

Rocking the Soul: Using the Body to Transform Attachment-Related Beliefs about the Self

Sarah Peyton

"I am paralyzed and frozen in my relationships," said Alexa, curling her legs up tight against her chest on her cushion in the small circle of people attending a Nonviolent Communication workshop on transforming reactive triggers. "It's like I can't move. I'm telling myself I must not harm people. The words I'm saying to myself are, 'I can't hurt people.'"

Alexa was talking about the difficulty she was having in communicating her determination not to re-enter a relationship with her physically abusive ex-partner, who was trying to persuade her to start things up again. It is probable that Alexa's words represent one of her attachment-related beliefs about who she is in the world and what she can expect of her relationships throughout her life. Those of us being guided by painful beliefs about the self often develop a story to try to explain the inchoate tapestry of emotion that provides the backdrop to our lives. For some of us, these beliefs sound like, "I'm not enough," or "I don't matter." For others, "No matter what I do, people leave me," or "I will never be truly seen for who I am, so I will have to settle for being seen for what I do."

According to Bowlby (1969/1982), the function of attachment is to create safety and preserve life (especially during infancy and childhood, but also later in life) by making sure that we maintain proximity to loving and supportive others (attachment figures). We now know that these early relationships also wire structures of expectation into our limbic brain in the form of implicit memories. As a result, if our early

attachment relationships are not warm, secure, and attuned, our brains create implicit templates of the shortcomings of those relationships that become the unseen guides predicting what we can expect from ourselves and others for the rest of our lives. Since these attachment patterns are held in the form of implicit memories, they come to us as bodily sensations, impulses to move, feelings, fragmentary images, and perceptions. However, the possibility of transforming our predictions and learning new expectations through relationships that offer attunement and resonance with a more integrated brain is also with us throughout our lives, thanks to our brain's capacity to rewire through interpersonal connection. We can also sometimes have ah-ha experiences of self-understanding in which our old prediction meets a potent new perspective, with the new belief effectively dissolving the old implicit mental model. When we hold these experiences in conscious awareness, we support and strengthen new linkages created in this process, permanently changing our predictions of how we will experience relationship in the world (Ecker & Hulley, 2008).

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Gabor Maté (2010), who writes compellingly about the link between early attachment experiences and adult difficulties, describes the connection between the physical experience of something being wrong, and the way we try to explain it to ourselves:

My anxiety clothes itself in concerns about body image or financial security, doubts regarding lovability or the ability to love, self-disparagement and existential pessimism about life's meaning and purpose—or, on the other

hand, it manifests itself as grandiosity, the need to be admired, to be seen as special. At bottom, it is nameless and formless. I feel sure it was forged in my chest cavity somewhere between my lungs and heart long before I knew the names of things. (p. 355)

Two decades ago, Hazan and Shaver (1987) began developing a self-report questionnaire for adults to see if the attachment discoveries being made by Ainsworth and her colleagues (1978) would hold true as people matured. The categories showing avoidant or anxious attachment sound a lot like the painful beliefs that participants bring to NVC workshops:

_____ I am somewhat uncomfortable being close to others; I find it difficult to trust them completely, difficult to allow myself to depend on them. I am nervous when anyone gets too close, and often, others want me to be more intimate than I feel comfortable being.

_____ I find that others are reluctant to get as close as I would like. I often worry that my partner doesn't really love me or won't want to stay with me. I want to get very close to my partner, and this sometimes scares people away.

On the other hand, the category showing secure attachment sounds similar to the story participants develop after their ah-ha experience:

_____ I find it relatively easy to get close to others and am comfortable depending on them and having them depend on me. I don't worry about being abandoned or about someone getting too close to me.

Using the process work of Nonviolent Communication (NVC) certified trainers Susan Skye (2010) and Robert Gonzales as a starting point, and adding the understanding of the importance of bringing in the body (Ogden, Minton, & Pain, 2006) to anchor us in present time, prevent emotional overwhelm, and create a full, conjoined-hemisphere understanding of the nuances of the attachment-related beliefs, Alexa was asked what her physical experience was as she

said the words she had identified as being a painful and limiting belief.

“My chest hurts,” she said, “and I feel caved in. There is pain in my stomach, and my arms feel incredibly heavy, like I can't move them.” The other workshop participants took turns working with Alexa to help her focus on the moment-to-moment experience of her bodily feelings, followed by sharing universal needs. With each repetition, the sensations in her body, her feelings, and her needs shifted, deepened, and changed.



After receiving a reflection of feelings and needs guesses, Alexa said, “So the feelings now are exhaustion and hopelessness, and yes, I think I'm longing for ease and safety.” Alexa repeated her original phrase, “I cannot hurt people,” and the next workshop participant listened to how her body experience had changed: “Now my chest doesn't feel caved in, but it still feels heavy. There's less sensation in my stomach, but something is happening in my throat, and I feel like I might cry.” This person asked her, “Are you feeling sad and lonely, longing to be held with tenderness and care?”

Occasionally, workshop participants ask, “Isn't the repetition of these horrible words damaging? Aren't we just further entrenching ideas that we don't want to have?” If we think in terms of neural nets and how repetition creates greater synaptic strength, this question makes some sense. However,

neuroscience research is revealing the necessity of sinking deeply into the emotional experience of implicit memories as the first step in changing them. So repetition of the bodily and emotional state, identifying with what Ecker and Hulley (2008) call the pro-symptom position, will actually move us in the direction of healing. Most of us have what these authors describe as an anti-symptom position reflex, a phrase that describes our tendency to want to relieve suffering (theirs and ours when we listen) by explaining to someone why they shouldn't feel a certain way; by expecting them to change when confronted with present-day logic; by teaching communication skills with the hope that so many of us have brought to our NVC offerings, only to see our participants still struggling with the same issues after several years of study; or by trying to reframe a difficult situation for a friend. When people comply with us and focus on these changes, the best they can accomplish is to create a parallel neural net that holds the new information. The implicit mental model does not change.

Instead, by seeing these painful beliefs as coherent symptoms that are *required* by an implicit pattern that is currently out of awareness, we can begin a process that will result in changing the mental models at their roots (Ecker & Hulley, 2008). The symptom must persist because to let go of it would cause greater suffering than holding onto it. In Alexa's case, letting go of her symptom of returning to her abusive ex-partner would mean that she has hurt this person (a core implicit mental model), an intolerable pain compared to the hurt of returning. The pattern of change goes like this:

- (a) A person produces a particular symptom because, despite the suffering it entails, the symptom is compellingly necessary to have, according to at least one unconscious, nonverbal, emotionally potent schema or construction of reality.
- (b) Each symptom-requiring construction is cogent—a sensible, meaningful, well-knit, well-defined schema that was formed adaptively in response to earlier experiences and is still carried and applied in the present.

- (c) The person ceases producing the symptom as soon as there no longer exists any construction of reality in which the symptom is necessary to have, with no other symptom-stopping measures needed. (Toomey & Ecker, 2007, p. 211)

What can science tell us about the neurobiology of such implicit change? Several studies suggest that when we are in emotionally vivid contact with an implicit knowing at the same time as having an equally living disconfirming experience (what Ecker and Hulley [2008] call a juxtaposition), then our brains seek to dissolve the dissonance between these two in favor of the more current and healthy implicit paradigm (Pedreira, Perez-Cuest & Maldonado, 2004; Rossato, Bevilaqua, Medina, Izquierdo & Cammarota, 2006; Winters, Tucci & DaCosta-Furtado, 2009). Sometimes this happens simply through repetition of the old pattern until the new knowing spontaneously emerges. Sometimes it is necessary to consciously focus on the new pattern. Often, the process involves a series of steppingstones through various layers of implicit experience until the most core pattern changes.

Let's return to Alexa's experience. After a number of repetitions, each time allowing the words to carry their emotional freight, each time naming the feelings and needs that were alive with that layer of experience, Alexa started to repeat the words again. She stopped. "Oh," she said, "all of a sudden I see that I actually cannot hurt people. They will feel what they feel, and it has to do with their past experience and what they expect of the world, rather than having anything to do with me. I really can't hurt people!"

What happened here? How did Alexa experience a shift in her perception of herself in the world? Could something as simple as fully entering the experience of the implicit belief and using language to describe the experience, coupled with the resonance of others in understanding it, really transform something as entrenched as an attachment-related belief about the self? The inroad to unraveling this possibility may be inherent in our new understanding of the relationship of the left and right hemispheres. As McGilchrist (2010)

states in an interview,

Some very subtle research by David McNeill, amongst others, confirms that thought originates in the right hemisphere, is processed for expression in speech by the left hemisphere, and the meaning integrated again by the right (which alone understands the overall meaning of a complex utterance, taking everything into account). More generally I would see the left hemisphere as having an intermediate role: it 'unpacks' what the right hemisphere knows, but then must hand it back to the right hemisphere for integration into the body of our knowledge and experience.

This understanding dovetails with how Ecker and Hulley (2008) describe the process of change. First, we become aligned with our right-hemisphere implicit experience; next, we give that knowing explicit expression in language; then the disconfirming knowledge is discovered and spoken; finally, the new knowledge is incorporated into our

storehouse of right-hemisphere implicit mental models, a process neuroscientists call reconsolidation. In our NVC process, all of this is supported by others who provide regulation, attunement, and resonance. The neuroplasticity of the brain is enhanced by staying in the emotional "aliveness" of the experience, and making extinction of the original learning possible (Ledoux, 2010). We are conducting what Siegel calls "microsurgery" (2010) with painful, attachment-related beliefs, and the result looks like Tedeschi, Park, and Calhoun's (1998) outcomes when Post-Traumatic Growth is experienced: a greater appreciation for life; a sense of new possibilities; more meaningful interpersonal relationships; increased personal strength; and positive spiritual change.

Below is a brief recap of the steps. There are many ways to implement these principles, and I would be happy to hear from others who are making use of processes similar to this. You can send your stories to me at the email address just below.

The Process of Implicit Change

(incorporates the work of Ecker and Hulley with the process of Nonviolent Communication as developed by Gonzalez and Skye)

1. Identify the symptom that the person would like to change, noting the bodily correlates to that symptom.
2. Inquire about the deeper roots of this symptom to locate the implicit mental model that requires that the symptom exist. These words will "pack a punch" since they come from right-hemisphere knowing rather than left-hemisphere guesses about the cause of the symptom.
3. Encourage the part of him- or herself to repeat the implicit mental model out loud so that they are fully integrated with the emotional experience of this belief while tracking the body.
4. Encourage the person to identify and say what his or her body's experience is of saying the words, anchoring him or her in the right hemisphere. (VERY IMPORTANT - do this for EACH repetition).

Depending on the situation, this part might unfold in one of three ways:

- a. If you are working one-on-one, help the person identify his or her bodily feelings, emotions, and shared universal needs for each repetition.
- b. If you are working with a group with the ability to guess feelings and needs fairly effectively, have each participant work with one repetition of the words. Name the experience with feelings and needs until you get a clear "yes," from the person, and their physical experience has shifted or eased. The next participant works to identify feelings and needs for the next repetition. You may have to help to get to the "yes," and the physical shift.

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- c. If you are working with a group without much experience with Nonviolent Communication, help the group by identifying feelings with the person, and then use an "NVC needs list" or "needs cards" and have everyone guess whatever needs seem important for each repetition.
5. Repeat until the belief shifts. In my experience so far, painful beliefs have been shifting in 2-8 repetitions.

Sarah Peyton is deeply interested in the synthesis of Interpersonal Neurobiology (IPNB) and how language reinvents the brain, particularly in the practice of Nonviolent Communication. She sees the capacity of focused language use to provide tools for the integration that IPNB describes, and enjoys the way in which this process strengthens and broadens the compassionate inner observer. She has been teaching NVC and IPNB classes and doing integrative process work in Alaska, British Columbia, Washington, and Canada for the last three years. She teaches regular session classes in the Portland, Oregon, area, is available for phone sessions, and will travel to provide day-long or longer offerings to small groups. You can contact Sarah at peytwood@isomedia.com.



It doesn't interest me what planets are
squaring your moon. I want to know
if you have touched the center of your
own sorrow, if you have been opened
by life's betrayals, or have become
shriveled and closed from fear of
further pain. I want to know if you can sit
with pain, mine or your own,
without moving to hide it or fade it or fix it.

I want to know if you can be with joy, mine
or your own; if you can dance
with wildness and let the ecstasy fill you to
the tips of your fingers and
toes without cautioning us to be careful,
to be realistic, to remember the
limitations of being human.

Oriah Mountain Dreamer
from "The Invitation"

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Rocking the Soul

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