



Conscious Life presents

TRAUMA SUPER CONFERENCE

How trauma shapes our attachment style

Guest: Dr Diane Poole Heller

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[00:00:10] Alex Howard

Welcome everyone, to this interview where I'm super excited to be talking with Dr Diane Poole Heller.

And we're going to be talking about the relationship between trauma, attachment styles and how they show up in our relationships, particularly intimate relationships, in our lives. I think this is a really important interview to understand how childhood trauma really has these enormous ripples right through our life, and particularly this most precious area of intimate relationships.

To give you a bit of Diane's background, Diane Poole Heller, PhD is an established expert in the field of Adult Attachment Theory and models, trauma resolution and integrative healing techniques. She is a trainer, presenter and speaker, offering workshops, tele-seminars and educational materials on trauma, attachment models and their dynamics in childhood and adult relationships.

As a senior faculty member for SETI, she teaches Somatic Experiencing, based on Peter Levine's groundbreaking work, in the US and worldwide, including Denmark, Italy, Norway, Switzerland, Israel, Germany and Australia.

Her book, *Crash Course*, a guidebook on how to resolve auto accident trauma, is used as a resource for healing general trauma in the US and internationally. So Diane, welcome, I always enjoy our conversations and I appreciate you making time for this interview.

Dr Diane Poole Heller

I'm thrilled to be here. This is always a lot of fun to talk to you, Alex. I really enjoy it myself.

Alex Howard

Great. Well, before we go down the rabbit hole together of trauma, attachment styles and the impact on relationships, maybe just a little bit of context at the start. But for you, when you're talking about trauma, what is trauma from your perspective?

[00:02:15] Dr Diane Poole Heller

Well, that's a whole big conversation in and of itself.

Alex Howard

It's its own rabbit hole, isn't it?

Dr Diane Poole Heller

Yeah, but briefly, this will be like an appetizer version. There's kind of like what they call small 't' traumas. Just living in society can be a small 't' trauma. Just the constant stressors that we all face. And of course, if we're a minority, there's microaggression. There's all sorts of things that go into the mix of things that would really be stressful for us over time, and then have a physiological or psychological effect.

And then there's big 'T' traumas, right, that are more what we might consider obvious to everybody, like a car accident or a difficult surgery or an earthquake or a natural disaster of some sort. We had the Louisville Fires here last year. It took out 1,100 homes, and came in within 10 feet of my house. So I consider that a big 'T' trauma.

And then certainly sexual assault or violence or anything like that. So all sorts of different possibilities for how trauma might show up. And then what we end up with as an after effect is what I want to talk a little bit about, what we might carry forward from having a trauma. And Peter Levine is famous for saying the trauma is in the nervous system, not in the event.

So it throws our whole body off-kilter and sometimes you don't even feel like we're in our body anymore. We lose connection with the ground, we might lose connection with our sense of self, we might lose connection with our physical beingness, feeling like we're not really in our body, partially or completely.

We might lose connection to our faith, of whatever that might be, or a sense of source or something bigger than ourselves. We might just be thrown into this overwhelming helplessness. And very often, probably most traumas occur with something coming at us too fast, too quick, too intense for us to actually respond and have a fight, flight or freeze response, or a defensive response of some sort, to the actual trauma.

So our defenses get overwhelmed and then that can leave us feeling out of control or helpless, which are not fun feelings to walk around the planet on. And so one of the things that can be restorative for trauma, in other ways it shows up is you might have emotional flooding on one hand, you might just tear up and cry really easily, or you might be the opposite where you just disconnect from your emotions. That's a trauma symptom.

I remember I had a really difficult surgery about ten years ago. I had the surgery around Halloween, the latter part of October. It took me until August to start to really have a sense of my emotions again, because it was sort of like a near-death surgery, sort of thing.

So these different things happen and they're natural responses. We don't like to really use the term post-traumatic stress disorder because these are normal responses to really difficult circumstances. So more like post-traumatic response would be more appropriate really.

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But it can be a lot to live with. It can be really challenging, and trauma that hasn't been treated, unresolved trauma can take us into, later we're going to talk about attachment, disorganized attachment that complicates things.

So when we actually heal from trauma, there can be great benefits to it. It increases our resiliency. We often find this compassion in ourselves. Naturally, for other people that are experiencing similar traumas or sometimes just universal compassion, there's post-traumatic growth. That's also part of the trauma scene that I want to make sure I mentioned, because we don't just have to stay stuck in the negative parts of it.

So that's very much a thumbnail sketch. There's a lot more I could say about it. A big part of what's helpful is understanding how our body kind of encapsulates a sense of threat, if it's not been able to release and discharge out of our bodies. And our bodies are designed to discharge that, by the way.

So there's a hopeful message in this, even though trauma is a difficult topic. One thing we can do is really help regulate our nervous system, like help calm our overactivated sympathetic nervous system, which might look like rage outbursts or panic attacks or just really a lot of anxiety or speediness in the way we think or talk, or the converse, overactivated parasympathetic can mean we feel shut down, like the breaks are on everything, our aliveness.

We feel depressed, walking around a little bit like lethargic, almost feeling like a zombie, just feeling dissociated, disconnected, and losing our interest in things. So there's just different ways it manifests. But the message I really want to send anybody who's listening is that with the right care, we can come out of those difficult states and move back into our aliveness, our sense of social engagement, our sense of connection.

And that's where, I know we're eventually going to talk about attachment, how that factors in, because we start to regain our capacity and our interest in being connected, where when we're still in a strong trauma response, often we don't feel in touch with that or we kind of feel like we're pretending. We're sort of trying to act like we're connected. We don't really feel connected to ourselves or to someone else. So that's a very brief overview.

Alex Howard

Yes. And you mentioned attachment. Let's come to what attachment is and maybe just briefly what the attachment styles are. And then we can talk a bit about how the impacts of trauma can have a role in shaping those attachment styles.

Dr Diane Poole Heller

Okay, that sounds great. And I might even roll into how trauma affects them as I go through them a little bit, to kind of keep it so it's a little easier to understand. So first of all, attachment is a word that I think came up when we started talking about attachment theory, which was really oriented to all sorts of researchers, John Bowlby being one of the famous ones, and all sorts of people that really contributed to that.

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And it's really this innate drive that humans and mammals have to bond to their caregiver, to bond to their mom, their dad and whoever's in that caregiving role. Usually it's highly focused on mom because you carried the baby in the womb and then dad's kind of holding the container for the mom, and they both are really important, or two moms or two dads.

However it works out, the caregiver, the person that's in the sort of mother presencing person, whether it's a mother or whatever gender that might be. There is this instinct, need and desire to bond, especially with human infants because we're helpless. So if we sense any kind of danger, we're going to reach out or cry for our mom or a dad or our caregiver presence.

And that's a very, very strong drive, natural human drive. And when it's really supported well, we call that secure attachment. When parents are able to respond and attune to the child, they're able to meet needs as much as possible, and you can't meet every need, obviously, and it's not necessary.

They're able to soothe and comfort. They're able to keep a relatively safe and secure environment. They're able to be playful and have a sense of humor and interact. And all the things we see moms and dads doing with little kids that's healthy is part of what creates the sort of internal relational template that we encode before we have words, before we have any kind of ego structure to make a story about it.

It's very much implicit memory, not conscious-yet memory, that our sort of relational template gets encoded. And by the way, infants are encoding the relationship between the parents too, whether it's two moms, two dads, mom and dad. They're encoding how adults are relating to each other around them. So that's also important to note, and then how adults or caregivers are responding to them and how their needs, when they reach out, if they're met or not.

That's how attachment sort of forms in our implicit memory. And then very often we carry that forward unconsciously into our adult relationships. We might have felt like our parents weren't there enough. We internalize that experience of neglect and then we might expect neglect, or not expect a partner to be there very much later on in our adult relationship.

Alex Howard

Just to kind of amplify that piece that I'm sure we'll come back to around that much of how we relate as adults now, of course, is being templated, in a sense, in these experiences, right? And so the more difficult or confusing or overwhelming they might be, that has ripples or echoes right through our lives.

Dr Diane Poole Heller

Yes, it does. Especially in our intimate relationships. It pulls on our attachment history the most. And interestingly enough, it usually takes about a year to a year and a half for your attachment injury reactions to really get in gear.

Because usually the research says you have to perceive the other person as relatively permanent, whether it's a friend, but especially if it's a partner, a spousal kind of partner. And then whatever that attachment history was with the original parenting situation, often gets ignited and can create

a lot of unnecessary well, whether you call it unnecessary or not, a lot of confusion in adult relationships. It really has nothing to do with your partner.

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What I like about really understanding attachment work is it takes the blame and shame out of feeling like you're blaming your partner for certain things, or you feeling blamed for certain things. When you understand the history of this intruding on you from a long time ago, then we can compassionately react to each other, instead of feeling like we're at fault or feeling like the other person is being a jerk or whatever that might be.

So it brings a broader, compassionate understanding once we understand attachment styles more clearly, and how they might be coming into our current relationship.

Alex Howard

Yeah, because in a sense I guess what you're saying is that there's really, I suppose, there's six people in any one relationship. There's the two people, plus both of their primary caregivers, right? And how that's all been set up.

And that, I think, is often what's really confusing in relationship is that we can sometimes feel that the other person is not reacting to us, they're reacting to something that's not us. But then we, of course, react to that. And you have all these dynamics that are really nothing to do, in many ways, of what's happening in the relationship in this moment.

Dr Diane Poole Heller

Right. There's a lot of reenactments from history and the more we have a way of sorting that out, in a kind way, and then the other thing is we make a ton of assumptions from our history. We assume that when my partner is late that means they don't love me, or we assume certain things mean certain things.

And one of the phrases that Pia Mellody uses a lot, and I think Terry Real uses a lot in his work, is having a couple say the story I'm telling myself about this is.

When you're chronically late, the story I'm telling myself about this is that you don't respect me, you feel your time is more valuable than my time. I feel rejected or abandoned, whatever that might be.

And the person will go, well no, not at all, I love you, but I was raised in a military family and everything always had to be precise and I just have a rebellion against having a precise time. So I tend to have this being a little bit late pattern.

We just read into things all the time, that may or may not be what's going on. And it's good just to develop conversational skills where you can pick that apart a little bit and really understand what's going on.

[00:14:10] Alex Howard

Yeah. So you started talking a bit about secure attachment. Let's explore some of the other attachment styles and how the impacts of trauma can shape them.

Dr Diane Poole Heller

Okay, first of all, secure is kind of what we're trying to get back to so we can heal our insecure attachments, patterns back into secure. So it's important to know what secure is and what it looks like because we have a lot of confusion about secure.

A lot of us were raised in cultures where hey, I had a roof over my head, I had three meals a day, that's it, that's good, that should be enough. And people are saying, well, what more do you want? Well, there's a lot more to secure attachment like feeling protected, safe, affectionate touch, humor, connection, being aligned with the child's inner state, reflecting back appropriate and accurate emotional state.

There's a lot of things that go into creating a secure attachment base for a child that they can then take into adulthood and into their relationships. It's the biggest gift you can give a kid, really.

And healing in your own issues into secure attachment also mitigate you perpetuating attachment injury through the generations. So it's well worth taking a look at it. The first one I usually talk about has been named. And when you read different authors, sometimes they call things slightly different names, but I'm going to use the ones I use.

Avoidant attachment, and usually that's a situation where a child has just been left alone too much. The upswing of two-career families has been happening really for a long time now for economic reasons. Sometimes kids just don't have enough quality time with their caregivers. It's just a fact.

So you want to really make sure that the time you do have is really precious and really juicy connection kind of time. But an avoidant attachment can happen from a parent just being vacant, maybe they have unresolved trauma themselves. They're just disassociated, they just don't show up, they're just blank.

So a child reaches out and has the experience of nobody's there and, of course, that's terrifying to an infant because we are extremely dependent as an infant. So that's a life-threatening experience. When nobody is present, nobody's responding, nobody's really physically or emotionally or psychologically present. So showing up is really important.

And then another way avoidant can happen is that a parent is actively rejecting. They look at the child with contempt, they look at the child with hatred or they just have a rejecting energy, and usually they inherit that upline from their own parenting history with their own parents.

And then a third way avoidant can happen is if a parent shows up, they only show up when they're teaching the child left-brain activity, like how to do things, how to read, how to write, how to do math, how to play golf, how to actually function and do something. But they're not emotionally attuned where we're really able to relate right brain to right brain, which is much more about relationship and attachment and emotional states and nuances and connection cues and all of that.

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So the child doesn't get that kind of reflection or support or learning. And the experience for the avoidant child is just that they feel like they're alone. They don't experience having another person around as nourishing or helpful. They actually feel it as painful. So they tend to dismiss relationships.

So that's the trauma, the relational trauma, of the avoidant person is that they might have this. You may not have every aspect of anything I'm talking about today, but there might be a theme, one of them that really hits home for you. And you can have a mix of attachment styles, depending on how you related with different people and how you internalized it as a little one.

But when you're in the avoidant part of yourself, you'll tend to feel like I don't need relationships. I'm better off doing things myself. They don't look for support, they don't ask for support. They often don't have very well-developed support systems.

So then let's say a little 't' or a big 'T' drama hits them on top of that attachment history, which is a wound to begin with, like a car accident or a bad surgery or needing help recovering from a medical issue or having been attacked or something. They don't even know how to reach out for help or how to take help in.

So they are left a little bit bereft with trauma on top of trauma, without really understanding or feeling that there is actually help that could help them. So the isolation deepens, the alienation deepens.

I mean you think about the pandemic that we've all been struggling with for several years now. A lot of years anyway. It feels like forever.

Alex Howard

It feels like a generation.

Dr Diane Poole Heller

I lose my sense of time with it I guess. Well anyway, a couple of years anyway. If you have avoidant attachment on top of a pandemic where people aren't getting together anyway, you just will feel that isolation amplifying.

I think that's the current trauma that we're all dealing with, is the after effects of the pandemic which is still happening. So we're not out of the woods yet.

With avoidant attachment, it's just really important that you realize if you have a partner or you yourself have an aspect of that, that reaching out is difficult. And maybe if you're willing to experiment with reaching out, asking for support, taking that risk, it will feel very vulnerable because everything in you tells you that's going to lead to a painful result.

That's going to hurt, that's going to be a bad experience. And some people will hurt us in the world, that's going to happen. But we can still be okay. And we can go on to find more and more people that actually know how to be supportive to us, and then start to experience some of what secure attachment might be. So that's again a bit of a thumbnail sketch on avoidant attachment.

[00:19:57] Alex Howard

Yes. And it's worth saying again, to amplify one of your points, that just because this might be the style that someone's learned in relationship and they may feel like it's their comfort zone to be in relationship but to be distant, then actually the thing that they do ultimately need is that contact and that closeness, right?

But it's sometimes that the challenge for people is to do what feels less comfortable, to ultimately get the comfort that's needed.

Dr Diane Poole Heller

Exactly. You put that really well. If you're in a relationship with someone that tends to react in an avoidant way, the knee jerk to isolation, they tend to get on their computer and get lost in it. They tend to do activities that don't involve other people.

So one thing, it can be a practice for that person, is to do things together like watch a movie but then go to dinner after and discuss it. Or whether driving along in the countryside, to actually talk to each other about what they're seeing and what they're experiencing, as they see animals or the leaves on the trees or whatever they're enjoying.

And that takes some practice for someone that's avoidant, because they'll tend to just be in their own internal world a bit, a lot sometimes. And the thing is, because they're surfacing from a deep internal state, when you invite them into contact as a partner, or even if you are that person, you need to know that it takes time. It's like scuba diving. You need to give yourself time to kind of come up. You can't come up too fast or you get the bends, right?

So if you're inviting your avoidant partner out to dinner, even to their favorite restaurant, to celebrate their birthday or whatever, you say, 'hey honey, I see you're really involved in what you're doing. How much time do you need for us to transition so that I can take you out to your favorite restaurant and celebrate you? I think you're amazing, I love you. When would that be?'

And they might say, 'okay, I can do it in 20 minutes'. Great, 20 minutes. I'll come back and tap on your door and we'll be ready to go. You need to give them time. Otherwise they'll tend to react. You say, 'hey, let's get going!'

They'll react with an abruptness or something that will sound a little rejecting, because they get easily sort of aggravated when they're deep in this solo place. And they kind of feel like they're really interrupted to get into connection and that ends up kind of usually the beginning of a fight.

And then you think about, to answer your earlier inquiry about a big trauma hitting at someone who's avoidant, it reinforces their idea that there's no help and that things are bad and relationships don't work, especially if there's a relational context to it.

Like a person assaults them or a person driving a car irresponsibly hits them. It kind of amplifies other people don't work. And that's a big theme that then needs to be lifted as you're working to heal the trauma, as well as the attachment.

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I mean, I really think in a way they're so married to each other, how we view relationships. It's hard to think about. Healing from trauma is completely in isolation, so it does have an impact.

Alex Howard

It also strikes me, Diane, as you're talking that there's a real confirmation bias that goes with these styles as well, right? That we have a narrative and then we design our life and respond to our life in a way that perpetuates that narrative.

Dr Diane Poole Heller

Yes. I think that's a really good window to look at what happens with the reenactment of attachment history, attachment injury or you have healthy attachment. You just come into relationships expecting the best and you're kind of unflappable.

You recover from conflict easily. You repair when something goes wrong, it's not a big deal. You're not shamed when you feel like you've goofed up. You just go, 'oh man, I screwed that up, but I want to apologize'.

It's not this big heavy burden that can be happening with the other attachment styles, where there's a lot of injury around connection. So I could talk a little bit about another one.

I was going to say, should we come to the ambivalent style?

Yes. Ambivalent usually arises because there's been parenting that was kind of on again, off again. Like there was good parenting, but then they start to relax into it and they kind of feel dropped. The parent gets preoccupied with their own attachment injury history or whatever and they distract and then they're not there in a consistent, reliable way enough.

So actually contact is very much desired in the ambivalent attachment style. But the expectation is disappointment and the expectation is abandonment, that they're going to never have their needs fully met. They'll never really be satisfied or fulfilled.

And the tricky part is, because again, remember, these patterns are implicit. They're unconscious. They want relationship, they'll pursue relationship. They'll bend over backwards to have relationship.

They'll meet the other person's needs before the other person even knows they have the need. They do everything they can to have relationship happen. But then they tend to dismiss any evidence of connection or caring behaviors coming towards them, because the way they're wired is I get connection and it feels good and then something disrupts it and that feels really bad.

So if I start to connect, then the next thing in my sequence of experience is I'm going to be dropped or abandoned or hurt by the other person. So because they want the connection, then once they start to get the connection, they tend to push it away. They don't realize they're doing this usually.

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They push it away because they're worried about that next step, even if their partner hasn't done anything. So a lot of times ambivalent folks, until they realize their own pattern. We all need to realize our own pattern, kind of own our own pattern kindly and compassionately with ourselves, because it's nobody's fault.

It's happened the way our parents had their attachment history that came down into how they parented us, and maybe somebody died early. There's all sorts of things that happen, but an ambivalent tends to, if they're a little bit ambivalent, feel like they're in chronic disappointment.

If they're a lot ambivalent, they tend to be chronically angry at their partner and they tend to ask for their needs through a negative tilt, like a complaining, like oh, you never do this, you're never on time, you never are affectionate, you never do what I want, you never take me to my favorite.

They don't tend to ask like 'oh, honey, do you think sometime next month we could celebrate whatever at this place? I would really love to go there. I love that place, I love this main dish or whatever'. They tend to approach things negatively because they're expecting a negative result and they tend to be focused on all the hurts of the past. They have a hard time letting go.

So sometimes when you have an argument with an ambivalent, they're like, 'yeah, in 1992 you did this, and then in 2001 you did that'. It's hard for them to focus on, okay, just today you lost the car keys or just today you stepped on my emotional foot about not being there in some way.

So that's helpful if they can start to learn to focus on what's happening now, and learn to repair from that perspective. And then also if they start to actually notice caring behaviors, and they start to see that when they get a caring behavior, like somebody does something really kind for them, it doesn't necessarily always end.

There isn't an absolute formula that it's going to end in tragedy after they get what they want. So they have a hard time feeling satisfaction and fulfillment. I do an exercise with ambivalents sometimes where I have them really identify what the caring behaviors are that their partner is doing.

They're like, 'oh, nothing. They're never here. They travel for work. They're never around'. And I go, no, really? You've been in this relationship for two years. There must be something that this person has done that's kind, and they get kind of annoyed with me for asking them, you know. But I know what that is.

That's because if they really recognize the caring behaviors, in their sequence the next thing is going to be a disaster. So I have to help them acknowledge that, you know. And so I had one person who said, 'oh, they never do a thing, never do a thing'.

And then I said, well, let's really take a look at it. She says, 'well, when they're traveling, they call me every night and see how my day was'. Well, that's kind of nice. Yeah, kind of begrudgingly. Yeah.

I'm like, what else? 'Well, when they travel, they come back and they bring me presents, and they're actually gifts that I really like. So that makes me feel like they know who I am because they

buy me stuff that I really, really love'. Well, that's really sweet. And she's like, yeah. I said, well, what else?

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And she goes, 'well, because they travel so much, often when they're home, we go for like, a three or four-day weekend to someplace special because we haven't been together that much'. So really have this intense alone time. And by this time, she's shocking herself because she's not let herself see any of this.

And I said, well, it sounds like they're actually really invested in this relationship. She started the session wanting to break up with her boyfriend. At the end of the session, she was appreciating him.

And really, she goes, 'he's going to be really happy I did this session'. And then she realized, I had her do this thing. I want you to imagine everything in your life that you want in a relationship, words, actions, gifts, whatever it is, just everything. And put it on a giant table in front of you like a smorgasbord of love and affection.

And she did that. And I said, now I want you to take it in. Just take whatever you want from that smorgasbord. And she said, 'oh, my stomach is cramping and I'm just contracting'. I said, isn't that interesting?

Because she never would have believed that she had trouble receiving. And then I said, well, you know, it's interesting because let's just break it down to like 1% of something, like one tiny fraction.

'Oh, I can do that'. And my stomach relaxes and I feel good. She says, I want 4% of my great, go to 4% whatever. And we keep upping the percentage.

And she starts to feel the feeling of fulfillment and satisfaction, which she never feels. And I said, this is what your practice, your spiritual, personal, psychological, whatever you want to call it, emotional practice, is to practice staying present for kind behaviors coming from your friends or your partner, and staying present and allowing yourself to take it in.

Because their main dilemma, if I can just make a metaphor, is be like if you loved gourmet food and you had a whole table full of the best food possible, but you can't put it on your plate and you can't take a fork and put it into it.

You can't get it into your body, right? And that's how they are with affection, love and caring behaviors. And as soon as they learn that and they practice the receiving, it's not that hard to get to secure attachment.

And then the complaining stops. They're having satisfaction, they're having fulfillment, and they don't feel like they're being put upon or hurt or abandoned and all of that. They can tolerate some minor disappointments without going into this whole thing, like I'm abandoned, nobody loves me, I'm unlovable. It's a heavy trip.

[00:31:07] Alex Howard

Yeah, because what you're really saying is that there's a kind of rejecting of the other before they get rejected, right? There's a pushing away of it.

Dr Diane Poole Heller

Yes, that happens a lot.

Alex Howard

How about situations where it's not so much that someone's effectively chosen a relationship, which it's not just how they're showing up to it but actually in the relationship, the dynamic is repeating. So they've resonated with someone, which is inconsistent. It's kind of in and out, because that could also be one of the challenges, right?

Maybe we choose a partner who is basically, fairly securely attached themselves and we don't have the patterns. But other times, we actually unconsciously find ourselves in relationships with people which actually perpetuate the behaviors as well.

Dr Diane Poole Heller

They say you marry your unfinished business, in a sense.

Alex Howard

Exactly.

Dr Diane Poole Heller

But first of all, relationships are difficult. I think it's the most challenging part of life, along with parenting. I think relationship work is tough. So I want to acknowledge that, I'm not trying to say this is all easy. It's not. But I think this is really helpful in untangling the web of challenge.

So one of the things that you can do as a couple together, and I think if you're having significant struggles, it's really helpful to have a good couple's counselor or coach or someone that's in there with you to kind of help sort some of this out. I think that's going to be really helpful if you're oriented that way, but healing within your partnership because you're usually with them more or less 24/7.

If you live together especially, there's a lot of opportunity for healing both people, and you kind of have to remind yourself sometimes that this is the person I love. They're driving me crazy, but this is the person I'm in love with.

You want to approach it kindly, and I think really taking the time to try to understand when you do this behavior or when this is happening, when you pick a fight with me or whatever it might be, where do you feel like that? Can you just hang in there with that? Can we hang in with it together and just see where that seems to be coming from? Because it seems like there's sort of, I see this happening over and over again. What's going on there?

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I'm thinking about one pattern a couple had where every time the husband got sick, flu or whatever, the wife got really agitated and really kind of anxious and panicky and kind of a little angry even. And then they really discovered that in her history, she had an ill parent most of her life and that was a really difficult situation, for all sorts of reasons.

And so they were able to sort that out and then that behavior dropped. So a lot of times we shine the light of understanding on something, or we just even bring it out of unconsciousness and we say, oh, that's how I'm seeing this situation. Here's what I can do differently, or what we could do differently in the future, and work that out together as a couple, can be really healing.

Alex Howard

I guess, in a sense, it's just like self-awareness is really important in our own work. That collective awareness in that dynamic is what allows us to start to do something differently, right?

Dr Diane Poole Heller

Right. And there's a lot we do individually in our own journey, right, that's helpful. But there's something very amplifying, it really amplifies our history when we're in a relationship with someone we really care about, whether it's a friend or partner. That excavates a lot more for us.

Alex Howard

Because that's the really hard bit, when it's almost if we didn't care about the person, it wouldn't matter, right?

Dr Diane Poole Heller

No, it wouldn't matter.

Alex Howard

We are emotionally invested.

Dr Diane Poole Heller

Right. And that's why some people get avoidant. Sometimes in the avoidant pattern, they won't commit too much. They'll go from one relationship to another, because they can kind of stay in that honeymoon period or you're in that initial heavy duty attraction, and they don't get into the harder things.

But that doesn't mean that avoidants don't want connection. I want to make sure I say this because sometimes when you read the books, it doesn't say this clearly enough, in my opinion. They want it, they just reacted to the hurt and pain of not having secure attachment differently than the ambivalent did.

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The avoidant just shut down their attachment system. They just don't see relational cues. They don't feel much emotion sometimes. Again, you don't always have everything. So they just shut the whole thing down. And they didn't do this consciously. They did this to survive. This is wired into their trauma survival response, right?

It's traumatizing to shut down. It'd be like if you shut down any instinct, you completely shut down your desire to eat or drink or your sexuality. It's a big deal to shut down your attachment system. And so lifting it, they're very vulnerable when they open up back to wanting connection again.

But underneath all that, they do want connection. We're biologically designed, we have a social brain, we have a nervous system, we have a body. Everything wants connection. So it's just a reaction to the disappointment of early attachment that's different.

And then with the ambivalent, their attachment system ramped way up. So they're highly sensitive to any emotional nuance. They'll tend to read rejection, even when you're smiling at them. They tend to have a negative tilt on how they interpret cues for connection, even though they see the cues, but they interpret them as if they're going to be hurt or they're being abandoned, or the relationship isn't stable or the person isn't faithful. They tend to exacerbate that.

So you need to calm the attachment system down for the ambivalent and lift the brakes for the avoidant. I'll let you have a comment about that and then we want to talk a little bit about disorganized.

Alex Howard

My next question was let's talk about disorganized. Let's go then.

Dr Diane Poole Heller

We're on the same page, right. Well, if we look at the relationship between trauma and attachment, I think there's a relationship in all the insecure attachment styles. But in disorganized it's major, because the way disorganized sets up, it's kind of the extremes of avoidant and ambivalent. There's a shutting down that's extreme, and there can be an emotional flooding that's extreme.

Or you can have disorganized avoidant where when threat happens or the trauma is stimulated in some way from history or currently, you automatically dissociate, disconnect and get depressed and shut down. Or you can have disorganized ambivalent where you automatically stay in more panic, rage, emotional flooding territory. But often there's an oscillation between the two.

So disorganized can mean a couple of different things. The shortest definition of it is unresolved trauma. So it has the most connection to unresolved trauma.

And the way that looks is basically there was enough threat from a parent. Maybe in the extreme, there was abuse in the household or there was an addiction that created just an unmanageable amount of chaos, or one parent was really angry all the time and yelling or physically acting out, whether they were breaking things or hitting the kids or hitting the partner.

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There was so much fear in the relational field between one or both parents and the child, that they're kind of in a chronic threat response. Their nervous system becomes chronically hyperactivated to threat very easily, startled very easily. The experience that everything is dangerous, relationships especially are dangerous.

And the brain, when we're really little, is a very adaptive, growing, developing part of us. And if we have a relatively safe environment, a secure attachment, with maybe just a little bit of offness because we all have some things to work on, then the brain is really emphasizing the prosocial parts of the brain, the medial prefrontal cortex, the resonance circuits, all these different parts of us that are about connection.

And when we don't have that, like, let's say that we're reading the environment too much of the time as dangerous, then all the parts of the brain that are related to defensiveness, related to fight, flight, freeze, related to startle response, you know, danger, danger, danger and the amygdala is getting hyper, hyper activated.

So when someone comes from a history of disorganized attachment with really scary parents, they're often bringing their brain and their nervous system and their body with them in this primed state for danger. And they may even have the wherewithal to see my partner's safe. My partner is really kind. My partner has a lot of integrity. My partner doesn't act out. My partner doesn't rage. My partner doesn't do all these things.

But part of them, when they get to a certain level of intimacy their attachment history can kick in and they just feel fear. They just feel this terror and they don't even know why. They know, okay, I get it. It's not my partner. But I'm afraid of intimacy. I don't know what to do.

So that's very often being imported from someone's history and just resolving that original trauma, like working out those patterns of threat and helping calm that threat response. It's a little more work because your whole body and brain have been kind of imprinted with that as a reality, but you can come out of it.

I really want people to hear, you can come out of it. It's something we can work with. But I think understanding attachment, along with traumas that have happened, really helps expedite that, really helps reconnect us to ourselves, to our bodies, to the ground so that we're grounded and centered, to a higher sense of things, source, God, whatever you want to call that, and reconnect us.

We really have the desire to be connected in an authentic way to ourselves and to other people, which means we've kind of entered social engagement in our ventral vagal state, right? So there's all sorts of ways we can move in that direction, but that's a definitely more challenging situation.

Alex Howard

Yeah. You said something there, Diane, that you said earlier that struck me at the time. I wanted to come back to you, which is that sometimes we have been in relationship for a while before these patterns are triggered. I think you said earlier it can be a year down the line of being in a relationship.

[00:41:29] Dr Diane Poole Heller

Yeah. A year or a year and a half sometimes.

Alex Howard

Yeah, just speak to that a bit more because I think for some people that might be quite surprising. For others it may be a massive penny just dropped down in their head of having been in relationship and going, it was great. And then we got closer or we moved in together or we decided to get married or whatever it was. And then it felt like the person changed.

Dr Diane Poole Heller

Yes. This also can happen after getting married or after getting moved in, whatever number of months that is, or years. Because when your attachment system recognizes another person as permanent, that triggers all your early attachment, primary attachment, caregiver reactions and what happened, right?

So you start to look at your partner as a primary attachment person, which will then bring the reenactment about mom or dad or whoever that person was. So it can feel like it comes out of the blue.

I worked with a woman who's super smart, beautiful, from Australia, amazing doctor, just super accomplished, really done a ton of spiritual work, all that. She was getting married to someone who was really lovely, you know, wonderful fiancé, she could recognize he was this amazing person and great with kids and the whole, I mean, all of it.

But she hit this terror. She hit this terror. I don't know what's wrong with me, I'm just terrified. So we really looked at her early situation with her mother, in particular, who unfortunately had a mental illness and acted that out by being really off again, on again, like being loving and the next minute destroying all of her collection of dolls or whatever.

I mean, burning her stuff. I mean, just really weird kind of dynamics. And we worked through the threat responses of that sort of disorganized parenting behavior to some extent, but enough that the terror quieted down.

And she was like, wow, thanks. This is like I can enter into my wedding now, without just feeling like it's completely dangerous and I'm going to jump off a cliff or something. So these things can be very strong and when you don't understand them, it could have ended. I mean, she wasn't going to do this.

She had the wherewithal and the understanding that her partner was just fine, wasn't perfect, but was a really good guy that she didn't end the relationship, but somebody else could have easily ended the relationship and said okay, that person is scaring me, something's wrong with that person.

So it takes some diving in. It takes some peeling back the layers because it's sort of a challenge for human beings, because a lot of this is not conscious yet and even if it's conscious sometimes you don't feel like you have the wherewithal to figure out how to work through it.

[00:44:11]

That's why it's really helpful, I think, if you can manage this or if this is your style of healing, to find someone who's trauma-informed and attachment-informed. Ideally, both. And I would add physiologically-informed because I think so much of this gets held in the body. A lot of times, therapy doesn't really talk about the body that much.

But I'm a thematically oriented person, so I think it really helps. And when you're working with the body, the body doesn't lie, it doesn't twist things, it just feels anxious or it doesn't. And also you can process this over arousal through the body and discharge it. So the body is your friend. Even though it may feel uncomfortable in the beginning, it will really help you find the way through the maze.

Alex Howard

Yeah, I guess the awareness, as you've been saying, is really important to be able to see what's happening, but if there's a lot of trauma behind it, there's also a lot of glue holding all this stuff together, right?

And so we can see it, but it's still got that rigidity or that stuckness that we need to have that deeper help to work with. I'm mindful we're running out of time and I want to ask you in a minute where people can find out more about you and your work, but just before we do that are there any other kind of signposts around that? So there's the awareness piece, there's working with a skilled practitioner, are there any other, particularly, pieces that you can speak to there?

Dr Diane Poole Heller

Well, I think getting a little education about attachment patterning can be helpful. And some information about what trauma manifests. I mean, online or in books. I mean, my books, other people's books. There's lots of information out there that can be helpful.

And I think reading it together, there's really a lot to be said to healing with your partner if the relationship is safe enough to do that, where you see them work through some of their stuff. And that evokes compassion in you for them and then they see you work through some of your stuff. Together, it can really build intimacy just from seeing what's happening for each of you on the human journey, and that there's hopefulness in recovering from that. And partners can really be healing partners.

I mean you're with that person, you're doing life with that person, you're facing challenges with that person, and if you can move it into really helping each other heal. It can be challenging, but it can be so rewarding. So your partner can be your greatest ally, as long as that's the direction it's going. I mean, you could end up with a partner who uses the information to attack you. That would not be what I'm talking about.

Alex Howard

But that would hopefully inform a decision, I guess.

[00:46:46] Dr Diane Poole Heller

Yes, that would not be a good situation. I learned this about your history and they use it in an unkind way. We don't want that, right? But there is so much hope for partners to help each other heal.

And in a way, if you choose a therapist that's helpful, they're kind of that empathetic other that was maybe missing in early times or during a trauma. And they actually start to help you feel better about relationship again and try connecting, and hopefully that's a good experience. And then that can transfer into your other relationships, your partner, your support system, your friends.

So that's one part of the role of a therapist that's competent and helpful. Yes, so there's a lot of opportunity to move towards secure attachment and to a happier situation, that I really encourage people to take a look at.

Alex Howard

Fantastic. If people want to find out more about you and your work, what's the best place to go and say a bit about some of what people can do if they want to? Books and courses and programs and so on.

Dr Diane Poole Heller

Okay, well, we have a website. We're getting a new one in about a month or two.

Alex Howard

Maybe by the time this airs, it might be live.

Dr Diane Poole Heller

Right, exactly. And it's just my name, DianePooleHeller.com. So D-I-A-N-E-P-O-O-L-E. Heller. H-E-L-L-E-R. Dot com. And we have a free attachment quiz, you can take it as many times as you want, focused on one person at a time, maybe thinking about your own reactions to your own attachment history.

Not on your best day, kind of what you default to when you're stressed or tired or not feeling so well. And then just one relationship focus at a time, and then we give you some different attachment information based on what your own self evaluation tells you. And that's really a point of exploration, that's not meant to be like a research valid thing. It's just to help you sort of see where you might focus most of your attention.

And the questions will evoke certain awarenesses too about taking the attachment quiz. So that's offered to everybody, just trying to put some information out there for everyone.

And then I wrote a book called *The Power of Attachment* that goes into different attachment styles and some things you can effectively do to help recover yourself or help your partner recover or your family. And the whole idea is moving us forward towards secure attachment.

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Not getting stuck in what happened in the past, but really looking at what we can do as we move forward as a family or as a partner or as a parent. And then I also wrote *Healing Your Attachment Wounds*, a CD series that you can listen to on CD.

And we have several courses. We have the intro to attachment. I highly recommend that, it's kind of a low-cost introduction to talk about attachment. And then we have, you know, things for the public or professionals on shame and recovering from shame, which is such a relationship killer in a way.

And then for professionals, we also have courses on all sorts of topics. I mean, my goodness, everything from how to clinically work with different levels of abuse, emotional, physical, sexual. We have courses on neurosculpting with Lisa Wimberger, where we're teaching people how to really self-regulate and learn how to really keep their vagal toning, keeping their body in a space where it can really receive the healing and manage to build a stronger resiliency in the nervous system and brain and body and self and emotional self.

And then working with children, working with partners with trauma and attachment. We invite different professionals on our website, like Dr Terry Levy, all sorts of people doing a course, coming up with Terry Real, to really help bring this knowledge and integrate it and collaborate with other people that have been in the trenches a long time to share the benefit of their wisdom. So we're trying to make it as easy and accessible and affordable as possible for people to participate at whatever level they'd like to participate.

Alex Howard

Fantastic, Diane. I encourage people to check out those resources. And thank you, as always, for your time. I really appreciate that.

Dr Diane Poole Heller

Yes, it's wonderful to connect with you as well, Alex. Have a wonderful day. Talk to everybody. Thank you for having me. I really appreciate you taking the time to be with us today. Bye bye, for now.