



Becoming free from dissociation

Guest: Dr Arielle Schwartz

Disclaimer: The contents of this interview are for informational purposes only and are not intended to be a substitute for professional medical or psychological advice, diagnosis, or treatment. This interview does not provide medical or psychological advice, diagnosis, or treatment. Always seek the advice of your physician or other qualified health provider with any questions you may have regarding a medical or psychological condition.

[00:00:09] Alex Howard

Welcome, everyone to this interview where I'm really happy to be talking with Dr Arielle Schwartz.

Firstly, Arielle, welcome and thank you for joining us.

Dr Arielle Schwartz

It's a pleasure to be here again. Thank you, Alex.

Alex Howard

I really enjoyed the interview we recorded for the first Trauma Super Conference, and I was just saying to Arielle before we started recording that for me, she's one of the people who is really in the trenches, day in, day out, working with people that are experiencing some of the more complex and challenging impacts of trauma. And I think someone that has an enormous amount of both academic understanding but also clinical experience. I really appreciate the depth of wisdom that's coming in here. And in the planning of it there's so many places we could go.

So what we're going to be particularly exploring is the symptom, sometimes it's more than symptoms, it's its own disorder of disassociation. This is a really important piece of what can come up for people as part of their trauma healing journey.

Just to give people Arielle's background, Arielle Schwartz, PhD, is a licensed clinical psychologist, EMDR therapy consultant, Somatic Psychotherapist, certified yoga instructor and internationally sought out teacher.

She's the author of five books, including *The Complex PTSD Workbook* and *The Post-Traumatic Growth Guidebook*. She's a leading voice in the treatment of PTSD and complex trauma.

She specializes in applied polyvagal theory for trauma recovery. Her integrative mind body approach to therapy includes relational therapy, parts work therapy, somatic psychology, EMDR therapy and therapeutic yoga for trauma. She believes that the journey of trauma recovery is an awakening of the spiritual heart.

It's a good bio. Maybe a good starting point is just to speak a little bit to the experience of dissociation, what it is and some of the different ways that people can experience it.

[00:02:17] Dr Arielle Schwartz

Yeah. When you and I were speaking before we began the recording, one of the things that I shared with you is that my intention on speaking on this topic is really to reduce stigma around dissociation, to hold it within a frame of, it's a relatively normal human adaptation to adversity, and that we all do it to varying degrees. Because to be human on the planet right now, none of us are immune to difficult life experiences. We can look at what we've all been through in the last 18 months and see that.

So if you experience times where you're just checking out, that folds within the frame of dissociation. And dissociation really lives on a continuum. But especially if you have grown up with ongoing chronic experiences of trauma, neglect, abuse, relying on the coping mechanism of dissociation is just a very smart strategy, especially for a child who cannot accommodate the reality of what's happening around you.

So when we look at how might you know if you're dissociating, it can be something as simple as, wow I was driving for the last 15 minutes, and I just completely spaced out. I don't even remember what happened on the road. Or I was scrolling Facebook for the last hour, and I'm sitting in this awkward position and my shoulder is hurting. Oh, wait a second, where did I go?

What I notice more clinically when I'm sitting with individuals in my practice is, that there are these moments that happen where maybe they're sharing a story or they're speaking about something from their history, and suddenly they start to feel tired. Or maybe they're attuned to their bodies and they start to feel dizzy or disconnected or foggy. And we don't want to override those symptoms. They're really important to pay attention to.

And most often when we actually build a shared mindful tracking in the clinical work, and we do catch those moments when they occur, there's something right underneath it. It's like the symptom itself becomes the access point to whatever we couldn't be with in the first place.

Alex Howard

There's something really beautiful in what you're saying around, there is wisdom in the response that we have. Because I think people can be so, it's very easy, I think we can all be guilty of this, to of course struggle with the patterns and symptoms that we have, that we end up being frustrated at them and making them wrong and shaming ourselves for those responses. But what you're saying is that actually, particularly at the time that these things originate, there's great wisdom in them.

Dr Arielle Schwartz

Yeah. And sometimes when we look at that continuum of dissociation, we'll see things that show up more overtly, less subtle in the sense of an energetic shift or suddenly becoming tired. But something more like dropping into a feeling state where I feel younger, where maybe my voice tone changes, where I don't feel like myself. And sometimes in extreme cases, realizing that there's been lapses of time that you don't have memory of where maybe you purchased things or had conversations, or there was a blackout rage.

So we can recognize that it really does live on a continuum. And the less afraid we are of this, the more that we embrace it and offer our curiosity and our compassion for these types of experiences. I feel like when I'm talking to clients who I'm starting to sense have some of these more extreme or avert symptoms of dissociation, and I start to normalize it, I watch the shoulders just go, huh, oh, I don't have to pretend here.

[00:06:31] Alex Howard

And it's interesting how, I'm going to give you an example of disassociation. I remember my wife and I went out for lunch the first time, one of the first times she met my mom and stepdad. And my wife is used to me being pretty present and being in the room and being there. And we were driving back from this lunch, and she was like, wow, I've never seen you do that before. I was like what? She was like you weren't there. Over the years those relationships actually became much easier, but at the time I found it so difficult to be around some of the dynamics. My mom and stepdad wouldn't have noticed because that's how it is, but my wife could really feel the way that I just disassociated.

Dr Arielle Schwartz

Yes. I have a parallel story, if I may share. Also, it has to do with my husband and visiting my family. And this was with my father and my stepmom. This was really his first time meeting them. We were in our 20s at the time. So it goes back 20 years. And we had gone, and I had dissociated, but my husband didn't know. He also didn't know me all that well but I had developed incredible skills from a very young age to hide it.

And like what you're saying, your parents didn't know, I looked on the surface like I was fine. And inside I was crawling out of my skin. And part of that dissociation is basically taking over a persona or a shell of a self that can go through the motions and act as if everything's normal, everything's okay, and everything just gets pushed further and further down.

Now, in this case, I could sense and feel all of the internal distress. And once we got in the car and I was describing everything, my husband said, I had no idea. But when I was a little kid I couldn't hold both realities. I couldn't hold all that I was pushing down under the surface. And so that got smaller and smaller and more hidden and more hidden. And then I would go back to my mom's house, and it would all come out, it would all explode out of me. And I think that experience of feeling like the authentic self gets smaller and smaller, and at some point is inside of the size of an atom.

Alex Howard

And I guess it's one thing happening in a relatively unusual circumstance, like having lunch with in-laws or parents, and, for a lot of us, there's complexity in those relationships. Of course, the real challenge becomes when disassociation becomes a primary strategy of how one is managing their life and how they're relating to the world.

And I guess it's worth saying that at the extreme end of this spectrum we can have dissociative disorders and where it really becomes one's primary way of functioning. Maybe just speak to that, because I think that's also helpful for people understanding a bit more of this idea of a spectrum.

Dr Arielle Schwartz

Again, it's really smart. It's really smart. Most people that develop a dissociative disorder, first of all, they develop it before the age of 12.

Alex Howard

Is that right? Wow.

[00:09:55] Dr Arielle Schwartz

And most individuals who develop DDNOS, dissociative disorder not otherwise specified, which basically means that I have different parts but I'm so blended with those different parts that they all feel like me. Or who develop DID, dissociative identity disorder, in which there are multiple different parts that don't have relationships to each other.

So most people who develop these two primary diagnoses are extremely intelligent and extremely creative. So you have these gifts. And what we look at, when we even see brain scans about individuals who have developed dissociative, basically, a dissociative subtype of post-traumatic stress because we're still in the frame of trauma, that these individuals have upper brain centers that are over developed.

So usually when we look at post-traumatic stress, we see that the prefrontal cortex and the neocortex and these upper brain centers are underdeveloped and that the lower brain centers, the limbic centers, all of these fear centers and the brainstem are in hyperdrive. We see the reverse pattern with dissociative disorders, that the upper brain centers are hyper developed and that we've dimmed down the sensory motor capacities and the emotional capacities in the brain, so we're actually dialing down our ability to feel our emotions and our ability to sense our body. So the work looks really different.

Alex Howard

And it's interesting what you're saying there, because one may assume the way to work with what's happening is the more classic, focus on calming of the nervous system. And actually, what you're saying is that may not be the most helpful entry point.

Dr Arielle Schwartz

Exactly. And it's why I really developed a strong interest in polyvagal theory because in order to understand dissociation, we really need to understand why things like engaging the parasympathetic nervous system, which for someone who's in high stress is very balancing because it helps them get into rest and digest and relax and it's nourishing. But for someone with a dissociative disorder to do practices that are relaxation, or yoga nidra, or these deeply relaxing practices, actually can drop them off into a state of collapse or a faint response.

So we can use more activating practices from a somatic perspective or an embodiment perspective, to stay awake and to stay alert and to build sensory awareness.

Alex Howard

That's super interesting. Can you give a bit more of an example of what those practices might, how they might be used and what that might look like?

Dr Arielle Schwartz

One is that, for example, I'm also a yoga teacher and if we're going to practice something like yoga nidra, which is a deep yogic relaxation. And there's beautiful practices out there like iRest and the other Rest programs that invite you to do these deep restful states. But for someone with dissociation, practicing seated and with eyes open is going to help you navigate your way toward a relaxation while keeping a foot grounded in current orientation to safety.

[00:13:30]

So that I'm not going to fully turn myself over to a state where I might feel immobilized and like I can't move my body. So emphasizing choice is always a key element. I've had conversations with Stephen Porges about his Safe and Sound Protocol, which is a beautiful listening program for the vagus nerve, and it helps to create more safety within the body for trauma healing and for many other conditions. But for someone with dissociation, we have to progress slowly, even with that, because we can get too safe too fast.

Alex Howard

I find this nuance so helpful and so important because I think often what happens when people are on their healing journeys is they hear these broad, sweeping statements which are generally accurate and true, but in their lived experience is not actually how it works.

And often the impact of that is people feel like, I'm the only one or I'm so broken that I can't be healed. And actually, I find this nuance so helpful because it helps people realize, actually it's not them that's broken or wrong, there are others in the same category that actually just need things to be used in a certain way.

Dr Arielle Schwartz

Exactly. I was having a conversation with a friend of mine who has trauma from her childhood, again, so many of us do. And she was sharing about doing this 40-day yoga nidra program. She got to day 10 and she said I had to stop. I grew increasingly depressed. I didn't want to get out of bed. Her system was shutting down in response to this.

And so if you're someone who is doing something for your healing journey, but you're having the unexpected response, the paradoxical experience in response to this, you're not alone. I've had that happen where I move towards something too quickly and I get a migraine, that's my body's symptom of like, too fast, slow it down.

Alex Howard

And there's something, I think, that's really important in one learning to listen to their body and their body's feedback. Particularly those of us that have experienced different forms of trauma. And sometimes that trauma has been we've been taught to override those responses, and it's almost like we try to heal the trauma with the same approach that played a role in causing the trauma, in a sense.

Dr Arielle Schwartz

Yes. It's interesting, I think it ties into how we really create change, which is catching our habitual responses and being awake to them. Like, awareness practices are so key, bringing in curiosity and mindfulness and slowing the whole thing down. Because so often we just go into autopilot, and dissociation is a great example of autopilot, but of course we all do it. It is the way that the brain conserves energy. I've done something, I've done it again, I've done it again, I don't have to think about it, and I can just keep doing it. It's like riding a bike or driving your car. Most of us can just do it without having to talk yourself through all the steps.

But any habitual coping mechanism that we keep doing becomes a procedural memory. It becomes something that we just drop into and we're doing, and we're not thinking about it. It's a habit.

[00:17:11] Alex Howard

One of the things that I think can be a really challenging way of someone managing their healing work is that sometimes when things get hard or things, for example, your friend in the yoga nidra practice, that feedback is assigned from the body to stop. That what they're doing isn't working.

But other times, we're working on the hard stuff and we want to run away and not do the work because it feels challenging. But actually the real breakthrough actually comes from staying with what feels challenging and difficult.

And how do we know which is which? I know I'm asking a really unfair question. But I'm interested, in your clinical work, when you're helping your clients navigate, what are the reference points that you're using to help figure out what's going on there?

Dr Arielle Schwartz

I'll come back with a metaphor here, which is that if I'm going to learn how to swim, I'm going to start in the shallow end, I'm going to start with my swimmies, I'm going to start with all of the support, the swim instructor. We're going to learn how to breathe underwater, we're going to do all of the things in the shallow end. And then we're going to get ready to go into the deep end. And if we throw someone into that deep end before they've developed that sense of, I trust this other person who's going to go there with me, I know how to breathe underwater, I know how to keep myself afloat, I know how to tread water, all of these things.

So it's like that with trauma work, that it happens in phases. We have our phase one of stabilizing but building resources, building all of those skills that we need. So that by the time we want to do that courageous work of going into the big, hard thing, that it actually it's driven by a felt sense of courage, it's driven by a felt sense of, I'm ready. I'm ready for this now.

And if we're pushing ourselves aggressively before we have that readiness, then we want to know what is the aggressive part that's driving the system that might actually sabotage our efforts because we've gone too fast and too quickly towards something.

So how do we then know we're ready? I think that's what your question really is. And in some of it, too, is, boy, I might not feel totally capable by myself, but I've got the right person who's my copilot in this journey. Or my swim instructor, whatever metaphor we want to use here. But we've got that right feeling of, right amount of support to go do the hard thing. And trauma work is hard, absolutely. But with the right support and with the right methodologies, it can actually feel a little bit exciting.

One of the reasons why I love this whole framework that's out there now of, how do we befriend our sympathetic nervous system? How do we befriend stress? It's inevitable. It's going to be around us. And when we feel like we can catch the wave of the courage inside of us to turn toward the uncomfortable sensation, the shame that wants to take us down and shut us down, whatever it might be, that we have that buoyancy so that we don't feel swallowed by the whale of whatever we're going toward.

Alex Howard

Then coming to, often part of what is my understanding of what's happening with disassociation is that we're disconnecting because there's stuff that's coming up that feels overwhelming, or we don't feel we have the resources to be with.

[00:21:07] Dr Arielle Schwartz

And usually because of the original point of the traumatic experience or experiences or chronicity of experience, we didn't have the resources. So at the original experience, it was overwhelming for the sensors, we had to dim down our sensory and emotional processing and shut that down, put that into the tiny little atom.

Alex Howard

And just to really land that piece to people, because I think it's a really important piece. When we say resources, what do we mean? And maybe you could even give, it could be a fictitious example, but an example of what that might look like as a child, like an event and the resources that we're lacking to meet that?

Dr Arielle Schwartz

Sure. So an example being that there was, and I'll just use a relatively common one, there was a car accident, or there was a fire, or there was a flood. And as a child, these events were scary and overwhelming. But if within that family the child has the support of a loving adult that says, yeah, tell me all about what that was like for you. I want to hear it. And the child has a chance to just move through their emotional experience, maybe they shake a little bit. I love David Berceles's understanding that children don't inhibit that shaking, it'll happen. And then they ride through the arc of it and they feel like, oh, okay. Mommy and Daddy, they understand, they helped me through it or it was a nightmare, whatever it was. Now I'm okay and I go off and I play.

So there's the example of what would ideally be the kind of resources for the exposure to something scary. But when a child experiences something like that out in the world and they come home and dad's drinking and mom is consumed by her own thing and no one's protecting them, and no one stops to see them, and no one stops and tunes in and says, what was that like for you? Then where does all of that get processed? What do I do with all of that? Or maybe I come home and all that they care about is that I got good grades today. And so I just have to keep showing what I have to show in order to belong to this family, because that's what is accepted here.

Alex Howard

And there's no invitation, there's no holding for all of these feelings, which are a natural human response to the circumstance.

Dr Arielle Schwartz

And it gets incredibly complicated when the source of the trauma is the very parent that's also supposed to be the source of support, the source of nurturing. And so that's where we see the largest fragmentation happen, is that in order to survive, I need to attach. I need to know that I'm loved, I need to know that I belong. I need to know that I'm going to have clothes and food and books for school or whatever it is. So I have to attach. But then all of the feelings that I have of, but you're scary, and sometimes you yell at me, or sometimes you hit me, or sometimes you do things that are bad. And in order to uphold my need to attach, I actually have to push away that other reality.

And that's where we see the strongest fragmentation, even if that other reality is, I could never tell you how angry I was at you, or I could never tell you that I really wanted to run away. I couldn't run away. All of this.

[00:24:54] Alex Howard

And so then, at some point later in life, hopefully we start to get some support in working with this. And as we start to recognize, we have this response that we go into, and we're learning to calm some of that response, but also to wake up, to be present. How does one then start to metabolize and start to digest that stuff which is probably still there?

Dr Arielle Schwartz

Exactly. And so the key element is, do I have enough support now to go back and revisit, reflect upon what happened then? And in the trauma world we talk about building something called dual awareness, which is the capacity to have one foot firmly grounded in the here and now, awareness that I'm safe, I'm connected to a safe other, that I can look around me, that I have something beautiful that anchors me. So I have those anchors of the here and now sense of safety that allows me to go back to there and then without reliving it, without feeling that there and then is still happening.

Now some of you listening, and maybe you too Alex, are already thinking, but what if the trauma is still happening? What if the there and then isn't really in the past because I'm still living in a relationship where I don't feel safe? Or whatever, we can comment on the pandemic and I'm in lockdown, it reminds me of my childhood. So what if, then it's not time. Then it's not time to open and take the lid off of the historical events until we have enough sense of stability and safety now.

Alex Howard

When one has that safety, that stability, both in a sense, what you're really describing is having that in the external, so having that in some sort of professional help and support, but also it's having that on the inside. In terms of how one is relating to themselves and how one is being with what's coming up.

There's then an element of having to work with what's held in the body. There's all of this stuff which is in the body. How does one start with that support in place? What are the steps then to metabolize?

Dr Arielle Schwartz

I'll share one more piece that will get us there, which is that, one way that we can think about the body and all that's held in there, especially for someone that experienced childhood trauma, is that your body is your inner child. Your body, in a way, is going to bring forth whatever wasn't held or expressed, or it's our access point once again.

So all of the symptoms, whether it's dissociation or an uncomfortable feeling in the body or even a numbness in the body, are access points to these historical events that were incomplete.

Another frame from a body perspective is that the body holds the memory of what happened. We see so many bodies keeping the score and so forth, Bessel's work. But the body also holds the memory of what wanted to happen that didn't get to complete. This is what Peter Levine speaks about with the thwarted instinct.

Sorry, I had a bird at my window.

Alex Howard

That's an interesting moment.

[00:28:31] Dr Arielle Schwartz

Well, I was startled and shook.

Alex Howard

I wasn't sure initially if that was just adding drama to your delivery.

Dr Arielle Schwartz

You better keep this in the video. So don't edit that out.

So the body holds the memory of what wanted to happen. So a bird hits the window, I'm just kidding. So there's a way in which if I was held down and I couldn't escape, the inability to flee is actually remembered in the body, the inability to express myself, to be heard, to yell, to scream, it's held in the body.

So what we do is we turn toward that mindfully and we start to unwind those needed releases, those needed responses. And we see in the somatic field, this continuum between how much are we mindfully allowing that to move through slowly. Sometimes we see very cathartic releases of all of this, my primal scream and hitting the pillow and all of that. And actually, there's neither right or wrong, depending on the individual and what they have that courageous capacity for. But ideally, whatever it is, that's the expression they can stay present for.

Alex Howard

And in your experience, how much of this piece of the work, learning to stay present, working through what's unmetabolized, in a sense, how much of that also changes the habitual element?

Because it strikes me that what also happens here is, one's got a load of patterns, of habits, of ways of being in the world, and sometimes the trauma is in the past, it's not just the trauma in the past, it's the way that we've learned to be in the present, in a sense. And I'm wondering if there's another piece here around pattern spotting and actually retraining the habits that one's created.

Dr Arielle Schwartz

Yes. Yes. Yes. I love it. There's a few examples that come to mind. One is that we can't always see ourselves clearly. And when we're inside of a pattern, it's just who we are. It's the fish that can't recognize it's in water. This is just what we're living. And it's why having an other, a coregulating other is so valuable, because now we have an external witness that might be able to help us see ourselves in a new way. Compassionately, caringly.

So I'll share one example. I was sitting with a client, this was years and years ago, and every time that the emotions would start to come up for her, she would very quickly reach for the tissue, dab her eyes, and the look of sadness or fear or anger that had previously been on her face would disappear. The tissue would come out and her face would go flat. And I observed it once. It happened a second time. And I was like, something's going on here. It happened a third time again, multiple sessions. And at that point I said, do you mind if I bring something to your awareness?

So I'm offering an external mirroring of something I'm observing. Now for her it's a habit, I grab the tissue. And when I reflected back, what I observed, and especially about the feeling I had when the

feeling went away on her face, when her face just went flat, and she sat there and she said, oh, my goodness, I got a flash of a memory. And it was being a child, and this memory of when she would start to cry and her father would look at her and say, you go to the bathroom and wash that ugly look off your face.

[00:32:26]

And so the repatterning for her was actually allowing her face to have the expression of the emotion that wasn't allowed to happen as a child. And actually waking up through the neurons, the muscles of her face because there was a safety in actually dialing that down and tuning down and going numb to the face.

Alex Howard

That's beautiful. It's beautiful how that wisdom was there and you were able to bring that to awareness.

Dr Arielle Schwartz

Yes. And sometimes it takes longer. That was one where it was right under the surface of the symptom so we could pay attention to the symptom. And usually when we're looking to create, what we call neuroplastic change, it's a big word, but what we're trying to do is create new habits, create new experiences in the body. Is that we need to wake up to whatever the habit is and then actually, consciously not go down that path and choose something new.

I had traveled to London, which you're in London, yeah?

Alex Howard

Right.

Dr Arielle Schwartz

I was teaching there a few years ago, pre-pandemic.

Alex Howard

Back when we used to go on airplanes.

Dr Arielle Schwartz

Yes, exactly. I miss traveling.

And I was staying near Kensington Gardens and I was walking through the gardens, and we see this everywhere, we see it in our bold or open space, but there was this beautiful patch of grass, and there was a trampled line that went down through the middle of it. And so they now had these signs and ropes put up saying, 'Please don't walk down this section of the trail, we're trying to rehabilitate the grass'.

So think about that in your own mind. When we're trying to create change, sometimes we have to put up the ropes and the gentle, beautiful signs that say, let's not go down that path. It actually is the

unwanted one that's going to not serve us. Let's redirect the traffic in those neural pathways that we want to foster.

[00:34:35] Alex Howard

That's a great analogy. I like that.

What's the potential for healing when we have these patterns of dissociation? Because sometimes again, we've got this spectrum and for some people it's a hardwire default. For others, it's a pattern that comes in and out at different points. But with the healing that you're describing what's possible in terms of changing this pattern?

Dr Arielle Schwartz

I think everything is possible. First of all, because we look at someone who has more extreme symptoms of dissociation, we also see that there's high intelligence and there's high creativity. So we're not looking at anyone that's damaged. We're looking at really creative coping mechanisms. But that same intelligence and that same creativity can be used to foster a life that is meaningful, that's really redirected in who I want to be in the world and what's the satisfying experience of myself and a satisfying experience in relationship.

I'm thinking of someone that I've been working with for quite a while, and maybe that's just a pause right there to say that it's not short-term work. It took, often, at least 18 years of growing up in a family to have developed a dissociative disorder. So to think that you're going to resolve this in 6 months of therapy, well, it's just not realistic. And I think it's such a shame when we have these short-term models out there that leave people feeling like they failed if they haven't gotten better within that time frame. So often, we're looking at an ongoing, regular commitment over some years.

But the experience of this particular person I'm thinking of, where she will drop in sometimes to an infant experience of being left alone in the crib. Or to the 5 year old that became this performer in order to get attention but sacrificed her authentic self. And so she has these different parts of self that she drops into or that take over. And especially that really early experience of neglect and these early experiences that there's nobody out there for me.

And there is the shared experience in relationship, therapeutically, of her feeling that there's another who's committed, who's reliable, who's consistent, who's kind, who's compassionate. And then she's developing within herself that capacity to be her own compassionate adult that can take care of the infant, that can take care of the 5 year old.

And one last piece, and I've just seen this so often, that sometimes an individual who had to grow up too fast resents having to be the one to take care of themselves still now as an adult. I had to do that my whole life. And so that's where the coregulation comes in, what is it like to know that I'm here holding you as you're holding this part of yourself. And we build that pathway through the garden until it gets stronger and stronger.

And this realization, I remember one time the same client said to me, and she's given me permission to share her story, she said to me, oh, my goodness, I woke up to realizing that I was handing all of these other people my infant self like it was their job to take care of my infant. And here she is in her 50s, and she said it was just this deep realization, it's my job to do this. It's my job to do this. But I don't have to do it alone. And when I'm holding those most vulnerable emotions and those most

vulnerable fears within me, and when I've got that, again, ventral, vagal social engagement online, when she's got that compassion for herself, it allows other people to help hold her. And it creates greater satisfaction in the world.

[00:39:05] Alex Howard

It's interesting as well, you make that point around people that have to grow up too quickly, because that certainly was one of my challenges as a child. It can also go the other way of not letting anyone else in. It can be the pattern of, well I do this by myself, I have to do this by myself. And that can also then be a real block to getting therapeutic help or indeed, of course, the intimacy and connection that we all crave. Speak to that a little bit as well.

Dr Arielle Schwartz

So often it's the partners of those highly avoidant self-reliant attachment individuals who send them to therapy. The partner is like, you need therapy but I don't need therapy. They'll come in and they'll say my wife sent me.

Alex Howard

As a therapist, one's heart sinks a little bit. I've got my work cut out here to keep you here.

Dr Arielle Schwartz

Exactly. And I think that so often one of the accompanying challenges with that avoidant strategy and that, I don't need anyone strategy is that there are these blockages. There's this armoring around the heart. And underneath that strategy there is still the soft, vulnerable one deep down in there, and it can feel terrifying to approach that.

This goes back to your question earlier about the right kind of courage. When is it time to begin to open that? And this is where I think Peter Levine's work is so beautiful in Somatic Experiencing, because we want to use titration that it feels all or nothing. Either I have to be braced and not feel or be so self-reliant, or if I actually open up that door to the heart, I'm going to be overwhelmed.

So we open up slowly and we turn towards feeling slowly, and we try to wake up the body slowly. And when I'm working, especially with someone who's developed alexithymia, or if you're not familiar with that term, it's the inability to recognize even when I'm having an emotion because it was never reflected. And we only know as children that were having feelings when someone says, you look sad or you look angry or you look afraid. And then we go, fear, that's the feeling in my body. So we have these reference points.

So I often think therapeutically that it's like working with a child and doing this remediation of attending to, oh, there was a flash of an emotion that just went across your face. Can you stay with that? What are you noticing? Nothing. Here's what I noticed.

Alex Howard

I'm mindful of time, there's so many places I still love to go, but I'm mindful we're out of time. For people that want to find out more about you and your work, what's the best way to do that? And say a bit about what they can find.

[00:42:04] Dr Arielle Schwartz

Great. So you can find me at drarielleschwartz.com

And I don't think there's a dot in there, now that I'm saying it out loud. You can find me at [Dr. Arielle Schwartz](#) on Facebook. You can find me on YouTube on my [Dr. Arielle Schwartz](#) YouTube page, which has, at this point, about 80 videos of short trauma talks and yoga classes that are trauma informed yoga. I have five books out there and a sixth on the way.

Alex Howard

Congratulations.

Dr Arielle Schwartz

Thank you. So there's lots of ways to find me, and I hope that you do.

Alex Howard

Wonderful. It's always such a pleasure to spend time together. I really appreciate the depths of your insight here. Thank you so much.

Dr Arielle Schwartz

Thank you, Alex.