival.

We're born so vulnerable, we're not like horses that can get up and run away, start running an hour or so after birth. We need a lot of care in the beginning. And our brain is so big eventually that it would be too big at birth to accommodate all the growth that would happen. So the brain is growing exponentially and we really need a caregiver, ideally a compassionate, present, kind, loving caregiver that's with us. And that actually develops our, basically our relational template, like what's happening between mom and me, what's happening between dad and me, and also what's happening between them.

We're kind of absorbing the relational field like a little sponge. And we're noticing all these things even before we can talk. And actually, attachment patterning is laying down at the same time our language skills are starting to come in. So even the way we talk later, the way we speak often reflects, can be a clue to what our attachment style is.

There's basically four attachment styles secure, avoidant, ambivalent and disorganized. And different authors sometimes use different titles, but they basically describe the same behaviors, the same template. So we can go into that as well during our talk today.

Niki Gratrix: So I find it amazing that that must mean that up to I think, is it 45 percent of adults that don't attach securely? Is that right? So you've got three different types that are insecure attachment and about 45 percent, that actually only 45 percent?

Dr. Diane Poole Heller: The tricky thing about research is it changes and they do new research studies and also the culture changes. So now its devices, being so much on devices and on cell phones instead of eye to eye with another person or even touching another person. We're doing the texting instead of sometimes getting together. They actually feel that secure attachment is going down.

It used to be, the original research says something about 50 percent of the population was securely attached and then about 15 percent avoidant, and 15 percent, it varies between 15 and 20 percent for avoidant and ambivalent. And then there's also disorganization, which they didn't study in the beginning. So that research came later and you can have disorganized-avoidant.

It just means basically that there's so much threat and fear in the parenting situation that it's bringing the threat response into the attachment system in a way that it's kind of cross wiring. But sometimes people have disorganized where they react to more the extremes of avoiding the more extremes of the ambivalence, just kind of like how you count all of that. And they even have studies about college students at certain universities showing this kind of attachment style.

So it's an evolving thing and it changes because the attachment situation reflects our relational environment. Then before we get too far out of this, I want to say there's kind of two camps of people that talk about attachment, or write about attachment. Some basically say that if you didn't get the good stuff when you were young, you sort of have certain developmental gaps. And I'm of the other camp which believes that the attachment system can heal, you can learn secure attachment, maybe not 100 percent.

We all have our little character issues to work with, but a lot can move. I mean, I've been working with this clinically for so many years and we see so many wonderful growth spurts, and ability to reclaim secure attachment. And very often people don't know what a secure attachment is. So I should probably start a little bit with that because many of us feel like it's, a roof over your head, three meals a day and trips to the doctor. But it's way more complex than that, and way more broad based than that. So it involves and as I'm saying this and you're listening to it, you might kind of just take a moment to think about which of these elements of secure attachment do I sort of feel like I have down?

I do pretty well in my relationships or if I'm a therapist, I present that really well with my clients or just to kind of take it on a little bit personally while you're listening. And then these are all things that we could design skills around that are very practical, concrete skills to help you learn those aspects of secure attachment. So one would certainly be present, no matter what model you're using. If you really show up authentically and you're there, and

your radiance is shining through. That's a huge invitation for someone else's presence to come forward. And also, it's a big invitation if you're sitting in a presence and secure attachment, a big invitation for their secure attachment system to start to respond. So presence is, I think is hugely important no matter what you're doing. And then prosody, which is interesting, your tone of voice, is it melodic? Is it kind of robotic and flat?

Actually, if you have a flat voice, it will trigger the threat response in the brain. So if you have a monotone, and some people have that, they don't realize they have that. And that's something actually a therapist needs to work with them or they need to pay attention and maybe work with themselves or their partner, their colleagues. And also with prosody when women are stressed, evolutionarily designed to be this way, was not anybody doing anything wrong, we were designed to do this. Like when we were in the tribe, think the cavemen, you're in the tribe, the tiger's coming or something and you need to alert the tribe.

Women get a very shrill, high pitched voice and that just triggers the whole tribe to realize that, oh, what's going on? I need to react. And men, conversely, lower their voice and they kind of get loud and boom. And so this is tricky because if you're trying to do work with your partner, your relationship partner, and you're getting stressed, you're kind of kicked into anger or you're kicked into high arousal. Very often, and women won't realize it, but their voice starts to go shrill or the men start to get to go boom. And then it triggers you into the part of the brain that's designed for threat, usually the amygdala or the reptilian brain. And it takes you out of your medial prefrontal cortex, which is the part of your brain that's interested and also skillful at relationships.

So it's one of the reasons we needed to help people regulate, get their safety, extinguish the threat response, especially if we're trying to heal something conflictual in our important intimate relationships or actually any relationship.

So the sound of your voice is really powerful and Stephen Porges, who does wonderful work with Polyvagal Theory, he's amazing, watch his talk, I love him. He talks about how prosody is one of the main ways we can communicate safety. So when I'm kind of using a melodic, kind of present and rhythmic tone of voice that helps our whole nervous system and brain calm down. So how we use our voice is actually really critical with attachment work and with relationships and just being in the world. We're also signaling safety to ourselves, so it's a really important piece. Another part, and to be thinking about, OK, what happens with my voice when I'm upset?

Protection, not only feeling protective towards your partner or your children, but also learning self-protection, like how to protect ourselves. And someone who's securely attached, they just have this ability to protect the person they're in their relationship with, too. Like they don't act in a scary way or if they do, they immediately repair it. So they're maintaining safety between their partner or their child and them, depending on what that relationship is. And they're also kind of protecting the whole relationship from the outside world, like from anything that might intrude in a way that's not supportive or useful. Safe, affectionate touch, obviously skin to skin contacts are really important between parent child and in appropriate relationships. That's a really nourishing thing for the attachment system when it's safe. And you think about touch it's either really wonderful but if you've ever had,

like, not a good massage, where the touch has kind of off. It's like, oh, you can't get off the table fast enough.

Touch is a big deal in terms of how it's received and how it's given and how you navigate that in intimate relationships. So if you're a bodyworker, you're really skilled in that probably and certainly hopefully within our intimate relationships. And now in the therapy world, it's still this issue of like, is it okay to touch somebody or not? It's a kind of a concern. Peter Levine likes to say eventually it'll be legal not to touch your client safely, because it's so important in terms of healing.

Eye gaze, one of the exercises they give people is kind eyes. If you imagine looking at the world and seeing kind eyes looking back at you, that's great. Can you find that? Some people can't because they were raised in an environment where there was hate, or contempt, or negativity, or judgment, or criticism. So that could be a really big question that sounds so simple. But for some people that can bring up and those listening, it might be excavating a little bit of, oh, that was great or that was really challenging.

And there's really two parts to that exercise. We call this a beam gleam where you can send somebody a look, you're special to me or I love you, across the room. You can be at a party and just shoot somebody a look or you can do it with your dog. And you'll notice that there's a really yummy response when someone sees that, like radiant, like you've a radiant look in your eye right now. It's great and it comes through the eyes. And if that's not there, that can be really hurtful to the attachment system.

So we call these like beam gleam, when you're actually sending a good, and this is important how we greet people. One of the ways you can tell if the attachment system's working pretty well between two partners is if one one's been away and they come in the house, if the other person's eyes light up when they see them. That's a very indicative of what state the attachment bond is, so eye gaze is important. I was going to say there's two parts to my kind eyes exercise.

And the second part is you might be able to see kind eyes out there, but can you actually let it in? Can you receive it and feel it? Because I worked with this very lovely lady. She just always brings a smile to my face and she's super gregarious and lovely energy and everything. And when I did this with her, she had an abuse history. I did this with her, she said, "oh, I can see the kind of eyes out there." And when I got to the part, can you bring it in, it hit this invisible wall. She had this wall, like, "can't, other people are scary," because she came by that honestly. But as we worked with that, like, invisible wall and she could actually feel, oh, I can take this in and it feels good and it's actually nourishing and sort of repairing the attachment gaze. So every single element of attachment we can do a what was called a corrective experience, we can excavate the wound out of implicit memory, which basically means it's not conscious yet. And then we can design a certain corrective experience or collaborate with our client, would you be willing to try this, or would you be willing to make this a practice for a little while, and see if this kind of helps you move a little bit more into secure attachment? And you don't even have to use the labels necessarily. I'm using them today just because it kind of helps delineate what fits with which box, so to speak.

But in general life, you don't have to walk around asking people if you're avoidant or ambivalent. You just will notice from the behaviors when somebody is in that aspect of themselves. And we have a free attachment quiz that anybody listening, everybody is welcome to go to. It's on my website, which is basically my name, dianepooleheller.com and then you'll see the attachment quiz. And when you take that, it's important you take it when you think about being kind of stressed or tired, when you're kind of not necessarily at your best, because that will give you the most accurate default position where your attachment injury might show up. And those are the times we usually get ourselves in trouble, it amplifies the cracks that haven't been quite worked through yet. And only take it thinking about one relationship at a time, think about mom and dad. You need to think, okay, mom, you take as many times as you want and then it'll give you a little video clips of some descriptors and a little e-book.

So it's kind of informative and it's nice to have clients do that and bring it into a session because it's kind of meant to be points of exploration. So your therapy or your conversation with your partner doesn't have to just be therapy, your conversations with your child have more concreteness to it. Depending on how they've answered a question or which question really got to you when you thought of it. Oh, wow, that really hits home for me. And people can have a mix of attachment styles that's very common.

Also your attachment style shifts depending on the relationship. If you're around somebody who's secure a lot, and you have insecure attachment. The research shows it takes about two to four years, depending on the degree of insecurity that you will just move into secure because every response you're getting is coming from a secure person. So it's repairing all the projection of the past, pain isn't getting triggered and it really makes a big difference. So as we learn to do it, whether we're a therapist, whether we're just a human being, I think this really should be in the backpack of every human being. I think they should teach it in schools because it impacts every relationship.

I mean, it's such a beautiful work and we owe a lot to John Bowlby and Mary Ainsworth, and Mary Main and Eric Hesse. They were the researchers for the Adult Attachment Inventory, another really great body of research that we can also use clinically. And it actually, if they interview the parents on their attachment styles, like within 95 percent or something, it's a really high percentage, predicts what the attachment style of the unborn child will be, that degree of accuracy. So there is something here, it's not just woo-woo. It's not like some psychological idea somebody just made up.

There's something really, really formative and developmentally relevant. And what I love about it is we can heal, we can work with it takes us to healing and we can learn secure attachment. We have insecure attachment, or disorganized attachment. We can learn to function. We can learn to have capacities. You can learn to have skills that reflect secure attachment. But we need to learn what those things are if we weren't raised with it because it doesn't feel normal, it might even feel a little uncomfortable at first. So I can give examples of that as we go along. But I wanted to say a little bit more about security before we move on. Actually a big part of what helps support our attachment system is play.

Niki Gratrix: Yes. I just wanted to draw out. It's so important what you're saying, because it's also to me, how we attach and how we are like the sponge absorbing in this emotional

energy. That's also sort of going to define our ability to self soothe and things like this. So there's so much stress begins or not, stress can either be built into the system in these early formative years or not.

Depending on how well or one factor this is impacting, that's how well we attach. Because what I've also read and perhaps you can expand on this as well, I've read it's this kind of bonding and then also the relationship we have with ourselves. There's a propensity, if we didn't attach security, that we're going to have less resilience to stress, inevitable adult stresses.

We're more likely to get PTSD. I think they looked at soldiers in the war and the ones that came out and had developed PTSD, they've had more developmental and attachment trauma, right?

Dr. Diane Poole Heller: Right. Just coming back. If you have secure attachment as your baseline because you grew up in a pro-social, pro-relational family that knew how to do this. It is natural to us, fundamentally, we're biologically designed for secure attachment. It's just that our parents have stuff from their parents. I mean, they're doing the best they can, but they're bringing in things they learned that may not be the most supportive or the healthiest way of doing things, and they don't know any better until they do know better.

We don't know better till we know better. And that's what I like about teaching it is because just the lights keep going on for people like, oh, I could do this instead of that. We even had somebody at our training that had been divorced for ten years and she remarried her husband. Because she actually started understanding him compassionately and she understood what she was kind of putting on him from her judgment system. And now they're happily married after ten years of separation. I mean, it really can bring so much relational harmony.

I mean, I just think about, if we really kind of had a relationship revolution and people could really take it on to learn, I think it would be the fastest way to change our culture, ours and everybody else. Within one or two generations we could be, I'm now oversimplifying it, there's, of course, a lot of difficult things in the world. But I think this is one of the most powerful things for transformation and change in health.

Niki Gratrix: Oh, yeah. And consciousness, evolution and peace on earth.

Dr. Diane Poole Heller: I know I get really altruistic about it. And I believe that actually. I love this, I love working with this because it's so hopeful. There was an article, I think it was maybe The New Yorker or The Atlantic or years ago, too long ago to remember now, ten or fifteen years ago. Where they actually did an analysis of attachment styles of all the world leaders based on their behavior. And I thought, wow, wouldn't it be amazing? Just think for a minute. I know this is not going to happen overnight. But I think if all the world leaders were studying, first of all, I'd say nonviolent communication, but also really understanding attachment and connection.

I mean, would that be a world that you'd want to live in, so I'm just putting it out there, planting the seeds, let's go.

Niki Gratrix: I'm with you, I'm totally with you. We could do an assessment. Actually, let's get into, with the disorganized styles, let's talk a little bit more, what are the symptoms of the, if you like, of the styles? What are the implications in adulthood? The problems they get in relationships, and also the health implications?

Because to me, this is where so much health, like the stress, you mentioned, the reptilian brain, the fight flight response. This is when it gets activated and the research has shown this, if you take a baby monkey away from its mother too soon, the whole stress response changes, the gut bacteria change.

So you're setting someone up for adult chronic complex illness, you just need a few more stresses in adulthood. So also it's not an intellectual process, this is the thing they're not teaching at schools, you're not learning it in medical school, you're not yet ready in functional medicine, they're not really teaching it naturopathic medicine. Because it is not, this is totally not an intellectual process.

Dr. Diane Poole Heller: The ACE studies have been really great that Kaiser Permanente put on through about 18,000, 20,000 people. And if you have more than four, I think I have six on that one, but anyway, it gives you an idea of my history. But anyway, you have more than four. It's pretty serious. And there's all sorts of correlations to early death and heart correlations, heart problems, and addiction, and smoking and it brings all that. It's the gift that keeps on giving in a very negative way.

The thing is, though, and I really want to say this to all of you that are dedicated to personal growth and maybe you're even a caregiver, bodyworker, or therapist, coach, whatever, and you're helping other people with it, too. It is such important work and it has such huge benefits for longevity, for well-being, for health, your ability to connect, not getting stuck in addictions for too long, you'll recover so much faster. And there is, like you were mentioning earlier, there's a lot of research that says that learning secure attachment, those words, we're in that frame right now, actually does mitigate against PTSD. So whether you had secure attachment to start with or you learned it through, like working on yourself. Then you just have a tendency to recover much quickly or not get it in the first place. This is huge. I mean, if you want something to ensure well-being, it's like a billboard. And I just get like this about things I find that work. It's like I wish I got an airplane to drop information out of the bag. I'd just litter the planet with information about this.

So we're kind of doing that today in the Summit with all these amazing people. So let me just say a little bit about the different attachment styles. So I just to finish on secure, there's a relaxation, relational feel, there's not stress on separation, there's not stress on connection, they're just cool with it, and they recover from conflict really easily, they're fair, they don't have problems asking for their needs, no problem giving other people within what's reasonable can't always do it. But they know interactive regulation or co-regulation, they know how to self-regulate, they're quick to repair miss-attunement.

So it doesn't matter who does it first, but when there's a miss-attunement or things get off and that's going to happen, we're humans, that's going to happen. But if you practice initiating and receiving repair, John Dortmund's research shows that if you learn how to do that one thing, that one's skill and you take it seriously, you can have 85 percent more

chance of sustainable well-being in your relationship. So think about it if you were trying to save money and you got 85 percent return on something, I mean, you wouldn't be going to Starbucks you'd be throwing your pennies in the bank because every day would be valuable.

This is one the most valuable things is learning to own, like oops, that was an oops. I'm sorry, I missed that, I didn't get it, I understand what you're doing and I kind of was abrupt with you, or I would attack you or whatever. And you own it and then you make a sincere repair and you don't just start doing it again. And then you also receive someone's repair, even if it's not perfect, because somebody might try to repair it with you and you're thinking, oh, they brought me chocolates and I'm on a diet, I wanted flowers, or they didn't say the word right. They didn't do it within the first 24 hours, so it doesn't count. There's a lot of ways we deflect. I mean, even your dog will try to repair it if it gets in the garbage. It'll come wagging its tail like, oh, I'm sorry, I know I screwed up and you need to let repair happen.

So I'm going to put this out to everybody, a call to action, just if there's somebody you need to repair with, see what happens if you do it the next day or two. Just get on the phone, write a text, initiate and even if they don't respond, you did your part. At least you planted the seed that you're available for the repair eventually.

I have a family that has one of the markers or dysfunction. Bottom-line, in our history generationally, there's a lot of like somebody cut somebody off and whenever they're cut off it's kind of a sign of things that aren't so healthy. Now there are sometimes when cut off needs to happen, like there are certain mitigating circumstances. But we have this kind of going on in generations of our family and so I'm kind of the one that stays connected to everybody. But at one point, I upset one of my family members, and she's probably right. We were at a family gathering and I was working and she thought I was working too much and I probably was. I mean, I do that. So she cut me off. She's like, I've just had it with you and I just don't want to have anything do with you, which I'd seen happen to the family before. But my response to it was, I get it that I made this mistake, and I understand it, I'm going to try to do better and I get it that you're not willing to come together around this right now. You need space from me and you can take all the space you need, but I want you to know I'm not taking space from you. I'm still here loving you, if you need anything, I'm here. You run into trouble you can call me. I'm here and I get it that you're upset with me and you need to not be here for right now, but I'm still here. So that's me responding because by that time I learned this, responding with a secure response to a cut off situation.

So what if we can just take time to learn this and think about it and find ways to bring it into our relationships? The benefits are huge. And now she's actually my favorite, favorite, favorite family member. We are the closest of anybody in my family. We have this, I just appreciate her, I love her to death. So this is why I think this is so valuable.

The other reason I think it's valuable is based in biology. And when you start to understand your own attachment system and you own it, compassionately, kindly and you start to realize how people's attachments, insecure attachment might be playing out around you. You don't take it personally. There's research that says about 95 percent of what's happening in your relationship often has roots in what happened in your original caretaking situation with mom or dad. And then there's research that doesn't have any influence at all.

So even if you've cut that in half and say 50 percent of the time, it has an impact. It's definitely an important treasure hunt for clues on how to make your life better. And so I, I just think, I've just seen it do amazing things. So I'm obviously really into it, maniacally focused on it, maniacally focused on trauma resolution and now specifically relational trauma. Because I think trauma so often disconnects us, it's broken connections when we have PTSD.

So if you don't add the piece of how do you repair relationships, how do you show up in a relationship, how do you even want to be in a relationship after all these things happen. That's really essential.

Niki Gratrix: I think it really also defines your relationship with yourself. Would you say because in your own levels of self-love or not? I always switch it back to that, too. And that's where you will have resilience in all things. So including your relationship with authority, whether you get abundance in your life, whether you're happy and stable. It really is everything and your health as well. So my thing is like the self-love piece. And because we only learn self-hatred, we often get that from what was thrown at us at those early developmental years. And those states become our traits and way of thinking, and there's no escape because wherever we go, there we are.

Dr. Diane Poole Heller: We carry it forward, but we can undo it. That's the cool thing. We could see it and undo it. If you have secure attachment, you're basically about yourself, you're feeling I'm good, I'm wanted, I feel lovable, I'm worthwhile, I'm competent, I have self-esteem, I see my caregivers as predominantly trustworthy, and loving, and reliable, and also competent, and sensitive to my needs and my status, and emotionally available, as well as physically available. I see the world as my world feels safe and loving and life's worth living. So it has a whole gestalt of yourself, others and world. And if you have insecure attachment, it's more like I'm bad, nobody wants me, I don't belong, I don't fit, I'm not lovable. Right there ouch, ouch, ouch, ouch.

Niki Gratrix: Fear of failure, everything. Fear of failure, can't fully express yourself in the world through feeling like, worrying about all of that stuff. So you can't fully be.

Dr. Diane Poole Heller: You see your parents as unresponsive, they don't care about your needs, I don't understand who you are, they're hurtful, they're untrustworthy.

Trust is a big issue in attachment. And you see and your life will feel like my world's unsafe, it's not worth living, people are dangerous. I mean, it's a very different world to walk around in. So that's why I think this is so, it can be so efficient in helping people heal from these things.

Niki Gratrix: Yeah, even things like addiction to overachieving, perfectionism, all of these traits that end up becoming unhealthy, they're often at the root. I just find at the root, like who we are and how we respond to the world is defined about how we sort of, the messages we got and how we process them.

But share a bit more about the disorganized styles or insecure ones.

Dr. Diane Poole Heller: There are two insecure ones and one disorganized. So I'll start, I kind of always do it in the same order, the avoidance style. And this, again, when I get right, I really hate to do labels because I don't want people to take it on in a way that they start to evaluate themselves negatively. That's not what this is for, it's just to give you an idea like a starting point and also specifically how you can learn to have more enjoyment and more connection in your life. So that's the only reason I'm talking about it like that.

But as a child, the pattern is called avoidant and as an adult, the pattern is called dismissive. So there's two different labels. Now, the other thing I need to make sure I say is not everything depends on your parents. Because you could have a medical condition or your parent mom could have a medical condition where you were separated or you were premature. Or something interfered with bonding that was completely out of anybody's control.

You could come in with a certain temperament that goes a certain direction. You could be born in a war zone. You could be born in tremendous poverty. I mean, there's different things that are going to affect your relational field. But I'm going to only focus on parenting style today, just because we only have so much time. Lots of other ways it can happen. So this isn't all about mom and dad and usually mom and dad, most of the time are doing the best they can.

And usually they have their attachment injuries that sometimes are carrying down through the generations, they just haven't had the opportunity to heal. We have to realize that we've had this bonanza of therapy styles and insight and everything in our generation and our parents. I mean, my parents didn't have any of that.

They had religion and faith, they both had a lot of faith, which was really helpful. But they didn't have, I mean, there's no way in the world they'd end up in a therapy session or a personal growth. It wasn't the kind of thing they did, so we have to understand that our parents didn't have the same resources that we have, many of them. It depends on your age. I mean, I'm old, so the younger people might have had parents that are a little more therapy savvy. But let's go to avoidant, I'm going to call it avoidant, even though as an adult it's called dismissive. But just to keep it easier to talk about.

Usually what happens from a parenting perspective is whatever is going on with the parent, they're just not there. They're not present and that's terrifying for an infant. They're looking out there trying to connect and nobody's home. I mean, that'll be upsetting as an adult, but as an infant, like, oh, God, nobody's there. I'm all by myself. I can't do this. Which is true. I'm very vulnerable. Or they have a very flat, not expressive affect, no emotional, not much emotional availability, or emotional language, or emotional range, or emotional reflection back to the child so the child doesn't develop a vocabulary or experience, a felt sense of emotional life.

Because it depends a lot on interaction, reflection, or they're actually actively rejecting, that can happen too, or they only show up and are present when they're teaching you a task. Like teaching you to, I don't know, read.

Niki Gratrix: I'm relating to that.

Dr. Diane Poole Heller: Teaching you how to ride a bike or play baseball or dance or something. And then other than that, unless you're achieving they aren't interested or they don't show up. I think the American culture has a lot of people who are also performance oriented. But anyway, I know this is probably going global, you have to look at this in your own culture and in your own family. And so what the child has, the thing we have to understand is this is survival. This is not a mental choice, it's not a choice, actually.

People sometimes think later that it was a choice. It's not. Because you have to adapt to the deficit of your caregiver the way Dan Siegel would say it. If your caregiver can't be present and nobody's there, you start to, which you can't do as an infant, but you start to build like an isolation bubble where you have the feeling that you have to do everything yourself. Nobody's there, there's no other, there's self but no other. And that's really not realistic to how we are as human beings, because we're truly interdependent. But the reaction to the attachment failure or the disappointment of what the wounding was, is to pull away and withdraw and start to build this bubble. And like you do everything yourself, you don't engage in activities that involve other people. You might be on the computer doing computer games all day or porn or something where it's just you and other people are generally involved.

Now, that doesn't mean you don't have friends and it doesn't mean you don't want to connect. This is something I have a big beef about with some of the people that write about attachment, I mostly like what people write, but occasionally they'll write that avoidants don't want attachment and that's not true. They want it like everybody else, they have secure attachment underneath there. Their reaction to the pain of it not working is to shut the attachment system down, to put the brakes on it. So they stop queuing for a connection, they stop reading signals about when people are even approaching them. They kind of don't see it, they're in an emotional desert because now you have to have all of these things.

There might be one or two of these things that are kind of a hallmark for your particular style. So I'm just giving you the ones that would kind of fit in avoidant just so you understand the whole thing. They're very left brain and attachment happens right brain to right brain. But they're tilted, I don't know, they're tilted heavy on the left and my left might be your right. But anyway, so if you think about the brain's really big on the left side.

So the gift of that, there's a gift in all of these things, is that you can get the job done. You can stay focused, you're not distracted by people's emotional responses. You're not distracted by the teams working well or not. You're fine doing your piece of it. You get the job done. Highly productive, super smart and very good at that kind of work. So that's a gift. We all need that. Right? It's a wonderful thing. But sometimes they work instead of having deep, intimate connections and they could have both, that's the point.

We can expand this, like they are not going to lose their functioning, but they would be really great if they could also enjoy the nourishment of a relationship. But they're not expecting nourishment in a relationship because they haven't experienced it. So sometimes when they get it, they don't even know what to do with it. It's like it's foreign, they might even push it away, when actually if they hang in there long enough, they'll realize it's nourishing. So they don't miss people who are significant in the beginning because they sort of feel separation elation.

They're like, I'm better off alone, but if it lasts too long, they start to feel the need for the other person and they can fall into despair or depression. They can deny their own needs or they feel like nobody can meet their needs. So they just do everything themselves, they kind of feel superior. I take care of myself, why can't you meet all your own needs? So they can be a little dismissive of a partner who has normal needs, they can say like, well, hey, just do it, I don't need to be involved in that. Which is really not what ideally would be happening in a secure relationship. So they need to learn to, like, lean in. They can get overwhelmed by intense emotion really easily.

So if their partner is having normal anger, they can just shut down because emotional territory is really tricky. So it's really important as we understand that compassionately, which is the whole point. That if you say we're an emotional person and we can see we want to pay attention, I'm overloading my partner right now. I might even say, "I can see this is too much for you." Let's take a time out for 15 minutes or 3 hours, whatever, and let's regroup. And I will see if I can regulate my voice, the intensity of this emotion a little bit and we can talk about it a little bit more. Or if the avoidant has been working and they are ready to do this, instead of like when the person's hurt or they're really dealing with an emotional problem, they can learn.

Instead of doing this, they can learn to lean in and touch them on their arm and say, oh, I'm here. Tell me what's going on. I'm listening. And they can actually come in and connect and participate, like in co-regulation, which is going to feel really awkward and awful at the beginning, because you're not used to doing it. But as you practice it, you find out nothing bad happens and actually good things happen. Then you start to move towards safety. And that's what we're trying to do, like find out, get this secure functioning to start popping its head up and then kind of planting a flag in that behavior of that experience. So people start to trust that it's OK to go back to secure attachment. But it doesn't always feel totally comfortable in the beginning and usually avoidant tend to gloss over the pain of their past by, oh, everything was fine.

My parents were great. I had this totally happy childhood. And even if they had abuse in their childhood, they make it like all nice. And they tend to think forward. Like they don't want to think about what happened before, they just want to go forward, enough of that, and so they need to, like, hang in there. We have different ways of asking questions that help bring up different experiences so they can see where their attachment was challenged. Or they can start to feel the vulnerability of wanting to connect. And then it's really important that you're there so that they feel the experience of someone being there instead of someone being absent, or negative, or attacking, or whatever.

So you're trying to do these corrective experiences, but they have to be alive in the moment, embodied. And you have to name them, even though the person saying this feels really good. You want to make sure they know what happened so they can take it. I'm thinking of therapists a lot of times, they can take it out of the session and into their life or they can take it out of the connection with their best friend and back into their marriage, or out of their marriage, into their relations with their kids. You want it to be transmittable and often we have to identify those things. And so some of the things that we do for avoidant are kind eyes.

I have a little YouTube on the Internet if anybody wants to watch that, just my name and kind eyes, you can see me go through that. Or welcome to the world is just kind of redesigning your birth, like how you'd want to be welcomed. I mean, I can talk, timewise, we don't have time to go into all of them. But these are all things we teach and talk about. And we have online trainings and we have regular trainers to help people understand. And I also wrote a book, *The Power of Attachment* and also *Healing Your Attachments* on CDs, they're both from *Sounds True*. Those go through all of these in great detail if anybody's interested, wants to know more. And there's other people who write about attachment that do a really fine job, too. So there's some great information out there. And we want to avoid leaning in when they feel like pulling away. And that I gotta tell you, it's not easy.

I have an example, when I was married, my husband used to say, he was very loving at times. And he would say, "it's so painful to me because I say I love you. And it's like you just immediately deflect it." And of course, my first reaction was like, I do not, what are you talking about? I was offended and everything. So I wake up in the middle of night and I'm thinking about it and I still feel like.

I realized, oh, my God, he is so right. I don't know what to do with it. I wasn't trained for that. So I woke up in the morning, I apologized to him. I said, "I can see that this really hurts you." Because I wasn't receiving his love. I mean, that's painful. But I didn't how to receive it, so I said, I'm going to make this a practice whenever anything kind happens with him or anybody else, I'm going to do my darndest to stay present, not change the subject, just make this practice of taking it in. And I got to tell you, that wasn't easy in the beginning. But as it got easier, it was so great because I started feeling this love and support, and these foreign objects that they actually became a part of my life. This is the kind of thing that I'm challenging people to do in a kind way when they're ready to do it at their own pace.

So I guess we'd better jump into. Do you have any questions about that or should I go right ahead?

Niki Gratrix: That's great. Maybe you can touch on the others. Be great. We have just time to touch on the other two types.

Dr. Diane Poole Heller: I want to make sure I get, so I'll do a little bit of a strong focus on this. So ambivalent has a different situation. So just understanding that we just adapt to whatever wound was predominant for us or the way we internalize the wound. And ambivalent had kind of been here today, gone tomorrow parenting. So they had good stuff, so they know there's yummy stuff in relationships, they want relationships.

But it was so unpredictable and inconsistent that instead of feeling relaxed in the relational field, they're hyper anxious, like, well, oh, I start to relax in the relationship and then oops, something happens with my parents and the rug gets pulled out. And it happens so much of the time, probably because of the parent's own attachment history. But it happens so much of the time that they never know whether to trust, is it gonna be there? It's there one day, it's not there the next. I did this yesterday and I was loved and this day I did it, the person yelled at me, very confused.

And they really have a hard time letting go of the pain of the past. So they tend to have sort of a negative complaining perspective on things. And sometimes because of that, they end up pushing people away that they want to be closest to. And that's not again, a manipulation, just really understand how this links to survival.

Because when that baby, the first baby and avoidant, learn to adapt to nobody being there by shutting their attachment system down. So they didn't cry, or not much, they just stopped. They just stopped their attachment system to some degree. And in ambivalence, the opposite. They found that the more they cried, they had some hope of getting something or if they were sick, they had some hope of getting something. So they have this pressure to speak, like they talk almost like you can't get a word in edgewise. And sometimes it's just talking about whatever, because that's just the pressure to speak. It's not even that's to be meaningful or anything. It's just talk, talk, talk, talk, talk.

I have a friend and she's adorable and I love her dearly, but like, she'll ask me for something and I'll say yes. And then she's still selling me on why I should say yes, ten minutes later, as I keep saying, I've already said yes, I'm happy to do this. When do you want me to do it? And she's still going on and on. So I know what this is, it comes from this. But the reason that is tied into survival is because of the idea of this, the signal cry is, can I get my needs met? Can I get them met well? Can I get the need I actually need met? And is it time or like does it happen soon enough? So something's off on the signal cry for the ambivalent child. And so they are expecting disappointment, if they have a little bit of ambivalence they tend to feel sad and disappointed. And they're disappointed in you before you even do anything because they're just projecting that onto the present relationship. Or if they have a lot of it, they're pissed off, they're angry. So they pick fights.

Now, the tricky thing about this is, they want a relationship. They're like wanting, wanting, wanting, but they don't know how to have. So sometimes to get to the core of that for people, when I realize that's kind of what they're struggling with.

I had this woman who I love, she's just so cool. I met her in Europe when I was teaching there and she wanted a session. So we did a session and she was, oh, I'm in this relationship and he's never available, and I'm going to end the relationship, I'm done. And she's always to find these men and just find these men that are unavailable. I'm thinking, OK, that could be true, that could be true. Or it could be that this is the projection of the attachment system.

So I'm asking her some questions about parenting, and I'm kind of getting a pretty clear idea that it's probably ambivalent. And I don't say that specifically to her, but I say, "well, okay, so you've been with this guy for two years. Is there anything he's done that's been caring or kind?" Well, he travels for work, he's never around. And she's on this rant again. I said, "wait, wait, wait, wait a minute. Is there anything?" I mean, and now she's kind of mad at me because I'm pressing her on it. I said, is there anything? She's going, oh, God. Oh, let me see. Oh, well, he is out of town a lot. He does call me every night to see how my day went. And we talk for about half an hour. Oh, that's kind of nice. And she went, yeah. So anything else? She goes, she's kind of mad at me again. And I said I'm going to kind of hold you on this. Is there anything else? And she goes, well, he goes to all these faraway places but what he always brings back is a gift that really is something I really like. So I kind of have the feeling that he knows me, because he knows what I like.

So that's sort of nice. Anything else? And she's now shocking herself. I can see that she's come out of the trance and she's like, oh, my God, well, he's gone like two weeks out of the month but he always makes sure we have a weekend together because he's gone so much, he takes us on these special adventures.

I'm like, wow, that's really nice and she's going, yeah. Like somebody made this up and she doesn't even know what to do with it and it's so cute. And then I say, OK, so I'm going to do an experiment with you. I said, I want you to imagine all of the wonderful aspects of a relationship that you could ever possibly want, like a big buffet in front of you. And she goes, OK, and she's sick of all these things. I said, now I want you to see what it's like to take it in. Just see if you can put it on the plate and actually eat it like good food. You need to actually eat it. And she said, oh, OK, great. She takes it and goes, oh, I'm contracting, I feel really awful. And I said, well, that's important to know it's not your partner not giving to you.

I mean, he might have his own stuff, he's not perfect either. But in this case, it was more that she was having trouble noticing his caring behaviors and also receiving that. So I said, OK, let's just have you receive one percent of what's there. She goes, I can do that and her stomach, her diaphragm was tight, it loosened up. And she started to feel this like she could take it in.

And I said, now, as you take it in and just notice what that's like. She goes, oh, it feels so different, so good. I said, yeah because fulfillment and satisfaction is like foreign. You want all this stuff, but often this happens where we don't know how to take it in. So she was taking it in and so she goes, oh, I want more. I'm like, well that makes sense. So I want two percent, I'm like great, well that's a hundred percent more, takes in two percent fine. I said, and then we get up to five percent and that's sort of the limit for the day. But she gets it that she doesn't, I mean, it's a very different thing to be blaming your partner all the time or realizing, oh, you know what I got a thing about I can't take it in.

So we just gave her a practice that she happily did, which was, first of all, noticing her own behaviors, like I sort of forced her to do a little bit in the session. And then to actually, like I was doing with the love from my husband to feel a little bit of it enough that she could take it in and feel it and feel the nourishment, satisfaction and fulfillment. And so she walked out of there, she was so happy. She was, oh, my God, my partner is gonna be so glad I had the session with you, because now she was just totally appreciating him. She was going to break up with him at the beginning of the session. I did just say that example, because it has so many things in it.

Niki Gratrix: Yeah. a great example.

Dr. Diane Poole Heller: Yep. Ambivalence often has a lot of stress on separation. So they have a fear of abandonment. They're scanning, they're very good at reading people's facial cues and all of that. But they interpret it wrong. They tend to see it, but they always generally will have a problem with interpreting it negatively. Like they're very sensitive to slights, like they smile at you, you don't immediately smile back or they send you a text and you don't immediately respond.

There's this hypersensitivity to any possible disruption and they're expecting the negative shoe to drop. So they're always preparing for the disappointment. And that's what we have to help them get past so they can really relax into a relationship, enjoy the good parts. They're still going to have conflicts and work those things out. But to try it when they have a conflict, not bring up everything that happened since 1972. But actually stay focused on the topic of the day because they have a hard time giving up any of those past wounds. And that's just part of the way.

Niki Gratrix: Yeah, that's the trauma isn't it, I guess that's the actual programming. So they're not living in the present moment in reality of seeing the other person, they're listening to a program that was in their head from a trauma all those years ago.

Dr. Diane Poole Heller: Yes.

Niki Gratrix: So that's what you're breaking them out of.

Dr. Diane Poole Heller: Yes. I mean, we're all doing that all the time. But then as we become aware of it, we can start to, what I find really helpful is giving them corrective experience or very specific skills to practice once we see what's a little bit challenging for them. And then their willingness to practice.

It might take six months to a year to really, first of all, give partner space, because they tend to be they want, want, want, because of the worry about abandonment and then to relax. That whole wound around abandonment might take a while. But as they move even incrementally back to secure attachment, they have more enjoyment, more fulfillment and they enjoy the relationships a lot more.

Niki Gratrix: So the last type.

Dr. Diane Poole Heller: I'm looking at the time, goes by so quickly, I could talk about this for days.

Disorganized attachment is its own thing. It doesn't have a pattern like I just described with avoidant and ambivalent because it can happen in so many different ways. Basically, what happens is in the original situation, there's too much fear or too much chaos for a child to bond normally. So if there's too much fear, like, say, dad yells a lot or somebody has an addiction, so this chaos all the time or somebody is physically or emotionally or physically abusive.

There's so much fear and trauma, and the adult version of disorganized attachment is called unresolved trauma. So the trauma, it's like you've got your threat, you've got two instincts in conflict with each other. So the attachment system wants to come towards and connect to the parent. And the defensive part that's trying to deal with the threat wants to run away or maybe fight and smack the mom or dad in the face. But either way, their threat response is interfering with their ability to attach.

So I'm always trying to, like, separate those two things, in a session I'll have them have it like an ally of people that they have felt really reasonably connected to in one location, and then

threatened in another location. And then they're managing the threatening behavior, I never make it the parent itself, but him or herself, I'd say, well, the yelling your father did, I know there were things you loved about your father. That's great to keep that. But let's look at what you want to do in terms of responding to the yelling, and then I help them increase their sense of safety is the most important thing, because fear takes so much predominance. And sometimes it's interesting because people can be okay in a relationship and then they hit a certain level of intimacy. And that triggers the terror and they don't know where it's coming from. It's like, all of a sudden there.

I had this woman, a lovely, lovely woman who worked in another foreign country. She was getting married and she really recognized her partner, was securely attached, and was a wonderful guy. And they had little things, but he was just really great and willing to work on it and really evolved and yummy. But as they were getting closer to getting married she hit this level of intimacy, kept getting closer and deeper where she just felt terror. She goes, I know it's not about him, but I don't know what to do. It's like I just feel this absolute terror of going further in the relationship.

So we tease that apart and of course, she had a history with a sometimes violent, sometimes loving mother. And we kind of had to work with her threat response and her attachment system and untangle all of that, and then she did a beautiful job.

This doesn't always happen in one session, but she, I only had her in one session because it was training, but she ended up going home and a lot of that dissipated and she just understood it. So it wasn't interfering with the health of her marriage, her upcoming marriage and her really beautiful relationship. So obviously, when there's too much fear, you have to help a person contact things that help them feel safe.

So we have corrective experiences like installing competent protectors. Sometimes you just have to have that feeling as a kid that somebody had your back. And if your parents were frightening, not only do you lose your safe haven and you lose anybody you can run to when you're scared, because normally that would be your parents. But if they're the scary person themselves sets up a terrible dilemma.

So I talk about all these things in the book and if you go to my website, there's more information. I know I'm probably raising a lot of questions, but all of this is really helpful. And during the pandemic, when we're under stress, when anything's unresolved, it kind of amplifies it. So I just want people to be easy on themselves and please be easy on your partners and your kids, because everybody's going to react in a unique way. Avoidance might get more avoidant or some avoidants I know were actually calling people from college or high school they've been talking to in years. That's bringing up they're wanting to connect because of that. So it has different ways of expressing itself.

If you're alone and you have ambivalence, that's your worst nightmare because your fear of abandonment, here you are by yourself or you have to be separate from your family during this time, it's really hard.

Give people reassurance that you're there with them, you carry them in your heart, you love them, you're not going to leave them even though you might be physically distant. You need

to do things that kind of soothe each person's attachment wound, while they're also learning how to move towards safety. It's a very, very loving, compassionate way of working once you understand it and don't blame people for it or even blame yourself for it, it just happens. It's part of a human journey.

Niki Gratrix: That's a wonderful explanation. Dr. Heller:, thank you so much for your time and remind people again, your website address and where people can start with that initial questionnaire so they can work out which type they are.

Dr. Diane Poole Heller: Yes, it is the free attachment quiz that'll give you a little pie chart of how much, at least based on these questions, it's not a research thing it's just a point of exploration vehicle, but people love it, it's our most popular thing. And it's really just on the website, it's dianepooleheller.com. And it's right there on the website, and it'll give you lots of information and a good place to start. And if you want, if you're curious about more, you can check out my book, The Power of Attachment, Creating Intimate, Long Lasting Relationships. And also we have CDs if you'd like to listen to things in your car, it's called Healing Your Attachment Wounds. And those are both written for the public so they can be used by therapists or just everybody walking around. I think this material is highly relevant to all of us as we try to make sense of our human journey.

Niki Gratrix: Absolutely. That is absolutely wonderful. Thank you so much Dr. Diane Poole Heller:, that was awesome. I think it's going to get a lot of interest.

I think people will want to know their types. And there's going to be so much that I think it's just really, really valuable for people. So that was amazing. Thank you so much for taking us on that journey and thank you for taking part in Summit and for your time.

Dr. Diane Poole Heller: Thank you. Thank you. Bye, everybody. Thanks for making time to be with us today. Bye.

Niki Gratrix: Take care bye-bye everyone, see you in the next episode.