

# **Workbook Chapter Three**

## **My Research On How To Tame Your Inner Demons**

### **Self-Assessment Tools:**

#### **Self-Quiz: The Two Lists** **Barry K. Weinhold, Ph.D.**

Use this exercise to identify any aspects of unhealed developmental trauma you may still have. Fill out the charts using information from your childhood related to your interactions with your mother or your father. When filling out List #1, include those things you believe would have made your life not only different, but also probably easier. When filling out List #2, include those things you believe hurtful or even harmful to you, and still affect you somewhat today.

**List #1.** Look back to your childhood prior to age 18 and list of all the things that you wish your mother or father had done for you or said to you while you were growing up. These are the things that you believe, had you gotten them, would make your adult life easier. These are the things you feel may have held you back. For example, "I wish my parents had told me directly that they loved me" or "I wish they had given me birthday parties and helped me celebrate my birthday." Place these items on the mother or father list, as appropriate, under List #1 in the first column: "What I Wanted That I Did Not Get" (From My Mother/ or My Father).

**List #2.** Look back to your childhood and list all of the things you can remember that you wish had not been done or said to you while you were growing up. This list represents the things that hurt or damaged you in some important way and interfered with your adult life. For example, "I wish they hadn't humiliated me when I got pregnant in high school" or "I wish they hadn't punished me by calling me names and hitting me." Place these items on the mother or father list, as appropriate, under List #2 in the second column, all that you can remember that fits with: "What I Got That I Did Not Want" (From My Mother or My Father).

If you had a primary caregiver in addition to or in place



**List #1: "What I Wanted That I Did Not Get."** Anything that appears on this list is related to unhealed developmental trauma that took place in the codependent stage of development (0 to 8-9 months), which indicates that you may still have unmet needs from your early childhood development. These unmet needs are usually caused by incidents indicating a lack of emotional support and neglected needs for bonding and closeness.

The items on this list are needs that you unconsciously fantasize about getting met in your adult relationships, without having to ask for them. You may try to manipulate or control others in order to get them. Initially, the hope may be that you will find someone who will function as the "perfect parent" you never had who now can fill your unmet needs for intimacy and connection. This kind of unconscious expectation now usually leads to big disappointment. People also use codependent language or victim body language to attract rescuers who will give them what they need.

Use List #1 to identify where you can get each need met now. Beside each item, place the name of a person who could help you meet this need. Perhaps you still feel angry and resentful toward your mother or father and fantasize that someday they will offer you what you need without your requesting it. Grudges and illusions can cause a kind of terminal stuckness, which is defined as waiting for somebody else to change so you can feel better.

Maybe you fear asking for what you want because you might be refused or rejected. Indirect strategies usually don't work. They just keep you locked in anger, resentment, and rejection and feeling hopeless, helpless, and victimized. You need to be willing to ask for what you want and need 100% of the time in order to heal the effects of these early traumas. You can't stay angry and grow up at the same time. You will have to choose one or the other.

**List #2: "What I Got That I Did Not Want."** These items are related to unhealed developmental trauma that occurred in the counter-dependent stage of development (9 months to 3 years). The items on this list come from experiencing things that were hurtful and/or harmful to you while you were growing up and not receiving support for your feelings.

These emotional wounds make it difficult to be close to other people. People with these early developmental traumas tend to avoid eye contact, do not approach others, or define themselves as different from others. They believe, "I have built a wall around me and I'm not going to let you see who I really am." Alternatively, they might believe, "I'm not going to let you get close to me because I don't want to get hurt again." They engage in defensive behaviors that hide their vulnerability. The dilemma is that people must face the risk of being hurt again in order to get their needs met.

If you have a lot of items in List #2, you have probably erected barriers to prevent closeness and protect yourself from being hurt. This puts you in a bind. You may want to get close so that you can get your needs met but, because of fear-related defenses, you refuse to take the risk.

Instead, you might try to make people feel guilty or ashamed in order to get them to meet your needs without having to take the risk to ask them directly for help. To break through this, you must penetrate your defenses in order to receive what you need. The first step may be admitting to yourself that you have needs that are not being met and then take the risk to ask others to help you meet those needs.

## **Attachment Style Inventory**

**Barry K. Weinhold, PhD**

**Directions:** Place a number from 1 to 4 in the space before each item to indicate the degree that this response is most true for you. Do not think too hard about each item. The first thing that comes to mind is usually the most accurate one. Key: 1 = Almost Never, 2 = Occasionally, 3 = Frequently, 4 = Almost Always.

- \_\_\_1. I feel secure about my life and relationships.
- \_\_\_2. I trust others to help me meet my needs when I ask them.
- \_\_\_3. I am eager to try new things that I haven't done before.
- \_\_\_4. I am comfortable sharing my feelings with my partner and close friends.
- \_\_\_5. I can easily calm down after I get upset about something.

- \_\_\_6. I feel comfortable talking with strangers.
- \_\_\_7. I do not hold grudges against people who offended me.
- \_\_\_8. I am comfortable being alone with myself.
- \_\_\_9. I can relax and do nothing, if I want to.
- \_\_\_10. It is easy for me to start and sustain new personal relationships.
- \_\_\_11. I get afraid of making commitments that I might not be able to keep.
- \_\_\_12. I get uncomfortable when my partner wants to be close and intimate.
- \_\_\_13. I find it hard to express my feelings to my partner or other close friends.
- \_\_\_14. I feel uncomfortable when I have to ask others for help.
- \_\_\_15. I have trouble knowing what I am feeling.
- \_\_\_16. I avoid conflict at all costs.
- \_\_\_17. I do not like talking to others about my issues.
- \_\_\_18. I am easily overwhelmed by unexpected things that happen to me.
- \_\_\_19. I feel best when I can maintain a safe emotional distance from others.
- \_\_\_20. I feel burdened by the needs of others.
- \_\_\_21. I need to check in often with my partner to make sure we are "on the same page."
- \_\_\_22. I get anxious when my partner leaves for work or for other activities.
- \_\_\_23. I get uncomfortable when my partner is silent for too long.
- \_\_\_24. I rely on my partner's positive comments to feel good about myself.
- \_\_\_25. I feel uncomfortable when I have to talk with strangers.
- \_\_\_26. I distrust the underlying motives and intentions of others.
- \_\_\_27. I get in a bad mood and I don't know why.
- \_\_\_28. I have a hard time predicting what my day will be like.

- \_\_\_29. I feel my needs are not being met in my relationship.
- \_\_\_30. I worry that my partner is going to leave the relationship.
- \_\_\_31. I am afraid that I am going to get hurt in my close relationships.
- \_\_\_32. I have inner conflict about what to do in a new situation.
- \_\_\_33. I suffer from mood swings without knowing why.
- \_\_\_34. I have conflicts in my relationships that never complexly get resolved.
- \_\_\_35. I get angry at my partner when he/she does not understand what I am saying.
- \_\_\_36. I feel unworthy of receiving the love and attention of others.
- \_\_\_37. I feel that deep down I am flawed in some important way.
- \_\_\_38. I fear the control my partner has over my thoughts, feelings and behaviors.
- \_\_\_39. I feel the best when I go out of my way to help others.
- \_\_\_40. I do not take good care of my own needs.

### **Scoring and Interpretation:**

\_\_\_ Total Score for items 1-10 = \_\_\_\_ This indicates how strong your secure attachment is. If your score is above 30, you likely have a Secure Attachment Style.

\_\_\_ Total Score for items 11-20 = \_\_\_\_ This score indicates how strong your avoidant behavior is. If your score is above 30, you likely have an Avoidant Attachment Style.

\_\_\_ Total Score for items 21-30 = \_\_\_\_ This score indicates how strong your anxious/ambivalent behavior is. If your score is above 30, you likely have an Anxious/Ambivalent Attachment Style.

\_\_\_ Total Score for items 31-40 = \_\_\_ This score indicates how strong your anxious/disorganized behavior is. If your score is above 30, you likely have a Disorganized Attachment Style.

### **Characteristics of People Who Have A Disorganized Attachment Style.**

**Barry K. Weinhold, PhD**

Here are some of the characteristics you will see in adults who have this attachment style:

1. A childhood history of physical abuse, trauma, emotional abuse, neglect and rejection.
2. A history of pushing away people when they get close in intimate relationships. More comfortable keeping intimate partners somewhat at a distance.
3. Under stress, will get confused and dissociate to cope with conflicting inner signals.
4. Had a mother or father who had a disorganized attachment style or had a depressed mother who could not offer consistent care.
5. Coping mechanisms: "The Little General": They organize their life around taking care of the needs of parents or intimate partners or they become "Solicitous Caregivers" for their partners and friends. They sometimes give up their needs to care for others. They may also withdraw into themselves and become a "Loner."
6. They may get on the Drama Triangle as "Rescuers" of others.
7. Have difficulty identifying their own needs and have poor mechanisms for getting their needs met.
8. Have episodes of anger at others, when these people don't reciprocate on their caregiving efforts.

9. Get triggered easily by people close to them or situations that remind them of their childhood experiences.
10. Have a hard time trusting themselves or others.
11. Suffer from anxiety or depression.
12. They are usually the ones who seek therapy.
13. These people also choose careers in the helping professions, because they learned how to take care of others as a child.

### **Developmental Systems Theory: The Essential Developmental Processes of Each Stage in Human Micro-Systems**

Below is a chart showing the essential developmental processes to be completed at each stage of development of an individual, a couple or a family that moves them on their journey toward a more authentic life. Look over this chart to see what the essential developmental processes are for each stage in individuals, couples and families.

*Table 2-1. The Essential Developmental Processes of Human Microsystems*

<b>Stages of Development / Primary Tasks</b>	<b>Essential Developmental Processes of Each Developmental Stage in Individuals</b>	<b>Essential Developmental Processes of Each Developmental Stage in Couples</b>	<b>Essential Developmental Processes of Each Developmental Stage in Families</b>
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<p style="text-align: center;"><b>Co-dependent (0-7 months)</b></p> <p style="text-align: center;"><i>Bonding</i></p>	<ul style="list-style-type: none"> <li>• Good pre-natal care for the mother</li> <li>• Non-violent birthing with interventions to heal birth trauma.</li> <li>• Establish consistent, secure bonding with parents.</li> <li>• Experience secure bonding with immediate family.</li> <li>• Build a secure internal working model of self/others.</li> <li>• Develop primal trust through consistent, resonant connections with parents.</li> </ul>	<ul style="list-style-type: none"> <li>• Create secure &amp; consistent bonding/ attachment experiences with each other.</li> <li>• Build deep primal trust in each other.</li> <li>• Develop ways to quickly repair any disruptions to couple resonance.</li> <li>• Maintain good communication &amp; social engagement skills with each other.</li> <li>• Establish a functional identity as a couple.</li> </ul>	<ul style="list-style-type: none"> <li>• Create secure bonding experiences in the family between parents and children.</li> <li>• Establish primal trust of family members with each other.</li> <li>• Maintain healthy emotional communications and social engagement.</li> </ul> <p style="text-align: center;">Establish a functional identity as a family.</p>
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<b>Stages of Development /Primary Tasks</b>	<b>Essential Developmental Processes of Each Developmental Stage in Individuals</b>	<b>Essential Developmental Processes of Each Developmental Stage in Couples</b>	<b>Essential Developmental Processes of Each Developmental Stage in Families</b>
<p style="text-align: center;"> <b>Co-dependent (0-7 months)</b>   <i>Bonding (cont.)</i> </p>	<ul style="list-style-type: none"> <li>• Learn emotional resiliency skills through consistent, resonant connections with parents.</li> <li>• Learn emotional resiliency skills. Build healthy emotional communication &amp; social engagement skills with parents &amp; others.</li> <li>• Build healthy emotional communication &amp; social engagement skills with parents &amp; others.</li> </ul>		

<p><b>Counter-dependent (8 mons - 3 years)</b></p> <p><i>Separation</i></p>	<ul style="list-style-type: none"> <li>• Complete the psychological separation from your parents.</li> <li>• Bonding with your extended family.</li> <li>• Resolve your internal conflicts between oneness and separateness.</li> <li>• Develop healthy narcissism.</li> </ul>	<ul style="list-style-type: none"> <li>• Become functionally separate individuals in your relationship.</li> <li>• Identify &amp; accept individual differences in thoughts, feelings &amp; behaviors in each other.</li> </ul>	<ul style="list-style-type: none"> <li>• Parents and children learn to assert their individual needs and have them supported by other family members.</li> <li>• Use of fair, equitable and non-shaming methods of limit-setting and discipline.</li> </ul>
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<b>Stages of Development /Primary Tasks</b>	<b>Essential Developmental Processes of Each Developmental Stage in Individuals</b>	<b>Essential Developmental Processes of Each Developmental Stage in Couples</b>	<b>Essential Developmental Processes of Each Developmental Stage in Families</b>
<p><b>Counter-dependent (8 months – 3 years)</b></p> <p><i>Separation (cont.)</i></p>	<ul style="list-style-type: none"> <li>• Learn to trust &amp; regulate your thoughts, feelings &amp; behaviors in socially appropriate ways.</li> <li>• Complete your psychological birth to become an individual.</li> </ul>	<ul style="list-style-type: none"> <li>• Resolve internal conflicts between needs of self.</li> <li>• Learn effective win-win ways to resolve conflicts of wants &amp; needs/values/ beliefs.</li> </ul>	<ul style="list-style-type: none"> <li>• Resolve conflicts effectively between needs of parents and needs of children.</li> </ul>
<p><b>Independent (3-6 years)</b></p> <p><i>Mastery</i></p>	<ul style="list-style-type: none"> <li>• Master self-care.</li> <li>• Achieve functional autonomy from parents.</li> <li>• Master object constancy.</li> <li>• Master effective social engagement skills.</li> <li>• Develop core personal values and beliefs.</li> <li>• Master bonding with</li> </ul>	<ul style="list-style-type: none"> <li>• Master self-sufficiency within the relationship.</li> <li>• Develop autonomy within the couple relationship.</li> <li>• Establish core values and beliefs as a couple.</li> <li>• Achieve object constancy</li> </ul>	<ul style="list-style-type: none"> <li>• Develop individual and couple autonomy within the family structure</li> <li>• Develop couple autonomy within the family structure</li> <li>• Develop core values</li> <li>• Develop values and beliefs as a family.</li> </ul>

	peers. • Achieve bonding experiences with nature.	as a couple. • Bond with nature as a couple.	• Achieve object constancy as a family. • Bond with nature as a family.
<p><b>Inter-dependent (6-29 years)</b></p> <p><i>Cooperation</i></p>	<ul style="list-style-type: none"> <li>• Learn to cooperate with others.</li> <li>• Learn to negotiate to get your needs met.</li> </ul>	<ul style="list-style-type: none"> <li>• Consistently cooperate with each other in getting important needs met in the relationship.</li> </ul>	<ul style="list-style-type: none"> <li>• Build consensus in decision-making skills among family members.</li> </ul>

Stages of Development /Primary Tasks	Essential Developmental Processes of Each Developmental Stage in Individuals	Essential Developmental Processes of Each Developmental Stage in Couples	Essential Developmental Processes of Each Developmental Stage in Families
<p style="text-align: center;"><b>Inter-dependent (6-29 years)</b></p> <p style="text-align: center;"><i>Cooperation (cont.)</i></p>	<ul style="list-style-type: none"> <li>• Learn to accept responsibility for personal behavior &amp; life experiences.</li> <li>• Develop a social conscience.</li> <li>• Achieve secure bonding with peers and other adults.</li> <li>• Achieve secure bonding with your own children.</li> <li>• Understand the influence of incomplete developmental processes on your life &amp; learn to heal your developmental traumas.</li> <li>• Achieve secure bonding with your culture.</li> </ul>	<ul style="list-style-type: none"> <li>• Experience the deepest human connection possible with each other.</li> <li>• Create equality in the relationship. Help each other to heal their developmental traumas.</li> <li>• Cooperate to develop each member's fullest human potential.</li> </ul>	<ul style="list-style-type: none"> <li>• Family members learn to cooperate with each other so all get important needs met.</li> <li>• Create rituals that sustain a spiritual dimension in the family.</li> <li>• Create divisions of labor based on individual interests and abilities.</li> <li>• Family members cooperate with to help each other to heal their developmental traumas</li> <li>• Family members cooperate to develop each member's fullest potential as a human being.</li> </ul>

## **My First Breakthrough: Mainstream Science Validates My Clinical Findings**

### **Barry K. Weinhold, PhD**

What happened next is that I found out that mainstream science had actually validated my clinical findings. I remember my reaction to hearing Dr. Bruce Lipton give the Keynote Address at the Pre and Perinatal Psychology conference in San Francisco in 1995. Lipton, a microbiologist, laid out the findings of his scientific research that showed how the single cell responds to its environment.

Lipton said that if the cell perceives danger in its environment, it will automatically shut down the receptors on its outer membrane and go into a protective mode. He also said that when the cell perceives its environment as "safe" and supportive, it opens its outer membranes to receive the nutrients in its environment and grows. The only two conditions in the environment of the cell are protection and growth.

Then Lipton added that he saw this same process of protection or growth taking place in the evolution of all living organisms, including humans. In this talk in 1995, Lipton cited his research on "*fractals*" to validate his findings. A fractal is a never-ending pattern of human evolution. Fractals are infinitely complex patterns that replicate themselves across all different human systems. They are created by repeating a simple process over and over inside of an ongoing feedback loop in a human system.

According to Lipton, this is a definition of how evolution occurs. This process occurs everywhere in all living organisms. I believe that one day, Lipton's theory of evolution will replace Darwin's theory as the prevailing theory of evolution. Lipton's theory already has much more research evidence to support it, than Darwin ever had.

Everybody at this conference gave Lipton a standing ovation because they, like me, connected the dots and saw how it validated what they had discovered while working with Mothers and infants, or in my case, adult clients. We saw that if infants perceive their environment as in any way hostile or unsupportive, they will not thrive.

Without proper, consistent, care, that I came to call unconditional love, an infant can fail to thrive and die. This led me to define "*attachment trauma*" and "*separation trauma*" and the long-term effects of each. I also began to see that unconditional love was the main energy of evolution. The more people are able to give and receive unconditional love, the more they evolve.

I also saw that Lipton's research, plus the concept of fractals, explained how similar patterns of behavior in an individual would naturally show up in couple relationships, families, community organizations, cultures, nation-states and finally the whole human race. Previously, I had relied on our experiences as a couple, to understand how all couple relationships followed a similar pattern of development through the same four stages that occurs in individuals. Throughout this process, I was using my personal relationships and my life to help me validate my clinical findings.

Then I mapped the same behavior patterns in the families I worked with in my clinical practice. This formed the basis for the application of a model to help explain the similar ways that humans evolve as they participate in all kinds of different complex systems. I also identified the things that happen (developmental traumas) that blocks evolution from happening in each of seven levels of human systems.

## **My Second Breakthrough: The ACE Research That Further Validated My Clinical Research Findings.**

**Barry K. Weinhold, PhD**

The ACE studies, begun the same year (1995) as the first breakthrough, although it took another 10 years before I even heard about these studies. These were the largest epidemiological studies ever conducted in the U. S.

The main objective of the study was to determine the long-term effects of Adverse Childhood Experiences (ACEs) on physical and mental health. They asked if these patients had any abuse or neglect or if any poor family dynamics occurred (alcoholism, divorce, parent in prison, etc.). They found that over 2/3 of this sample reported at least one ACE.

The co-investigators were Dr. Vincent Feletti, a physician who directed a clinic in San Diego connected with Kaiser Permanente and Dr. Robert Anda, an epidemiologist at the Centers for Disease Control in Atlanta. They gave a 10-Question survey to over 17,000 adult patients with average age in the 50's. These were patients at Dr. Feletti's San Diego Clinic operated by Kaiser Permanente.

They then looked for correlations with any health conditions these patients had. What they found was that if a patient had 4+ ACEs, when compared with patients that reported no ACEs, they had an increased risk of getting a degenerative disease like cancer, heart disease, diabetes or auto-immune diseases like Lupus, fibromyalgia, etc. They also found that patients who had an alcoholic person in their family, had a 550 percent greater chance of becoming an alcoholic as an adult.

They also found similar correlations with various mental disorders such as depression and anxiety. This original study has been replicated over 100 times since 1995, with similar results. What I had discovered clinically back in the early 1980s, was now confirmed through this large scale, well-designed patient research. This research left no doubt in my mind about the long-term health effects of developmental traumas (or ACEs) on adult physical and mental health.

Since discovering developmental trauma, I have authored or co-authored over 25 books for professionals and the general public on the application of this topic to various audiences, including the book, co-authored with my wife, for professionals titled, *Developmental Trauma: The Game Changer in the Mental Health Profession*.<sup>4</sup> I have comparable books written for non-professionals as well.

These books all have come out of what I learned in my relationship "laboratory," and I began to introduce the most successful tools to my graduate students. I began using these tools successfully with my therapy clients and wrote more books about these discoveries.

## **My Third Breakthrough: My Recent Work with Clients Through Betterhelp**

**Barry K. Weinhold, PhD**

In September 2021. I began to work with clients online from all over the world through Betterhelp, an online referral service for those seeking a therapist. Since that time, I further refined and expanded my approach. At first, I had to get used to seeing clients online from all over the world.



I began to realize that I was getting some of the best clients I had ever seen. They were young (mostly under 30), very bright and highly motivated. Also, most of them were men. I also had to pay close attention to the cultural differences between me and my clients. I had worked with several clients previously from other countries, but this was more than I had ever experienced. Then I also had to adjust to the age differences between me and my clients.

After several months of working with these great clients. I began to reflect on what was working. I saw the impact of making a conscious attempt to get through what I began calling "the shame barrier." By directly affirming that I didn't see them as "sick people" with something wrong with them, I could see how that was empowering my clients to really make huge personal changes in their lives.

Then I also saw the progress that my clients were making when I used the four-step approach that I described earlier in the book. In your online workbook, I include short case studies to show you some of the amazing breakthroughs my clients were making. These case studies should give you inspiration of how this approach can work for you.

I was completely blown away, and still am, by the amazing successes my clients were achieving. I had not experienced that much success so quickly before. Perhaps this was because of the clients I had seen previously or because I had found something new that was contributing to these incredible changes I was observing in rapid time. Or maybe I have had another breakthrough. The more this happens, the more I began thinking I am seeing a third breakthrough in my therapeutic approach.

The biggest shift was that I was now framing all serious developmental traumas as incomplete learning experiences. This normalizes a process that I think was considered by many to be too difficult to overcome. Now I am seeing that these experiences we label childhood traumas are just things that happen to us where something did not get learned completely.

I generally tell my clients to look for what was missing when they experienced what I previously labelled as traumatic events in their childhood. I tell them to look for what they didn't get to say or do and what others could have said or done that would have healed it on the spot. I often say that the difference between a trauma and an "owie" is that no one was there to comfort you if you got frightened or confused. The same is true with incomplete learning experiences.

That is one of the main reasons why these past learning experiences turned into a trauma. They needed a protector who could hold them and tell them it is going to be okay and explain to them why they are feeling the way they are. They needed someone to help "normalize" or complete the learning experience.

This didn't happen in most cases. Likely the other person was also traumatized by the situation and was reacting in a self-protective mode. They were too busy dealing with their own inner replay of an earlier trauma, that could not do or say anything to protect you in that situation, perhaps for good reason.

Children often were afraid to say or do anything to protect themselves. They believed it would make the situation worse. They were probably right. So, I tell them now they are bigger and more capable to protecting themselves, so it is time to regain their voice and speak up for themselves in situations where they are not being treated fairly or equitably.

This has empowered many of my clients to muster up their courage to set boundaries with others and to ask directly for help from others to meet their needs.

They often amaze me with the risks they are now taking in their own defense and protection.

I sometimes wonder if they would take those same risks on their own, if a therapist, like me, were not challenging them to do it. This remains as one of my biggest concerns that could impact the possible success of self-therapy.

My answer to my concern is that I believe that if people raise their PsyQ, they will take the necessary risks to change. They will awaken an inner drive to become the person they always wanted to be, but did not know how to make that happen.

### **Case Example:**

Klaus, age 33 (not his real name) was one of my first Betterhelp clients. He was from Germany. He told me about his severe anxiety attacks. They were so bad that in normal social situations he would totally freeze and actually lose his voice. In one session, he was describing in great detail what happens to him and why there is nothing he can do to prevent these panic attacks from happening.

I asked him to close his eyes and get in touch with what he feels when he is in the middle to one of these panic attacks. I had him locate the feeling in his body and then find words to describe what he is feeling. After about a minute he said that he felt the feeling in his chest and the words he used to describe them were, I feel hopeless and helpless.

I thanked him for locating the feelings and giving me words to describe what it felt like. Then I asked him to close his eyes again, this time to see if he could remember the first time he felt those feelings.

Within seconds he said to me, "I was about three years old and my parents were having a violent fight. I felt helpless and hopeless. I just stood there and watched in terror. I could not say a thing." It became clear that this was the trauma that anchored his panic attacks.

He lost his voice in the original event and replays this event and the memory of how he felt when he was three, when he is in social situations where he doesn't know what to say. This was so clear to me and to him. I am sure there were other traumatizing events in his life, but this one looks like the original one, that got relayed over and over as Klaus grew up in that family.

It clearly shows that even witnessing others involved in a traumatic event, such as domestic violence between your parents or other adults, can have long-lasting traumatic effects. He said he never would have connected that event with his current panic attacks. I took him through the four steps to heal from the long-term effects of this very early trauma.

The current work for him is to practice reclaiming his voice in any social and work situations. The work for him has been slow but steady and he is gradually recovering his voice in social situations that come up at work and after work. He is even thinking about how he can create fun things to do where he will have to be in other previously frightening social situations.

### **Additional Resources:**

**Novels:** "The Dead" James Joyce

