Chapter 2: Trauma

The next natural place to go from adrenaline is trauma and by this, I mean psychological trauma. Trauma is the physiological and emotional imprint created by anything that is too much or too soon for the nervous system to handle. Psychological trauma can be acute such as a car accident or a robbery, developmental trauma such as having a critical or abusive parent or relational such as an ending of a relationship. Developmental trauma is trauma that happens during our developmental years in childhood and therefore impacts how we develop; this includes initial attachment which sets the foundation of our adrenal regulatory system. The single biggest influence on the behavior of men and women is the way they were parented. No one has a greater impact on our self-esteem, world view, beliefs, values, emotional intelligence, and the way we handle life and relationships than our caregivers or parents. Tolerance, love, respect, and compassion are taught and modelled. A person loved as a child is likely to have the capacity for love and compassion as an adult. A person who has structure and comfortable discipline growing up is likely to have self-discipline as an adult. A child who is valued and respected is likely to grow into an adult that respects and values others. Developmental trauma can also take place with teachers, siblings, peers, and other adults that are present whilst we are growing up. Trauma can be any event that overextends an individual's ability to cope. It often launches a fight, flight, freeze or fawn response in a person as a survival strategy. All of these responses involve the adrenals to some degree. The freeze and fawn responses can be liked to dissociation. Dissociation is a mental process of disconnecting from one's thoughts, feelings, memories, or sense of identity. It is a state of being zoned out and shut off. If one has a highly critical parent or was neglected in childhood freeze or fawn were probably useful to be able to escape the situation without physically escaping. As

children we often don't have the means to physically escape. In trauma, body-based memories are stored as being in the present—even though the traumatic event is in the past—through the imprinting in memory of the sensory and motor patterns of the undischarged freeze response. This storage of "false" body memories plagues the trauma survivor in the form of intrusive memories, or flashbacks. These posttraumatic memories contain not only the explicit, declarative content and meaning of the event, but also the sensory experiences—smells, images, sounds, and body sensations that emerge in the form of sensory symptoms or unconscious movements, such as tics.

Humans, like other mammals, are hardwired from birth to seek attachment to a caregiver, both for protection and nurture and as a secure base from which to explore the world. If an infant is unable to form this primary attachment relationship with a caregiver, the infant adapts to the deficient caregiver by creating secondary attachment strategies. These strategies have been variously categorized as ambivalent/anxious, avoidant (dismissive and fearful), and disorganized. The key to restoring our intrinsic core intactness, as well as building and maintaining healthy, fulfilling adult relationships, is to work through childhood traumas and heal our early attachment styles through an integration of the mind and body. Secure attachment thrives when the holding environment is safe and engenders basic trust. Parents are present, consistent, and show interest in and align with the state of mind of the child. Communication is predictable, sensitive, and attuned. Securely attached adults show realistic optimism in their worldview, have a capacity for attunement and clear communications, and have resiliency in recovering from stress, especially in relationships. These people tend to be unflappable and level-headed and give others

the benefit of the doubt when appropriate. They also demonstrate the capacity to initiate and receive repair attempts.

Avoidant people tend to be relatively disconnected from their physiology and/or their emotions. Avoidant attachment is usually the result of parents who were emotionally distant, rejecting, and aversive to the child's signals of distress and bids for proximity. The child did not receive the mirroring or the exchange optimal for the development of the prefrontal cortex around emotional connectedness. Even memories and perceptions of the past are biologically detached in avoidant people - there needs to be an emotional connection for our brains to configure a personal memory and a limbic connection for a "feeling" memory to imprint. Avoidant people may recall their childhood: "Yes, I went to that red brick school, and my teacher's name was Mrs. Smith, and there was a playground, and I played soccer." They can describe the fact of it, but there is not a felt sense memory of the experience, only an "I was there." Avoidantly attached people describe their history the same way they approach relationships, which is that the narrative is detached and impersonal. They may have large gaps in their memory, as their memory was not consolidated due to a lack of emotional connectedness. As adults, one of the primary characteristics of such a person is to be solely self-reliant, but unfortunately it is a self-reliance based on deficiency. It is an autonomy that is driven by fear and self-deprivation - an unhealthy, fear-driven autonomy. The criticized child grows up to be the critical adult, and the roles are flipped. The person acts out both sides, in line with the projection experienced, which was criticism, excess pessimism, and a cold, distant demeanor. The avoidant person is either the rejected or the rejecting one. But either one of those is an ultimately uncomfortable place to be. Avoidantly attached people view connection

as something dark and dangerous, to be deeply feared. These people tend to be somewhat dissociated and not fully present in their bodies. Avoidant people will be particularly sensitive to eye contact.

In the Ambivalent/Anxious attachment style, children at 18 months return to parents on reunion but are not easily soothed and do not return to play quickly. They exhibit crying, then relief, and then cry again. They appear not to trust the consistent availability of the parent. They always remain overdependent, hypervigilant, and hyperactivated in expression of needs. The child simultaneously feels hunger for closeness and a debilitating fear of losing the closeness. Anxious adults may experience chronic anxiety, frustration, and despair in relationships, always expecting the worst of their partners. They have difficulty trusting themselves, their partner, and the relationship. They will accept what they are given instead of asking clearly for what they want. They may “give in order to get” and wonder why their partners sometimes feel angry instead of appreciative. Anxiously attached people feel that they must please their partners all the time in order to keep them. They say they want pleasure, but their life experience has taught them to be more comfortable with pain because it is familiar. In identifying with deprivation, ambivalently attached people reject love when it is truly offered because it feels unfamiliar and disorienting. Anxiously attached people can easily identify with wanting, and yet are almost dazed when they receive, and they don’t know how to embody the experience. Often there is a difficulty with the balance of giving and receiving.

In disorganized attachment style, the infant displays chaotic and disoriented behavior. At 18 months, the child may run toward and then abruptly away from the parent because the child simultaneously needs and is terrified of the parent, who is frightening and/or deeply frightened. Two major biological drives are in constant conflict: the

innate drive to attach and the instinctual drive to survive. Both deactivating and hyperactivating strategies are used, often simultaneously. These people are equally terrified of both intimacy and abandonment. The avoidance is due to fear of attack coupled with a desperate need to turn to someone to not be alone, or to have a safe haven with an “other” in order to attach. The main problem here is that two very strong psycho-biological instinctive drives are in direct conflict with each other— the need to attach and the need to survive danger. As their survival depends on entering an unsafe environment on a regular basis, these children learn to override their self-protective instincts so that, ultimately, they cannot distinguish between safe and unsafe circumstances because their self-protective alarms no longer sound. As adults, they may frequently dissociate and be attracted to danger or be unaware they are walking straight into it. They may not find options that are available to increase their safety. For example, abuse survivors often ignore the early signals of inappropriate behavior from others, such as off-color jokes, invasive touch, and “bad vibes.” In healing we may need to help bring these original survival instincts back into awareness and “reactivate” this early radar system. The goal is to bring the disorganized attached person out from dissociation and back into embodiment. There are often alternating patterns of flooding and dissociation that we want to lessen by helping them to reregulate the overarousal in the ANS. Because a common characteristic of these people includes splitting in the sense of self and their perception of others, we want to be able to integrate these splits so that the person can stand on a balanced middle ground. It will also help them to deal with their contradictory impulses for closeness and distance that bring about their chaotic, incoherent, confusing, and overwhelming feelings. We want to replace this confusion with clarity, build their capacity to problem solve, install a felt sense of protection, and untangle those wires that have been

crossed. We can achieve these goals by repairing primary attachment, and the original radar for danger, with the ability to take action, rather than freezing and dissociating.

Healing attachment trauma is key to autoimmune conditions – this is the foundation on which the dysregulation begins, and it is there before any symptoms begin. When I am doing psychotherapy, I imagine the adult as a child and what it was like for them from a very early age to begin to understand who they are now. Attachment trauma survivors often have hyper-aroused bodies. The nervous system hasn't been able to discharge it, so the sympathetic nervous system remains activated. After prolonged periods of time, the body/mind interprets the hyper-aroused nervous system as normal. The threat response becomes internalized so that the person does not need a tiger, or an oncoming car, or a fire breaking out to trigger it: the bottled-up arousal within the nervous system itself triggers the threat response. It is worth comparing yourself and carefully gauging your baseline level of arousal. The effects of the experience can remain trapped in the body, embedded in the nervous system as pent-up survival energy, which causes the blockages responsible for later physical and emotional illness. The immune system has not had a fighting chance with this running in the background your whole life. Many of those with autoimmune conditions fall into the disorganized attachment category.

Humans respond to threats in a manner similar to other mammals. When one's nervous system becomes overwhelmed and threatened by an unexpected, unwanted stimulus, the body will innately and automatically take certain sequential biological steps, as the organism goes into survival mode, to regulate the nervous system and

rebalance the body. It is ANS that is responsible for this self-regulation, acting as a control system and prompting the body to return to normalcy. The difference in the way that humans experience threats in relation to the way that animals do, lies in a person's utilization of the many assets of the left brain, which, although vital to our existence, can heighten trauma. This inability to let go is not a cognitive decision, as many trauma victims do not even remember their traumatic experience. Yet, whether or not the consciousness chooses to remember and acknowledge the trauma, the body remembers (Rothschild, 2000). For one reason or another, the effects of the experience can remain trapped in the body, embedded in the nervous system as pent-up survival energy, which causes the blockages responsible for the resulting mental, emotional, and physical distresses. As long as the memory of the event is still trapped in the body, it will continue to wreak havoc on the person's physical, mental, and spiritual health. It is evident that trauma has a significant impact on a person's mental and emotional well-being, but it is less known that traumatic events are actually physically stored in the human body. Hence, traditional talk psychotherapy is not always successful at treating trauma, and when it is successful, the recovery is often temporary and not sustainable if it does not include the physical body. Some patients can, and often do, become retraumatized when they verbally and cognitively relate their past traumatic. Trauma energy is often unintegrated, fragmented, and very highly charged: the person's life is a bit like walking through a minefield. When someone's nervous system becomes highly activated, the person can be swept away. The energy has a magnetic pull—hence, the term vortex—and it takes the client out of an integrated sense of self. In states of high arousal, focusing on the lower parts of the body facilitates the discharge of energy down the legs. To feel, for example, even five

molecules moving down the legs helps neural pathways come back online and available for discharge of highly activated states

When a child is born, the nervous system has not yet been fully developed. From birth to 18 months, the child's nervous system is essentially sculpted by the interactions with the mother. The structures of the right brain, which are responsible for autonomic, involuntary stress regulation and emotional regulation, are designed to mature within the first two years, so the child-parent relationship is crucial. Trauma causes biochemical alterations within the developing brain. Early adverse experiences have also been shown to initiate long-term changes in neurobiology, which may further increase vulnerability to psychological disturbances following subsequent stress. Childhood abuse and other adversities (e.g., domestic violence, psychiatrically disturbed parents) have been shown to be associated with impairments in numerous developmental processes, including emotion regulation, attachment formation, and autobiographical memory development, which has been linked to the ability to form a coherent sense of self. According to the stress-sensitization hypothesis (Hammen, Henry, & Daley, 2000; see also Rutter, 1989), early exposure to adversity alters the sensitivity of stress-response systems (e.g., hypothalamic-pituitary-adrenal axis), which in turn enhances the risk of negative outcomes, including posttraumatic stress disorder (PTSD), following later stressors

Results from a growing number of studies indicate that the impact of trauma exposure may depend on the individual's age at the time of the event. However, discrepant findings have emerged concerning the developmental period that most increases

individuals' vulnerability to negative posttraumatic outcomes. There is evidence that traumatic events encountered during adolescence may be more central to one's identity. When healing from trauma we need to look at everything that has happened in life. A difficult childhood creates the set-up in the form of traumatic patterns that repeat. We need to work through the core events and the domino effects of those events. Traumatic experiences create triggers. If for example you were shouted at once by a teacher, then perhaps all teachers including your lecturer in 2nd year university now elicit an anxious response from you (perhaps one that you hardly even take cognizance of anymore as it has been there so long that you have become accustomed to it). Same applies to a car accident you had in your teens. Perhaps now there is a sub-noticeable fear every time you enter a car. We can imagine that those with marked childhood trauma histories are getting triggered left, right and center without perhaps noticing that these are triggers. It looks like a constant anxious state but perhaps it is regular bouts of activation through subconscious memories being lifted into the now by present experience. Every person that I have worked with that has an autoimmune presentation, is experiencing multiple triggers within a day, and sometimes multiple triggers within each moment. Each present experience is colored dangerously to the subconscious mind that has all these many associations popping up. To the conscious mind this has become masked as normal.

Research linking trauma to disease in the body is still a developing field, although once you see this link it cannot be unseen. The Adverse Childhood Experiences (ACE) study documented the link between negative emotional traumas in childhood and physical difficulties in the body. This study found there to be predictive power between the two, in that the number of adverse childhood experiences an individual had

predicted the amount of medical care required as an adult, with surprising accuracy. Individuals who had faced 4 or more categories of ACEs were twice as likely to be diagnosed with cancer as individuals who hadn't experienced childhood adversity. Someone with an ACE score of 4 was 460 percent more likely to suffer from depression than someone with an ACE score of 0. An ACE score greater than or equal to 6 shortened an individual's lifespan by almost 20 years. What had been found in these individuals is that they undergo chronic central nervous and body inflammation. It can be individuals' intelligence, adaptability, and future success are all affected negatively. These kinds of emotional catastrophes imbalance your energy system (your chakras, as we will later explore). If you had adverse childhood experiences you might expect that in just about any stressful situation you encounter as life goes on, you may experience a greater level of fear and anxiety. At Yale University, it was discovered that chronic emotional stresses result in changes in gene functions (epigenetics) that enhance the risk of physical illness across a broad spectrum of conditions and augmented responses to stressors, leading to lives filled with chronic fear, anxiety, even severe psychiatric disorders.

Write top here your biggest 5 adverse childhood experiences (traumas)

1.

2.

3.

4.

5.

Write down your biggest traumas in later years

1.

2.

3.

4.

5.

Trauma has many psychological impacts but there are a few that stand out that you can begin looking at. The first being boundaries, the second how positively or negatively we define ourselves (our beliefs and self-love), our assertiveness (our power to stand up for ourselves), our ability to live spontaneously in a child-like creative manner (in a state of flow), and the way we engage with the world around us (our personality or identity). Boundaries meaning knowing your limits, and not letting others infringe on you. Boundaries allow us to coexist with others that have different ideas and ways of life. Our boundary style comes from our development. We learn boundaries in our developmental trauma and our early interactions. We can have porous, rigid, or healthy boundaries. Porous boundaries are things such as oversharing information, lack of communication about boundaries, difficulty saying no, accepting disrespect or abuse, over involvement in others' problems. Porous boundaries take the form of enmeshed relationships, people pleasing and saving others. Developmentally you may have been in an enmeshed relationship with one of

your parents where there was an oversharing of their emotional difficulties with you, or in a highly dependent relationship. This difficult relationship often continues into adulthood making it very difficult to untie the relationship between the 2 people in a way where each is their own individual. The adult child as a consequence either finds it very difficult to find themselves in relationship of their own, or alternatively the adult child engages in co-dependent relationships. People pleasing is another presentation of porous boundaries, often having its roots in pacifying a difficult parent. It happens when you have a difficult time saying 'no' to others. It indicates that you depend on others for approval because your sense of value comes from outside yourself instead of within yourself. You fear rejection so you do whatever it takes to avoid it. This was a survival strategy for you as a child. As children we cannot be rejected as our survival depends on it. If we are raised in environments where we are there is a conditional acceptance based on us achieving or behaving in a particular manner we learn to not love and value ourselves just as we are. We then engage in a constant striving to be that thing that we need to be to be accepted. This is in my opinion the psychological source of burnout – we push ourselves beyond our own limits ever searching for that external approval we never fully managed to obtain from our parental figures. Trying to save others is another form of porous boundaries in action. This is when we make another person our focus often at the expense of ourselves, and we try save them from their difficulties in their lives. If we had a depressed or anxious parent it may have been the norm to try cheer them up – this indeed also a way to survive, as a depressed parent will not take care of your effectively, so it is in your best interests to cheer them up. We can see that all these patterns of relating to our caregivers in our early years then determine how we relate to others in terms of boundaries in our later relationships. Advice for those with porous boundaries: FOCUS ON YOURSELF.

Those with porous boundaries can be likened to those with an anxious attachment style. An anxious attachment style is one that becomes preoccupied with the relationships, needs regular reassurance, and have deep rooted fears of abandonment. This is often due to their needs been inconsistently met in childhood – they may have been nurturing and tuned in at times, but insensitive and emotionally unavailable at other times.

On the opposite end of the spectrum, we get rigid boundaries. This looks like: being detached, keeping others at a distance, avoiding intimacy, difficulty asking for help, and being overly private or protective about personal information. Those with rigid boundaries often appear cold hearted. The healthy vulnerability and empathy of a fulfilling relationship is often substituted with indifference, callousness, and apathy. Those with rigid boundaries can be found being quite intolerant of others and have high expectations of them. Rigidity is also found in people who cannot take in constructive criticism, typically because they are sensitive and fear feeling rejected. You will often find these individuals are ones that are made of brick – they are fixed and stubborn and cannot be shifted. This is a way that they have learnt to cope with the unpredictability of their childhood. The more they are in control and unchangeable in the present, the more they can control the unpredictability of the present. Often this kind of individual does not do well in spontaneous environments (travel to Africa countries) or where others need to take the lead (a pilot flying a plane). These individuals are less likely to share the challenges they are facing, or intimate parts of their lives with you as they may not have experienced growing up in an environment where someone truly cared to hear this information, or alternatively sharing this kind of information may have been detrimental leading to punishment. Many men have been raised in such a way that emotional expression was punished. Rigid individuals

live in a form of isolation in that they have superficial or guarded relationships with others avoiding close connection with others. Advice for those with rigid boundaries: SURRENDER AND OPEN UP. Rigid individuals can be likened to an avoidant attachment style. Avoidant attachment styles develop when the main caregiver doesn't show care or responsiveness past providing essentials like food and shelter. The child disregards their own struggles and needs in order to keep their caregiver close by.

Finally, health boundaries – this looks like not compromising your values, sharing in an appropriate or balanced way, knowing and communicating your needs, and respecting others' thoughts and desires. If you are able to say 'no' when you feel uncomfortable with a situation, you are setting healthy boundaries. If you take time to listen to your own needs and opinion in the midst of making a decision, you are much less likely to find yourself in a compromised position. When you have healthy boundaries, you come across as caring and compassionate without being overly emotional. Others realize you are someone they can turn to for support when they need it, however in this position you don't feel overextended, and you don't seek validation from it. The throat chakra (to be explained later if you don't know what this is) is the center of the voice, speaking your truth, and setting boundaries.

Boundaries and our personality (or coping personality) have a strong link. If we think about how our personality develops, it happens through all the interactions we have at a young age. I have had some patients who became everything that their parent's wanted or needed them to be in their early years. Mainly it is that people become who they needed while experiencing the traumas of their lives – this makes them miss out

on who they truly are – it becomes at the expense of self and they begin to rescue, fix, or structure the lives of others. This at the expense of self-coping personality is something we all have to contend with to some degree inside us. If you go into your most traumatic childhood memory and you look at what you needed there and then you look at how you respond to others, you may find some alignment there. It is likely that you project your unmet childhood need onto others in this way – being their fixer as no one took you to get medical help when you were young, being their rescuer as you had to endure years of your parent's fighting. The mechanism of shifting out of our coping personality into our true authentic self means working through the traumas that created those coping parts and releasing that emotion that holds us to that way of being. It needs us to recognize this coping personality and that it is fueled by deficient boundaries. A pleaser coping personality is chameleon-like, shapeshifting into whatever it is that is suitable to the present situation. This malleability developed as a response of protective to caregivers that required this agreeableness to respond favorably to the child. A very effective means of coping for the child, who if they asserted their true self would likely be victim to much abuse. The identity of this individual is often lost somewhere along the way. As the nurturer or carer coping style perhaps there was a caregiver who suffered from depression or a physical illness, or it that you are responding to your unmet needs during your childhood trauma. You now nurture and care for others as you are projecting the missing parts of your experience onto the needs of others. An achiever or performer coping personality (often presenting as the Type A personality and very prone to burnout), is a response to seeking the validation of a caregiver. Perhaps there was a feeling created of never being able to reach the caregivers ideals. If the parents were very successful but consumed by work themselves, often the child then replicates this as if they step into

the parents' footsteps maybe just maybe they will get the attention that they needed when they were little. All of these above coping personalities expend a lot of effort and are prone to burnout. The combination of these styles is what I call the autoimmune personality. Frequency – we gravitate towards the same frequency of people that we experienced developmentally. Generally, the people you surround yourself with are the ones who feel like home did in your early years. This may not be such an ideal thing for many of us. A person's frequency is the energetic resonance that they emit. This may mean that these people further pull us into these coping personalities. It is very difficult to shift out of a way of being when the people around you and perhaps your career keep pulling you back into this coping personality. Ayurvedic doctors have identified an autoimmune coping personality – in that autoimmunity is mostly seen in individuals who are highly idealistic and morally conflicted. When your actions don't match your inner moral code, you become stressed and despondent. They are often critical of themselves and prone to low self-esteem. In order to heal one may need to relax this 'moral code' and be more practical about life, which may mean less of the words "I must/ I need to /I should" and more of just letting the river of life take you where it wants to.

MY COPING PERSONALITY (tick box if the word applies to you)

□ Pleaser

□ Achiever/performer

□ Outsider

□ Fixer

□ Manager

□ Black sheep

□ The responsible one

□ Survivor

□ Victim

□ The bad one

□ The angry one

□ Controller

□ Perpetrator

Others you have identified_____

This is a list of the ones I have identified when it comes to autoimmunity, but it by no means all encompassing, so have a look at your interactions from the outside – who are you in them and perhaps there is more outside of these common ones.

Research is showing us that outgoing, sociable people also have the strongest immune systems. Extraverts typically seek out new experiences, prefer to take charge and are outgoing and talkative. Extraverts tend to have better social skills; they feel more positive emotions and are more motivated. Those who are the most conscientious and careful, though, are most likely to have a weaker immune system

response. Conscientious people are systematic and dutiful and are more likely to follow through on their plans than their less conscientious peers.

Assertiveness, or standing up for yourself, is the access point to shifting your boundaries and coping personality. This involves activating the disciplined, focused, non-negotiating, firm, take-no-shit part of yourself. This part may need some practice to come in action. It is likely that is has spent much time in a passive, passive-aggressive or even aggressive state so there is some awkwardness to finding one's true voice. When this voice initially comes out it may be unsure or shaky, and it may elicit shame and guilt. This shame and guilt are those childhood emotions that were experienced if this voice came out back then. Feel those feelings, then roar louder. As you experience your assertiveness without those childhood consequences and perhaps even some external validation – it will become more certain and surer. When your inner child comes into contact with something that shifts its frequency out of the tone of play, joy and flow immediately the assertive part can come into action and protect the child's frequency so that the child can resume what it needs to resume. The subtly of identifying these things that shift the child's frequency will need to be developed through listening to one's inner core. This is part of developing one's assertiveness – being true to what is best for you and not veering from that. Many of those with autoimmune conditions have been walking on eggshells with others through their entire experience of life. I want you to right now out this book down and find a mirror, and I want you to look into your own eyes and roar as loudly as you possibly can. Practice this daily until the discomfort is gone. Assertiveness is linked to various beliefs like if I speak up there will be consequences or if I say no, I will be in trouble.

Sometimes it is even things like good girls are agreeable and don't speak unless spoken to. What memories are linked to these beliefs you have around being assertive? Was there anyone who was assertive in your family home? Please discriminate here between assertive and aggressive. An assertive response creates a space where others are able to respond assertively. An aggressive space often creates a passive response. Abuse breeds passivity.

As we are growing up, we acquire various beliefs about ourselves and others: I am not good enough, I am not safe, I am not lovable, I am bad, I am alone, men are dangerous, women are weak and so forth. I am not safe, and I am alone frequently come up when I am working with autoimmune conditions (the root chakra and the heart chakra). These beliefs are then what we project onto the world, and in this way, we co-create the experience of this being affirmed. Imagine inside you was this beautiful wise fairy god mother, as each time one of these negative beliefs came up she would invalidate it, root you to where its origins are in your memory, express to you that you were only an innocent child when that took place and that is not your fault, and finally replace that negative belief with one that will better serve you in life and be more aligned with truth of the perfection of your being. Self-love may seem an 'airy fairy Godmother' concept but this is the core of what you need to activate in your life. When you are engaging in life from a positive self-belief set you set yourself up for positive patterns and experience – you manifest what you truly want.

My core negative beliefs and their opposite:

1.

2.

3.

4.

5.

Your patterns, the way your parents took care of you or not, the way you saw your parents take care of themselves and each other - this forms your patterns of self-care. Those with autoimmune illnesses often have patterns of neglect, self-sacrifice, or something like that in their history. You need to look deeply at how you look after yourself, how kind you are to yourself, how much fun you allow yourself to have, how much time you allow for connection versus work, how much suffering you allow or how readily you shift yourself into more pleasant places and states. Deep inside your inner child believes I deserve this – make sure that inner child is deserving something special from this life – a joyous adventure, love, play, to be cared for, to be someone's best thing and work that involves creative expression.

Write down what patterns you have noticed keep repeating in your life. What keeps happening over and over again? What keeps happening in your romantic relationships? Is this similar to the experience you had with your parents in childhood? Perhaps, is there something that you keep doing over and over to elicit these things repeating?

The process of healing will involve a few layers. The first is somatically processing the trauma memories so as to re-regulate the autonomic nervous system. This will include looking at repeating patterns as they appear in the present as we may need to work backwards to access the buried trauma memories. This will begin to open up your intuition as well as connect you to that part of you that knows what is best for you in life. The next will involve establishing your identity including 3 parts of yourself – a masculine assertive energy; spontaneous, creative, playful child energy; and the feminine validating unconditional love and acceptance energy. Each of these energies should be separate and serve certain functions in a person's life. The masculine assertive energy is there to help you stand up for yourself and your needs. The

validating female energy is there to create a source of self-love not based on conditions. The child energy is how you live your life in flow allowing spontaneity, joy, and creativity to be the main states of being. The last layer of healing will be to work with the coping personality to move into a space of clear boundaries and self-assertion. The reasons you play the rescuer or fixer role with others is that you project your own unmet childhood need onto people and situations. Working through trauma looking at where these coping personalities are rooted will enable one to begin to use the newly formed masculine assertive and feminine unconditional love energy to nurture the wounded child in each of these situations so that you can release the need to hold onto these coping personality parts which are based on your own missing childhood needs. This is the means by which we re-parent ourselves.

Each traumatic experience has the capacity to destroy us and take us back a few hundred steps or it can be a path to transformation and growing even greater resilience in the face of future blows. You are your greatest parenting tool. None of us was perfectly parented and we all have wounds of the heart we picked up in our journey to adulthood, and here we all need to embark on a journey of healing and restoration. In my practice seeing a patient who traumas resemble mine would sometimes shake me and lead me down a spiral of rumination, depending on my level of resilience that day. Some patients whose stories touch, and steal pieces of my soul and I use this term as this is truly what it feels like. The ancient shamanic cultures call trauma soul loss. A wise friend once said to me “empathy hurts” and being a therapist truly does hurt one as you accompany people through their pain. I would not say this is a very healthy career in terms of the amount of trauma you absorb into your system, but it certainly

teaches one how to have certain things in place so that you can weather the emotional storms of others. Boundaries and energetic frequency are important words here.

If you are left with a feeling of discomfort after reading the above and these limited exercises, please make contact with a psychotherapist. This perhaps needs to be worked through. It can be very triggering reading about trauma.