Explore Your Attachment Style's Impact On Digestion & Energy Transcript

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Introduction to Attachment and Trauma

Welcome to this interview on the Biology of Trauma Summit 3.0, explained the trauma disease connection and the path to freedom. And in this interview, this is going to be something unique because you may never have thought of attachment as relating to your physical health.

And yet that's exactly what it does. And I'm going to show you why I'm going to create the context for you. And then we're going to jump into this interview.

First of all, to understand attachment, there's actually a biology of attachment. So just like there's a biology of trauma, there is a biology of attachment.

And what exactly is attachment? After you take the 21 day journey, then it opens up the biology of trauma modules for you. And one of those modules that I teach is the biology of attachment and neurodevelopment.

So neurodevelopment and attachment are things that happen in early life, and they either will generate a secure attachment, meaning your nervous system, your operating system, your programing for life, your relationships, or your health is either one of security and safety.

Or guess what, of trauma, fear and disease. So what is attachment? Let me show you. Actually, I'm going to actually, what I'm going to show you is from my chapter one, from my biology of attachment and nerd about module.

So this is this is literally my chapter one and this is what I share in this chapter one, which is what is attachment? What is the biology of attachment?

How do we get there? It is the combination of attunement, which is the nonverbal communication and attention that a primary caregiver has with their infant.

We're talking about really early life pre-verbal so that nonverbal communication and responsiveness, we call that attunement and the degree of autonomic regulation.

So again, these words of regulation of our autonomic nervous system, not necessarily just of our central nervous system, which is our brain, but our autonomic nervous system.

So that vagus nerve, that sympathetic nerve nerve chain that runs our operating system. So how regulated are we coming out of early childhood? And what was the degree of a two minute?

That is what will generate that is what will result in our attachment style, whether one of insecure attachment and if it's in insecure, what type, which one of the insecure attachment styles or are we coming out of childhood with a secure attachment?

Avoidant vs. Ambivalent Attachment

Now, the one other thing that I need you to know as we go into this talk about attachment is that there are biology factors, meaning that there are biology factors, whether you some of them are genetic, some of them are not genetic, but they're still biological.

That impact your attachment style. And so here on Medium.com, so this is Medium.com. So you can come here to Medium.com and you can see these three articles that I have written that will be helpful for you in understanding this topic.

Thought it was just attachment style. You may actually have attachment trauma, how your attachment style affects the three states of your nervous system.

And this would be the most important one that I would want you to come for more information on understanding the biology of attachment and what biology will predispose you to an insecure attachment and actually keep you stuck in an insecure attachment style so that no matter how much therapy or how much trauma work you're doing, you're still noticing yourself in that place of sensitivity, reactivity and insecurity.

So on this important topic of attachment, style and attachment trauma, I am so happy to bring my friend, my good friend and colleague, Dr. Diane Poole Heller, now she is an internationally recognized speaker, author and expert in the field of attachment, theory and trauma resolution.

She has developed a signature approach for attachment, which is called Dare D. A. R. E., dynamic attachment, re patterning experience and provides therapists and individuals with relevant skills and practical exercises that facilitate healing from attachment and trauma wounds.

Diane's training programs, books, lectures and work as a therapist have helped countless number of people and their healing journey towards experiencing greater intimacy, wholeness and more fulfilling relationships.

So please welcome Dr. Diane Poole Heller. And let's jump into this interview on attachment style and attachment trauma and the physical health conditions that you can experience with the different types of insecure attachment styles.

Diane It's been fascinating to see the different attachment styles and what we can learn about them. And I think even helping people understand themselves better as they understand why they do what they do based on their nervous system and being able to understand that it's their nervous system.

So what have you seen that the different attachment styles do differently in order to help regulate their autonomic nervous system? That's a really great question.

I think really helpful information for all of us to have. First of all, we regulate really deeply through connection with other people. Right. That's one of the fastest ways we can regulate is having the touch of a, say, friend or, you know, calling somebody up when we're stressed.

A social connection is a really big part of how we safely and easily regulate our nervous systems. We're biologically oriented to connection. So when connection is a little bit disturbed by early attachment deficits or whatever the environment did or didn't provide, that will sometimes affect how we are able to access healthy relationships like secure attachment people in our lives and actually receive that connection that helps us regulate.

Or if we're in a relationship with someone else that has insecure attachment, how we might actually dis regulate each other in connection. So it's an important topic and kind of a really relevant question for health in general that we are healthier when we have good, reliable connections in our life.

That doesn't mean we don't love a load time. I mean, I love alone time do, but that we also are able to receive the nourishment of good healthy connection and the attachment styles.

When we think about secure, which is what we all try to like move our attachment style towards and it can heal. I really want to start out with that. It's a very hopeful message.

We can move and do practices that really help us increase our capacity and our functioning insecure attachment. So this is a very doable practice. It's a very doable, healing journey, and I want everybody to hear that first and then we want to look at what happens when our attachment system gets a little bit off because of either our parents had a certain deficits they were not able to conquer.

You know, we have attachment patterns and how we parent and how we receive parenting as children passed

down through the generations really easily. So we're not about blame.

This is all about how do we all move ourselves more towards a healthy way to connect. And when a person, a child has adapted away from secure attachment, which is I think we're biologically designed for secure attachment, that's why when we start the healing process, you can see markers for secure attachment returning, like being able to ask for your needs easily or feeling safe and connection, but also autonomous in your alone time.

Being able to regulate your nervous system easily. Self-regulation and co regulation with another person. So we're look what's healthy first and, you know, feeling safe in relationship, having playfulness, being able to have a sense of humor, all sorts of things that make up secure attachment.

We can expand that later. We have time, but let's take a look at when we have a dose or a mix sometimes of insecurity, attachment styles, what that might look like for a nervous system regulation, which is your original question, when we move and adapt away from secure attachment due to maybe birth trauma, it's not always caretaking.

Sometimes it's medical or our temperament or just what our parents were able to do or not do in caregiving. When we move away in the direction of avoidant attachment, that's called avoidant for when we're kids and called dismissive when we're adults, we tend to prefer being isolated because we didn't really experience the relationship as nourishing.

It was either kind of rejecting or nobody was home and no presence there. And for an infant to reach out, to connect for nourishment and they have the experience of their caregiver being dissociated or just not there, that's very frightening.

So the child starts to build an internal working model, internal sense of attachment, as it's really not very nurturing to have another person. It's actually disturbing.

So they start to be self-reliant before we're actually able to be self-reliant. That's a it's not possible for infants to be self reliant, and that's called moving towards avoidant attachment.

I'm giving you kind of a brief overview here and what will happen in terms of nervous system regulation is the child will try to do it themselves. They're trying not to rely on this biologically determined need for connection, which is a biological thing, just like getting hungry for food or thirsty for water.

This is a really important instinctual drive. So to shut that down takes a lot of energy. And it's also really difficult. But what the try to do in regulating is what some people like Stan Tacon, refers to it as auto regulation, meaning self-regulation.

But it's not real self-regulation, it's not an embodied self-regulation. It's more like, you know, we all regulate a little bit to watching too much Netflix, you know, or or doing something that doesn't really involve another person.

Like I don't getting caught up in computer games or maybe pornography or whatever. But we're, we're trying to sort of trance out. Even meditation can be really embodied and really transformative or it can be checking out.

There's a very big difference, right? So if we're just checking out, that is a is a form of attempted self-regulation. But if you're not embodied, if you're at home here in our physical, fleshy self.

Right. It's, it's it can be a bit regulating. It's just not true self-regulation. It's more of a almost a defense versus an actual really a but most healthy and most beneficial kind of regulation.

When you're self-regulate, you can feel your body, you can feel stress release, you can feel your tissues in your bones. Like right now as you're listening, you can see if you feel your feet on the floor or your seat on the chair.

Notice if you're feeling warm or cold, or maybe there's a little tension in your neck and you feel more relaxed in your

feet. There's sort of different exercises you can do to strengthen your awareness, and that's something that someone with avoidant attachment might have more of a struggle with.

They have a little bit harder time connecting to other people because they don't experience their early template or blueprint is that other people aren't nourishing or they're neglectful or they're actually painful because they're rejecting.

So they tend to have a sort of a defense against that doesn't mean they don't have friends, but they will have a little bit more has a lot more hesitation sometimes to reach out for a need or to really co regulate.

So they tend to do this auto regulation which is more like somewhat disembodied or you could almost call it dissociation. I mean, you really can call it dissociative, actually.

So we want to move from dissociation back to embodiment. And then to continue to answer your question, it's not a it's not a short course and not a short answer.

Ambivalent attachment is sort of when parents were there, but they were kind of there in inconsistently and unreliable. So that when when when a child starts to connect with them, they have the experience of it doesn't last long enough and they feel like they're nervous about when the parent is going to drop out.

So they have a lot of anxiety and so they don't really find the parent coming. They'll find it soothing for a moment, but then they'll be immediately worried about fear of separation or fear of abandonment.

So there's usually a lot of anxiety and they need a lot of reassurance from the outside that the parent is going to be they're going to pick them up from school, going to pick them up again when they come back to reconnect.

Disorganized Attachment and Complex Trauma

And so they actually are quite anxious and they're kind of if you think about avoiding attachment, they're really focused on the self because others don't feel like they're even there or they're there in a negative way and ambivalent attachment, which as an adult is called preoccupied.

They have the experience of. It's really unstable. This connection is really unstable. Sometimes it's really great and sometimes they just feel energetically dropped.

So they're have this excessive fear of abandonment, so they overfocus on the other person. They're always trying to like figure out, how do I connect to this person and keep the connection going?

So they have a lot of hyper overactive attachment cues for trying to keep the relationship stable. And what I want people to understand is compassionately for ourselves and for other people that we're in relationships with is that this is happening so early that we don't even have an ego structure there to make a story about it.

It's empathy kind of in an implicit memory and encoded in your body. It's it's a natural knee jerk reaction to relationship and that so often what's happening in adult relationships.

So we give each other a hard time for we really if we really understand the biology behind it, we drop blame. You know, we just start to understand these are patterns that happen really early and we start to think about how we can support the person, ourselves or our partners or our kids or our friends to move towards secure attachment when their attachment system is activated in an insecure way.

So that's a very different approach. And so, I mean, there's research that says 95% of what we're dealing with in our relationships is attachment based and unconscious and knee jerk reactions.

I mean, when you find yourself saying, I'm never going to act like my mom or my dad, and all of a sudden you see yourself doing the exact same thing, it's, it's it's kind of biologically predestined in a way for that to happen.

So we want to give ourselves a lot of room for love and forgiveness and compassion. I think that's another message I really wanna make sure I get across today.

But ambivalence attachment because there's so over and this is wired in another thing I want to say it's wired in to our survival system so it's not a thought process like we don't have that story about it.

You can't just say, well, I'm not going to be, you know, removing myself, withdrawing from relationship, just to talk yourself out of it. We need these experiential healing experiences to be able to overcome those adaptations that were wired into our survival system.

Same thing with ambivalent. There's your sense of survival, which means it's threat. You know, the threat level is that high. We have a fear of relaxing our over activated attachment system because we really have this inbuilt belief that's physiologically embedded that the our person that we're relying on is not going to be there.

And that creates a lot of anxiety. We need a primary attachment system as little babies for sure, but we need it as adults too. We function much better when we have somebody who's really reliable and hopefully we move more and more towards secure attachment in the relationship.

But what the way that person will regulate their nervous system from an ambivalent point of view is they tend to overfocus on the other person. They have the embodied, they have the the blueprint installed an unconscious memory that the only way they can regulate is if the other person regulates them.

So think about that. That's going to put a lot of pressure on friends or the therapist of your therapist or or especially your relationship partner. When you're in a relationship to do it for you.

Like, you have to have them hug, you have to have them calm. You down. You have to have them talk to you immediately when you're activated. That puts a lot of pressure on the other person.

And so often what happens, it's really heartbreaking is that a person that stuck, you know, a lot in ambivalent attachment, again, you can have a mix or a little bit or a lot.

They will put so much pressure on the other person to keep reassuring them and to keep regulating them if they often push the person they love the most away because the person just like it's never enough.

And the feeling actually is on the person that has the ambivalent attachment never feels like enough because it keeps getting fueled by their history and they keep reverting to that original wound of I'm going to get dropped.

And you can imagine if your worldview is other people are going to drop me, even if they're being really kind and are doing really wonderful things and they're really loving and they're like perfect and nobody is there.

It's never going to feel like enough because you've already abandoned yourself, right? So even if you get everything, there's no self awareness orientation and a self to receive it.

So a big part of that is like noticing caring behaviors. You tend not to because it'll calm your nervous system down your attachment system down, and then you get this trigger of survival like, okay, I'm feeling good right now, but the next thing that happens in my sequence is the person disappoints me, betrays me, abandons me, drops me, and that has to get uncoupled, that has to get solved.

Otherwise, no matter how much love you get, the next thought you have is it's not enough. It's not going to be there tomorrow. I can't trust it. So you see the difference, the different orientation to nervous system regulation just between those two insecure attachment style.

So I want to take a breath and let you respond and then I want to talk a little bit about disorganized attachment. Well, already I'm starting to think of the different health issues that they're going to have, because you've already mentioned a few times, even with the Avoidant, you mentioned how much energy it takes to maintain that

dismissive attitude towards their own biological needs of connection.

Right. And just like if you tried to eradicate thirst or eradicate hunger, I mean, it's not going to work, right? It's not going to work. And my goodness.

Yeah, like I'm already seeing the patterns that will persist and I can see how these patterns would really show up in a lot of areas of their life, not just their relationships, but health as well.

Well, to say a little bit more about that, one of the things I just read, like right before I went on vacation for five weeks, I'm just back. Was that avoidant attachment is often linked to eating disorders because you think about it's a lack of nourishment.

They aren't able to take nourishment relationally because it was either the person was gone like nobody's home, which is terrifying. John And but or the person was actively hateful, looked at them with hate, was rejecting, had a negative, you know, really negative energy or angry all the time or something like that.

So that makes sense to me that they might have trouble eating disorders because they have an issue with nourishment, relational nourishment so that can get transferred to food.

Makes total sense to me. Why that might be a link healthwise. So I just wanted to mention that while we're talking about it. Yeah. And I can see all forms of eating disorders I because some will, some will and maybe this is more of a the preoccupied or the ambivalent where they may go into more binge eating, where they never feel like it's enough.

And maybe the avoidant it can tend to have more of that control around anorexia. And and I'm not going to even let the nourishment in be fascinating to look deeper into that.

Yeah, because you look into bulimia, you're not letting the nourishment in either because you're from here regurgitating it, you know? So it's interesting.

I think there is a lot of correlation in my mind anyway of with and with ambivalent to addiction because you're sort of addicted to an external reinforcement and you're trying to regulate externally.

So if people are disappointing you and you're expecting people to drop you right, then you can go to substances, you know, alcohol, drugs, exactly like you said, with food.

It has a similar like trying to get it from the outside versus learning how to regulate inside your body. Right. So that's a I think a tricky thing for ambivalent.

Not not that like that's the only way that happens. But it might just make it a little of the pathway to that a little bit more, you know, available or something to have that difficulty.

And yet even with that, I see the same cycle repeating itself as what the relationships because that substance, whatever it is, whatever it is, will only last for so long.

Right. Right. And so then they experience only have that same sequence happening where I feel good now, but the next thing that happens, it's going to drop me, right?

What's that is going to happen when you're using an external substance or a person in order to give you that sense of regulation? Exactly. Exactly. So in a way, avoidant, when we're trying to look at but healing is we only focus on the healing part.

They need to learn how to truly self-regulate. And also big deficit is co regulation because our nervous system when we're really, really infant from the get go from the beginning I think even in utero is designed to co regulate.

It's designed to regulate. You know, we're like absorbing the mother, we're regulating with the mother in utero. And then we're trying to do that as soon as we're born.

And when you miss the opportunity because your mother or maybe it's a medical condition, you're not able to co regulate as a little one and you tilt, you then adapt to becoming more avoidant.

Your nervous system really doesn't even know how to do it. So later in treatment or later in an adult relationship or later in school, you know, somebody can be really available trying to hug you, but you just can't even quite feel comfortable in the hug you to know what to do with it.

You know, it's like if you're not, haven't been loved, well, you know, or had that experience early on. So it gets patterned into your nervous system, be able to receive it.

There's a really hard time to take it. And I had an experience like that when I was married. My husband said to me, It's so weird. I keep telling you you love me, I love you and you know I really love you and whatever and you just deflect it.

And a first, of course I got mad at him. I what do you mean I do? I do not get him wrong. I got all self-righteous. And then one night I woke up and I went, Oh, God, I'm busted.

I do do that. So I had to really practice. It took about a year of like when he would be really nice to me and kind to me that to stop and be present and take it in, like let myself be a sponge.

And it was kind of uncomfortable because it felt really unfamiliar because I come from a super loving history. So I was like, I have to learn how to do this, you know?

I don't automatically know. And that's why it really helps if you understand your partner or your kid or you're somebody else, you understand that they don't automatically know how to respond, even when it's like secure attachment food, right?

So we have to come sometimes retrain ourselves and learn and kind of practice like it really helped. And I now I can take in, you know, positive experiences much more easily, but I really focused on it for a long time.

Like, okay, when something good happened, instead of just kind of disconnecting, I'd go, Oh, I have to stop everything else, be present, absorb. So those are just some things that I think can help us understand each other more compassionately.

And yet, Diane, I hear you say that. And I think it's also like you were able to do that because of all the somatic work that you have. Oh, yeah. Yeah.

That you could be present for yourself. Right. And that is why. Doing the therapies really helped to get to that point, right. Yeah, right. There's there's work that needs to be done before you can just automatically step into being present in the moment when someone loves on you.

Right. You've got to be able to know how to be embodied and. Exactly. Present with yourself. And and fortunately, the field has moved in the direction of somatic therapies so much more.

When I started, you said the idea that the mind and body were connected, you were considered really a heretic. So, you know, we have somatic experiencing we have a lot of body based work now that people can do to really help themselves, reconnect is so important especially after trauma.

I mean it we it's we don't just associate I think I think what should be equally mentioned is when we dissociate obviously to protect ourselves from pain is that we disconnect from ourselves, from our ground, from our source, from our bodies and from other people and I think even as we learn to reconnect to ourselves, it's another whole learning of how do we connect relationally and really be there authentically.

So you walk through the avoidant and the ambivalent, right? Let's go to the next one. Go to the next. The disorganized is definitely the most complex because disorganized is in a way the extremes of avoidant and ambivalent and kind of oscillating between the two strong reactions of shut down disconnection and or extreme neediness and really distressing trying to connect, trying to grab on to someone to help them regulate.

And it sets up the first research they did on attachment was only about avoidant and ambivalent. And then they realized there was a whole category of kids in the strange studies and everything that weren't really setting that M. O.

So they went further and they really understood that there was another whole category that doesn't have the same sequential. It's erratic. That's why it's harder to measure and harder to do research on because it manifests in so many different ways.

But it's called disorganized attachment. Some people call it type D, some people call it yeah, type D disorganized. So that you might see it in the literature a little bit differently.

But as an adult, it's considered unresolved trauma. And it's because too often one or both parents or whoever was the caregiver was angry or k a really extremely chaotic or threatening.

And so the child was in other attachment systems telling them to reach out and bond and connect. And their threat response is saying, get the heck out of here or hit the person.

Right, you know, fight or flight or freeze. A lot of times you would see kids want, you know, the strange studies I'm sure everybody's familiar with, but they would take a usually around an 18 month old, a two year old.

The mothers were usually available back in the fifties when they did their initial research on this, and they'd have a therapist in the room and the mother would drop their infant off.

And the the therapist would stay up and be there to make sure kid was safe and the mother would leave. And they would like really measure and watch the, the reactions of the kids.

And then when the mother came back, it's really more about a reunion study. What did the child do when the parent returned? And so what would happen with avoidance is they would act like the mother didn't even that would not have any difference.

They would just act like nothing happened. They would ignore the mother. But then when they measured them physiologically, they were having a lot of physiological stress.

They were because they were trying to keep their attachment system disconnected. Right. A lot of high floors, they look like they were totally calm. Like people when they're dissociated look pretty calm.

Right. But, you know, they're not they're really highly activated. So that was important information. And then with ambivalent, they would, you know, go to mom and they'd scream and cry and they couldn't be soothe because they were just so upset by the separation.

They couldn't they just couldn't be calm down. That was the ambivalent. But when they got to disorganized, finally did the research on that that the kid would like just run away, like run towards the parent like halfway and then turn around and run away.

Really sad. Or they'd run toward the parent. There's the attachment sort of going, and they were the parent and they hit him in the face, slap him in the face, which is pretty dangerous thing to do when you're an infant compared to an adult.

And that or they would just run like they would start to go towards and they would just freeze, they would go zombie, they would just stop and go like gone.

So these were pretty severe reactions. And what they understood was happening was there was so much threat when the child was trying to create a relationship with the parent or and or trying to create this attachment bond between them, that the child was really at a high threat response.

So their experiences, relationships are danger like danger. Danger will. Robertson You know, danger, danger, danger, don't go there. So they would have the typical fight or flight freeze reactions.

And this is really important information, much harder to research because a child can be disorganized, ambivalent, avoidant. So whenever they get scared like that, when their attachment system comes up and it'll show up in their adult relationships, I have this really wonderful, spiritually mature or done a million years of therapy person that I did a session with in a long time ago now.

She was a natural pastors, a healer, really, really advanced. And she was getting married. She knew she knew that this person she was marrying was this really great, securely attached, wonderful guy.

She knew that intellectually. But as I got closer to the wedding, she started to have these really strong fear reactions to any interaction with him, and she was like, What's going on with me?

I'm like, terrified, and it didn't have anything to do with him. He wasn't doing anything. It when we really went into it, it had to do with her early patterning with a mother who was bipolar and it really outrageous, you know, stuff, you know, was loving at some points.

Healing, Regulation, and Path to Freedom

But it was also really did some really, really injurious things to the relationship. So as we cleared that up, then she could go into the mayor, the wedding, you know, without this terror that was that was confusing him and confusing the heck out of her.

So these are how these things can get imported and really cause havoc. And, you know, if you're not really astute to the dynamics, you can think, oh, well, my partner is not a good partner.

And you could miss out on a really wonderful healthy and I like the person is perfect or anything but really, really good opportunity to have love in your life.

So it's really I think so. I mean, I'm, you know, I'm obviously really into this. I feel like it's so important for us to have at least the basic information so that we can start to compassionately understand ourselves and our partners and, you know, all of us.

I mean, I think the quickest way to heal the whole society would be if everybody got really into learning how to move towards secure attachment. I mean, can you imagine a world leaders and CEOs and, you know, everybody really learned how to move towards secure or there's just so much support and so much kindness and so much health in connection.

It would be awesome. But what happens back to the disorganized? If you're disorganized avoiding, you'll tend to have when that threat gets really strong, your main response will be to just disconnect and dissociate and withdraw goes to person.

Like sometimes people will get really close and then the next they get close and then they ghost. That's an avoidance pattern, you know, and the other person thinking, Oh, we're getting closer, that relationship's deepening.

And then all of a sudden, you know, they have this really intimate evening or wonderful Valentine's Day or whatever. Then the next thing is they don't hear from the person for six weeks.

That's an avoidant reaction and that's very confusing. You know, you get really cuddly and yummy and all of a sudden the person's gone. And if you're ambivalent, that's going to trigger you the heck out of you, because you're

always that's like a self-fulfilling prophecy, right?

So you can just get into a spiral so easily. And these dynamics, if you don't understand them. And, you know, of course, again, like learning how to embody it takes work to get back.

You can also have disorganized ambivalence. So that means when you hit that really deep terror, it triggers you into excessive clinginess. Like you just I mean, I've had situations where clients have grabbed my ankles in the session, you know, and so it's a very strong response.

And we need, as therapists are just human beings. We need to understand that that's coming from this wound and not to like think poorly of someone because they have that reaction.

And then, of course, you can have a disorganized, ambivalent and avoidant where you oscillate between the extreme withdrawal and perhaps the extreme neediness or clinginess.

So it's a rocky ride and it's just like any comp, it's definitely complex trauma because complex trauma basically means a traumatic event. It could happen in your adulthood, like a car accident or surgery or, you know, a death of a loved one or something, and then early developmental trauma.

So it'll bring that traumas traumatic enough, but then it brings with it this whole history of developmental trauma attached to it. So we need to understand how to work with episodic trauma, but also how to work with the early development, early attachment history trauma that sometimes is mixed in or glued to it.

And what it's found is that as long as there's developmental trauma, it doesn't matter what traumas happened later in life. When you work on that, you're going to have to develop. Yes.

It's like a package deal. It's you know, and sometimes you have to kind of make a clinical decision if you're going to address the developmental piece first or the episodic first.

And there's different ways to evaluate that. But they both eventually need to be made to be addressed because sometimes you work with one and then it makes it easier to work the other.

And sometimes if you don't work with the other 1/1, you can't get anywhere with the other one, you know. So it's an important understanding to have. And when people are trying to regulate, because that was your original question with the nervous system.

The nervous system is all over the place because it'll spike up into too much sympathetic when they're over activated into the ambivalent part. And that will bring panic attacks or rage outbursts or, you know, or excessive, you know, overactivation feeling electrical in your body, perhaps.

And then it'll drop all the way into you know, over activated parasympathetic. Or if you think of Stephen Porges as probably vagal working b dorsal vagal response where you shut down your digestion goes haywire, you can get IBS or alternate between diarrhea or constipation or have one or both of them stable, you know, stabilize like that.

Or you can have lethargy, no energy like chronic fatigue, kind of. Epstein Bar kind of things and dissociation. And just like everything's turned off, you just like gone in a way, you know, so they can oscillate between those two or you can just have a pattern where you just go completely shut down or you completely go into anxiety and panic and rage.

So it's it's a heavy duty situation and it does. So safety is super important when working with disorganized attachment because safety's been so off the table and so often people have not had really, really feel like they ever felt safe.

I mean, it's hard to imagine. Yeah. So when first time you felt safe and that's that, I don't think I even know what that is because they've been raised with emotional abuse or sexual abuse or ongoing physical abuse or physical or

emotional neglect also causes it.

So The nervous system just needs a lot of learning how to go into the sort of range of resiliency. I think Dan Segal calls it window of tolerance to start to learn how to manage those arcs when it goes too much sympathetic to like calm that panic down.

And so it comes back within that what I call range of resiliency. And then also how to lift the break on on the attachment system and the nervous system to to deal with the the too much parasympathetic that goes down into the depression or the disconnection or the digestion problems and the lethargy.

And you know that you don't go all the way and you just go a little bit below and then keep lifting the brake to bring the aliveness back. And not that you want to keep the range of resiliency consistent.

You eventually on how to do this backwards, but you eventually want to to widen it, you know, so that, you know, when you have this much starting out maybe and then you want to keep growing it that resiliency in the body and in the ability to be in a relational field over time.

And it's definitely buildable. It's like working out your muscles. You can work out your nervous system and your increase your range of resiliency really in an amazing, amazing amount.

You know, that includes boundary work and all sorts of the somatic work. But also I think what needs to happen with it is the relational work. As we learn all this information, I want you to remember that our path to freedom, because that's what we're also talking about in this summit, is what is our path of freedom?

Our path of freedom is being able to create new experiences for ourselves so that no matter what our early experiences were, because our nervous system still continues to adapt to life experiences, that we can create new experiences now that are ones of safety, that are ones of us loving ourselves, that surround ourselves with an external environment of safety and internal environment of safety.

And we can actually change our biology, change our physiology as a result of that. Now, of course, as we talk about attachment, it will also be important at some point for you to bring in neurodevelopment.

And that means that at some point, just like my professional, than the biology from a professional training program, you may need to get on your belly and do some tummy time and some tummy crawling in order to help rewire an insecure attachment style.

Because we have that capacity now, we have these tools, we have this knowledge, we know what to do to create new experiences, different experiences for ourselves, around relationships, around attunement, around love and safety in relationships.

So I hope that this interview has not only left you with a deeper understanding of yourself. I learned that things about myself in this interview, and I hope that you have learned a deeper level of understanding about yourself, of yourself, why you've done perhaps the things that you've done, but more importantly, is leaving you with that clarity of, Oh yeah, I've got some work to do.

And it's possible, it is possible to experience significant change in our life, in our relationships and our health. When we do this work and we have the knowledge, we have the tools to be able to rewire some of this early programing.

I know that this is a lot of information, but I hope that you will consider resourcing yourself, purchase all of these recordings that you will always have them.

You can reference back to them years to come, years to come so that you feel safe. You have that safety, you have that security, that you have everything that you need whenever you need it.

And I will see you on the next interview on this Biology of Trauma Summit 3.0, where we are exploring the trauma

disease connection.