

Soothe Your Relationships

*Collected Notes on
Communicating and Connecting*

by Sara Hendrix
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Needs, Feelings, Self Empathy, and Self Care

For all organisms – living individual entities – *needs* are absolutely primal.

Each of us is driven most primarily by our *needs*.

What do we *need*, then, to survive, to achieve basic security?

At the primal level, it's only this: Food, drink, rest and sleep, temperature regulation, other aspects of physical comfort, positive social connections (as humans are social mammals), sufficient control over the environment to ensure safety and resource access, and the ability to provide for the needs of our dependent young or close others (again as social mammals) – or the provision of such care by others if we ourselves are the dependent ones.

Feelings are secondary to this level of needs. *Feelings* are the mechanism by which our body provides the energy and attention required to *meet a need*. Feelings is an umbrella term covering emotions, instincts, impulses, sensations, nonverbal knowings, and intuitions. It is the common currency our brain uses to direct attention towards meeting a need. If a feeling is strong, it grabs our attention. This is how the body-brain-system (whole nervous system) translates a *need* into a *behavior* or *action*.

This tells us two things about feelings:

1. Feelings always have a fundamental *need* behind them. When we can accurately identify the underlying need trying to be met, our cognitive brain can perform its essential task of helping our organism live well. By trusting the information of feelings and trying to figure out the needs behind them, we help our feelings to do their job and help our needs get met.
2. Feelings always have an *action* (or maybe many possible actions) that can be undertaken in support of meeting the underlying need. Action is generally needed for feelings to complete. This action may be social in nature – such as communication. The conscious

brain's job is to figure out which course of action would be the most effective in getting all our needs met.

Self empathy is the skill of discerning the unmet needs behind our painful feelings. *Self care* is the skill of meeting our own needs through actions that bring the associated feelings to completion, i.e. to a sense of satisfaction and safety. Empathy is what we do to help others discern and appreciate the unmet needs within their painful feelings; care is action to meet the needs of others.

As adults, though we may benefit greatly from empathy and care given to use by others, we are most empowered when we have well developed skills of self empathy and self care. Self empathy and self care also help us provide high quality empathy and care to others, without compromising our own needs in any way. Self empathy and self care keep our empathy and care sustainable, honest, and self-nourishing.

Thus *self empathy is primary*. Self empathy supports effective self care, which both in turn support giving empathy and care to others.

What gets in the way of self empathy and self care?

When we ourselves are dependent and not able to meet our own needs, our overarching need is for care from others. As newborns, we are so undeveloped that we have only a few instincts to guide us in knowing and meeting our needs: Moro reflex (fear of falling), grasping, rooting (turning head to nurse) and suckling, looking for eyes and faces, being comforted by being held and touched, and crying – which is soothed by needs being met. Human infants are extremely helpless compared to other animal infants and have very high care requirements even compared to other social primates. We continue to require care for a longer period of time than other animals as well, continuing to learn and develop significantly over at least 15-20 years (adulthood generally being taken around 18 years, some say 24-25 years).

The time of maximum dependency is also the time of earliest development: the preverbal period, before age 2-3 or so when we learn to speak clearly, as well as the period before age

5-6 or so when there is a marked improvement in social engagement and self-regulation skills. The time period before age 6 is called “early childhood” or “early life”.

Development does not end at age 6, of course, and many formative experiences happen later in childhood or even adulthood. However, early childhood is a highly impressionable phase of life.

Significant lack of empathy and care in early life creates dire unmet needs. Missing out on experiences of solid empathy and care at this stage can also fail to teach our developing nervous system the skills of identifying and meeting our most basic needs. These lack-of-empathy, lack-of-care imprints tend to be learned implicitly, at the somatic or body level, because in early life implicit memories are formed more strongly than the explicit memories that characterize adult learning.

Skills of identifying and meeting our whole suite of needs may be gained later in life instead, with sufficient time and effort. However, implicit early life imprints on our nervous system are *not* easy to consciously grasp with our usual adult mind. Setting a goal of articulating early-life unmet needs into words (in order to meet them) will miss this point. The unmet needs are deep somatic impressions that require reaching down into the level of wordless impulses and vague intuitive knowings. Those difficult to articulate yet overwhelming feelings may be the most important of all – the feelings driving us to meet our oldest unmet needs.

Self empathy thus requires seeing past the shame, blame, and volcanoes of unexplainable feelings into the simple truths of what we needed as babies, toddlers, and little kids. For early life unmet needs, this requires that we *not* insist that everything be clearly articulated, or have a well defined story behind it. We don’t need to rationally understand or explain the needs in order to meet them. We just need to trust the feelings, even when they don’t make perfect sense, and follow our wordless impulses that bring the feelings to a sense of completion.

As we slowly build up the skills of self empathy and self care through following those somatic instincts and intuitions, we can now, as adults, meet our unmet needs as they exist for us today.

Take inspiration from plants, who have no ideas or explanations for anything, yet the roots seek water and the leaves seek sunlight. Our needs can guide us just as simply and wordlessly. Follow the feelings to the instincts and let the body's impulses guide you to a sense of completion. Remember what a baby needs: friendly faces, soothing touch, food and drink, warmth, care of all basic physical needs, a sense of safety.

It all goes back to needs. Healing is about learning to meet our needs. It is our first job as living organisms – to meet our own needs. As humans, the purpose of our brain is to help us understand our needs on the deepest level possible, and to imagine and choose the wisest courses of action that will be most effective for meeting those needs. There is no morality or spiritual truth that supercedes the primal importance of self empathy and self care.

Relational Healing

Failures of caregiving in one's early life, as well as creating obstacles to self empathy and self care (internal connection), can also express as difficulties in how we relate to the world and other people (external connection).

The implicit type of learning that happens in very young children is called *imprinting*, and the patterns created by implicit learning are called *imprints*. Reworking problematic early life imprints later in life, as adults, is tricky because the patterns were learned at such a young age. Some so-called "early life trauma" modalities are designed to address this level: Kathy Kain's Somatic Practice work; NARM (NeuroAffective Relational Model), designed by Laurence Heller; DARE (Dynamic Attachment Re-patterning experience) by Diane Poole Heller; the work of Ray Castellino; and other related therapies, mostly extensions of Somatic Experiencing therapy, the creation of Peter Levine. Somatic Experiencing (SE) is a trauma healing modality that works at the somatic, felt-sense, body level, but it was designed for adult shock trauma, and extensions of SE are needed to address developmental, early life imprints.

(A note on language: I try to avoid the word "trauma" because it sometimes has intense connotations for people, thinking it must mean a dramatic event or extreme abuse of some kind. On the contrary, trauma is anything that pushes a nervous system into dysregulation. A baby or toddler in a sensitive learning period may develop "early life trauma" from things that were accepted and normal parenting practices at that time and place, as well as from overt abuse and neglect. Also, one person's trauma imprint may be another person's minor event. Whether and how an experience becomes a traumatic imprint depends on the details of the situation. The important factor is that an early life experience caused a person to fall out of touch with their basic needs and feelings, resulting in adult life mental and/or physical wellness problems.)

When there is a difficulty in feeling truly connected, supported, and in tune with other people, whether across the board or only in certain contexts or relationships, and there does not seem to be a straightforward explanation or reason for the problem, there may be reasons hidden

within the person's early life experiences. The need for supportive connection as a highly dependent human infant and young child is a profound need; experiences of that need being unmet often leave strong imprints.

Is therapy the only way?

There is a lot of work one can do in individual therapy to access and work through such old patterns, using the kinds of modalities mentioned above. However, in my personal opinion, I am not sure a practitioner-client relationship is always the most effective relational healing approach. Of course it can be very helpful, especially when there are severe issues to work through. But it is not always feasible to find or afford someone with specialized training and talent in this area. Thus I think it is important to recognize that therapy is *not the only way* to work on early life and relational healing. It's a rather recent development in human history to work out one's problems in such a context, in fact.

I believe that given a good level of rapport, trust, and mutual respect among the people involved, *any* human group is capable of creating the liminal space of a relational healing, early imprint re-patterning therapy session or workshop. The important thing is the sense of trust and the right intention.

Our culture trusts highly-paid experts. Therefore many people do well when they pay experts to help them. But there are alternatives. Again, the important thing is the sense of trust and the right intention.

It is in our DNA as social primates to seek out healing within trusting relationships with other people. We re-pattern our realities in the container of the group, the witnessing and reflections of others, and the energetic support of the troop, the tribe. It can take many many forms and can happen in many, many types of groups, as long as there is the intention to support, to listen, to be emotionally present at the heart level.

Relational healing is much more ordinary and instinctive than one might think after reading too many heavy books about it! It is not like an exotic plant that needs to be carefully greenhoused and fertilized and watered just right by experts. It is like a weed that grows in the corner of the

lawn and you just notice it one day and learn about its medicinal properties. You learn to identify it, and then you start noticing it growing on its own all over town, and you have free medicine whenever you want.

It goes back to the concept of regulation. Regulation is not just self-regulation; co-regulation is key. Even co-regulation with a plant or objects is operating at this level, exercising and fine-tuning the ventral vagus, that is, the social engagement piece of the human nervous system. Using the eyes, the ears, the hands, the vocal chords, the facial expressions; noticing the experience of other people, the details of the environment, the resulting pleasurable feelings that arise inside you when you interact with the world, with safe and beautiful people and things around you. It all keeps building on itself and creates an upward spiral of perceiving and enjoying supportive connections.

Relational healing is about cultivating supportive connections in your real life relationships (friends, family, lover, garden, potted plants, pets, art, etc). There is a level of support which comes in person from mundane everyday life connections that is not to be underestimated. Even a friendly stranger in line behind you at the grocery store can provide something really valuable. Maybe there is kindness and connection much closer to home than you think, connections that you could start to build on bit by bit, small interaction by small interaction. Touching, seeing, listening, feeling, responding.

For me, relational work is really about coming into supportive relationship with the life and the world around me in this moment. Body awareness is great for self-regulation and provides a foundation for co-regulation and relational work. But you don't need to become great at body awareness first in order to start relational work. They support one another. Our internal connections within ourselves and our external connections with the world are tied together as we learn to come into harmony with all that is.

Rupture and Repair: A Beginner's Guide

"In the beginner's mind there are many possibilities, but in the expert's mind there are few."

Shunryu Suzuki

Overview

Relational rupture is a disconnection in the rapport and sense of trust and attunement in a relationship. It may take the form of a fight, an argument, one person being upset or disappointed with another person, hurtful words being spoken, the silent treatment, stonewalling, acting distant, or some other kind of conflict, whether overt or covert. Rupture repair is the process of coming back into accord, rapport, mutual trust, or generally speaking, connection – the resolution of the conflict and the return of good feelings in the relationship.

Rupture and repair is a process at the cornerstone of all healthy human relationships. Rupture and conflict cannot be avoided and indeed, should be welcomed. Repair of a rupture does not just resolve the rupture, it deepens the relationship's mutual trust and sense of reliable support. Repair proves that the relationship is strong enough to overcome challenges and bumps in the road.

Some therapists have said that in healthy close relationships such as between parent and child or between spouses, the connection may be attuned 1/3 of the time, ruptured 1/3 of the time, and in the process of repair 1/3 of the time. It is also said that for healthy attachment to form in an infant, only about 1/5 of the interactions with the caregivers must be attuned. These numbers are made up, but the idea is important: human social connections are not about perfection!

This beginner's manual (and we are all beginners) is but one entry point to the world of rupture and repair. As with all things, take what is useful and ignore what is not useful for your own particular life situation. Nothing here is set in stone, as human relationships are endlessly variable and unique.

Challenges and Opportunities

Many of us grew up without good models for rupture-and-repair. Repairing rupture is a learning process. It is also a healing process.

It is extremely helpful to track one's nervous system state in a relational rupture, for example noticing signs of sympathetic arousal, threat or safety perception, low tone or high tone dorsal vagus activation, and ventral vagus activation. Having good awareness of interoceptive feelings and your personal somatic markers aids this process.

However, whether or not you can track the specific details of your own nervous system state, it is more important to notice anything approaching *overwhelm*. Overwhelm is anything that feels "too much": a sudden upwelling of intense feelings. The exact feelings matter less than the suddenness and intensity of them.

When the situation feels overwhelming (or close to it), it is highly likely that unpleasant old imprints (a.k.a. trauma patterns) have been triggered or will be soon. When old imprints are triggered, it generally escalates the conflict. This is not the end of the world, but it is nice to avoid it. Pausing and reflecting is much easier during the early signs of approaching overwhelm, and harder after an old automatic behavior reaction is already happening.

The feelings that come up in a rupture may or may not have explicit memories associated with them. For early life traumas, there will likely be no clear story to the felt experience. There may even be no obvious discernible reason for the sense that things are not right. However, the overwhelm (or near-overwhelm) signals that something important has come up for us.

The challenge of old traumas being triggered is also the opportunity. By repairing the present-moment relational rupture, while also witnessing and containing the old trauma imprint, we actually have a chance to *change the old imprint*. We are healing both the current situation *and* the past one.

Slowly, layer by layer, the system learns that re-attunement and re-connection is the end result of relational rupture. It becomes safer and safer to reach out for more and deeper social

connections, and the repairs become more and more instinctive and expected, all in an upward spiral of learning to connect better and better.

Here are some patterns of challenges to pursuing repair. The pattern descriptions may or may not apply to you. This is just a starting point for noticing what kinds of patterns come up as you track your own responses. The ideas may also prove useful for understanding the experience of other people, and why they may respond to a situation in a way that you don't expect.

Over-coupled Threat Responses

Over-coupling means that two (or more) things that are not logically related have, in a person's mind, become tightly connected, often because of happening simultaneously during an imprinting event. Later, a minor initial stimulus can then trigger a whole chain of reactions in the over-coupled response. For example, we may have learned to over-couple certain details of relationship conflict – triggers like a certain tone of voice, the way someone's face or eyes look, a nuance of the emotional tone, anything really – with survival threat situations like violence or abandonment. This type of over-coupling brings up sympathetic (fight-or-flight) energy with intense responses of fear (flight, avoidance) and/or anger (fight, confrontation). The fight-or-flight energy was probably very appropriate and necessary for the original situation, but is most likely an overreaction to the present-moment situation. If the original experiences were in early childhood, it may be difficult to articulate what exactly is being triggered and why. Slowing down, temporarily leaving the triggering situation, and taking the time to settle and re-connect to the present moment may help once this type of response has been identified.

Under-coupled Threat Responses

Under-coupling refers to a profound disengagement or disconnection from a painful experience. It can occur alone or in tandem with an over-coupled response. Traumatic relational ruptures in the past, as they are triggered into memory and re-experienced, may have been so overwhelming that under-coupling occurred and occurs again due to the

triggering. This makes it hard to think about or talk about the rupture, or to acknowledge the rupture has in fact occurred. If someone appears to be in denial – trying to pretend like the problem never happened and refusing to address it – consider under-coupling as a possibility. For self-tracking, it may be helpful to slowly examine what happened just before or after the piece that is so hard to talk about or think about: sensations, memories, thoughts, emotions, or the distraction that pulled your attention away. Watch for “reality warping”: suddenly feeling like there’s not enough time or things are too slow, like there’s not enough space or too much emptiness, vague senses of wrongness or unreality, and so on. What happened before that feeling started? Pause and notice, track. Under-coupling is tricky to deal with. Don’t be afraid to ask for help in talking through what happened and figuring out what fell into the memory gap.

Attachment and Survival Styles

Many of the therapeutic modalities dealing with early life, developmental trauma have special language and concepts that may be helpful in conceptualizing people’s obstacles to relational repair. In the attachment framework, relationship ruptures may trigger the behaviors of insecure, avoidant, or chaotic attachment styles. NARM survival styles may also be triggered, or Internal Family Systems (IFS) parts like protectors and exiles. If you’ve researched these styles and patterns, the language and concepts may be useful for you. In these types of situations the behavior may seem like it’s coming from a younger version of you, a different “part” of you than your true adult self, or acting out a script of some kind, rather than feeling like an authentic, spontaneous, coherent interaction.

Somatic Shame and Dorsal Shutdown

Somatic shame patterns are often cross-wired with relational rupture imprints. Somatic shame is always a parasympathetic (vagal) response; it is an inhibition. Somatic shame is a natural response to a relational rupture, especially when we sense some possible fault on our own part. Even other social mammals like dogs may be observed to physically express a shame response when they sense a disconnection in their important relationships, or when they know they’ve done something wrong.

Healthy somatic shame is simply a “pause” button. It is a straightforward behavioral inhibition response that does not feel emotionally overwhelming. It gives us a time-out to take stock of the situation, to figure out what went wrong and how to fix it. It is a socially engaged response that allows us to stay alert, think clearly, and communicate; to pursue repair in whatever way seems best.

On the other hand, toxic somatic shame is tied into high tone dorsal vagal physiology, that is, the freeze or shutdown response. (See “The Neuroscience of Soothing Your Nerves” for more details on the polyvagal theory and dorsal shutdown.) This shuts down the social engagement skills (the ventral vagus) to some extent and makes it harder to communicate effectively. Thus toxic shame and dorsal shutdown impede the process of repair.

When infants or very small children experience too little empathy in their caregiving and too many unrepaired ruptures, it feels safer to blame oneself rather than to believe that the caregiver is the problem. Since the infant or very small child has no ventral vagus nerve development to mediate the somatic shame (the ventral vagus becoming fully myelinated only around age 6 or so), the only option is to use a high tone dorsal vagal shutdown to process the shame response and self-regulate.

The (nonverbal) knowledge of “I’m experiencing a rather serious relational rupture and not getting my needs met” becomes equivalent, in a dorsal shutdown response, to: “I’m the problem – I don’t deserve better”, along with the classic dorsal shutdown or freeze feelings of despair, hopelessness, and helplessness; “it’s the end”, “no way out”. This is putting words on something that is really nonverbal and somatic in origin, but hopefully conveys something of the experience.

As an automatic body-level response, dorsal somatic shame (toxic shame) can happen outside of conscious awareness. It may only make itself known through something like a sudden loss of energy or interest, or a highly pessimistic mood regarding whether repair is worth pursuing, and so on... for which the clever verbal brain may then produce rationalizations and justifications. It’s important to go back to the body’s sensations and the ways you have for

noticing when your nervous system is in a freeze or shutdown response – feeling numb, disconnected, and low-energy.

It is subtle and important work to examine the role of somatic shame in a relational rupture. In my opinion, it is the underlying culprit behind many failures to repair ruptures.

Noticing the problem is the first step. Eventually, with the right support, the nervous system can and will shift out of shutdown, back to being open to social engagement and connection. Repair then may be pursued.

How to Repair: A Sample Process

Step 1. Bring Rupture into the Open

You can't repair anything when you can't see that there is a problem. Someone needs to stop and say, "hey, this is not okay, something went wrong". At that point, everything is paused. No discussion or confrontation or explanations – the person noticing or experiencing a problem simply calls time-out.

Step 2. Self-Regulate – Pause – Check In

The break or pause in the interaction or situation is the time for everyone involved to take stock of what's happening inside them. Have survival responses or old imprints been triggered? What can help my body in this moment to feel better? Do I need some emotional support from an outside person? What is my capacity for pursuing repair right now?

Ideally, everyone knows how to effectively regulate and settle themselves and has no qualms about taking whatever time is needed to do so.

Sometimes someone has difficulty in letting the situation go into a true pause, insisting on immediately discussing it or trying to "solve the problem right now". This is counterproductive to true relational repair. Respecting people's needs for breaks and pauses is a good ground rule to avoid this problem.

This step is complete when everyone feels they have settled down and have the capacity to talk about the situation calmly, with curiosity about the perspectives and experiences of others.

Side note: Free will and choice are very important. The people involved in the rupture must all, without coercion or manipulation, choose to pursue repair and renew the connection. In a perfect world, we are all trying our best to repair every rupture. However, in the real world, sometimes there are reasons to choose not to pursue repair. Maybe there is a lack of trust in a fair and effective process, or the relationship is simply not valued enough to warrant the effort, or the imprints involved are beyond a person's capacity to manage in a healthy way. In this case, it is possible that, even after becoming fully settled and present and taking the time to consciously reflect, one or more people makes the choice to disconnect from the relationship in its current form rather than repair it. This can take the form of distant politeness or no-contact or another type of disconnection. It might be sad, but free choice must be respected. Conversely, if and when the people involved decide to move to the next step and actively pursue repair, it can be appreciated that they made a free, un-coerced choice to do so.

Step 3. Mutually Agree on the Forum

In a simple two-person conflict, the two people may have the capacity to agree to talk it out after a few minute break, or after eating a proper meal and getting their blood sugar back up. A couple may decide to talk about the hot-button topic in their next counseling session. In a larger group, it can be more complicated and one or two people should act as designated mediators or facilitators just for some order.

This step is complete when everyone has agreed to come together and pursue a resolution to the conflict, and they've agreed on the basic format that process will take (time, place, mediator(s), and so on).

Step 4. Take Turns Telling, Listening, and Re-Stating

With the support of the mediator or facilitators if present, the people involved in the rupture take turns. Generally it's better to have the more offended or injured party go first and then go around from there.

- Telling: the turn person tells the story of their experience, using "I"-statements. The goal here should be to fully convey what it looked and felt like from the turn person's perspective. This may or may not include details of the person's history – it is the turn person's choice to tell their story in a way that feels right to them.
- Listening: those who are not the turn person listen carefully and try their best to understand the turn person's experience. They may ask a question or two at the end of the telling if they don't understand certain things, holding an intention of kindness and seeking to understand, but the listeners stringently avoid taking things personally, judging, or criticizing.
- Re-stating: the listener(s) repeats back to the turn person a short version of the story they heard (i.e. the most essential elements to the listener). The turn person has a chance to respond if they feel the listener(s) does not understand them fully.
- When the turn person feels that their story has been understood, they pass the turn to the next person.

This step is complete when all involved people have been heard and understood in their perspectives.

Step 5. Take Turns Sharing Current Feelings and Needs

Similarly to Step 4. This may turn into a more free-wheeling mutual sharing, so go with the flow.

- The turn person shares their current feelings about the situation, and what they feel like they need in order to feel trust, mutual support, and connection again.

- The listener(s) respond and try to provide, or make a plan to provide, what the turn person needs. Remember that it is more important to provide empathy than to solve the problem in a practical sense.
- When the turn person feels a sense of repair and re-connection, i.e. their need for empathy has been met, they pass the turn to the next person.

When this step is over, the repair is done. Other forms of care or practical matters may need attention later, but the relational connection has been restored once the empathy feels complete.

Conclusion

Rupture and repair is an essential part of being human. Times of disharmony, disconnection, and even intense outbursts of bad feelings like fear, anger, and disgust are to be expected in all relationships. We all have free will and freedom of choice to repair the inevitable ruptures and make relationships stronger, or to walk away if we believe that disconnecting from the relationship would be a better way to meet our needs. Learning about the human nervous system and early life trauma imprinting is powerful for understanding relationship ruptures and how to connect with each other more deeply and authentically.

Providing Empathy

Many ideas here are directly taken from the book “Nonviolent Communication: A Language of Life”, by Marshall Rosenberg. Other ideas are from Somatic Experiencing-based work.

Empathy is the process of seeing and appreciating another person’s *needs* and *feelings* at the heart level. It is about connecting and co-regulating with somebody in distress, helping them find the unmet need beneath their painful feelings, and is often an important element of relational repair.

Providing empathy to others goes hand-in-hand with providing empathy to oneself. Sometimes, in order to improve one’s self empathy, it helps to externalize the skills required and learn to provide empathy for another person.

To get started with providing empathy to someone in distress, you may ask a question like, “are you feeling X because you are needing Y?” Make a guess at their needs and feelings. Seek understanding of what is happening in their heart right now.

However, it is also important to respect that some kinds of pain cannot be put into words. Just being silently present with an intention of understanding, sometimes providing a comforting touch rather than words, may be better in those cases and lead to a sort of ineffable wordless understanding.

When things are being conveyed at the heart level and you start to feel like you understand, leave questions aside. Provide deep listening: silence or very brief and few words, such as, “yes, I can understand that”, restating (mirroring) the needs and feelings they are conveying if they are articulating things verbally. Or, perhaps more powerfully, just feel the response inside you and let it communicate through your eyes and body language or touch.

It is important, here, to note that this process happens without any guilt or self-recrimination on the part of the empathizer. Even in personal conflicts, do not ever take on a sense of responsibility or blame for their emotions. Marshall says, “never connect yourself with the

other person's pain." It is more like a witnessing. There is a boundary, a separation; you are not trying to take their pain upon yourself. You are still your own self with your own needs and feelings. You are offering empathy because it meets your needs to do so and for no other reason. We are not responsible for anyone else's feelings or reactions, and neither are they responsible for ours.

The principle of choice applies to empathy. Only provide empathy when it is a free, uncoerced choice for you to do so. It is not an obligation or duty. It is something that you want to do because it meets a need of yours (for connection, for truth, for understanding, for repair, for learning, for bonding, and so on). If you do not want to provide empathy to this person at this time, or do not feel you have the capacity right now to deal with it, then simply do not do it. You have the choice.

What is the goal of empathy? How do we know it's working? Empathy is working when the needs and feelings inside the emotional distress are understood, when the root unmet need behind the pain is discovered. This understanding occurs at the heart level of needs and feelings, not in the mental world of big stories or explanations or judgments or criticisms. Out of the head, into the heart.

Because of how our language and culture works, it is often difficult for a distressed person to articulate their needs and feelings without also mixing in a lot of angry, judging, shaming, blaming words, whether towards themselves or others. This does not have to derail the process. Listen especially carefully for the needs and feelings behind any such judging words. Remember the more angry or blaming the language being used, the more intense the pain of the unmet need. Reflecting or restating what is said using feelings and needs (heart) language can help sometimes.

Take a break if needed and make sure you continue to have the capacity for being happily empathetic. Use your self empathy and self regulation skills to keep in touch with your own needs, whether that's going to the bathroom or taking a pause to re-settle yourself. Such self check-ins are essential to be sure you are emotionally present at the heart level with the person in distress. They may have multiple levels of needs and feelings, layers of past unmet

needs... it can become too much. Make sure you bring up your own needs if it's getting too far away from the present moment situation, or getting to be too much for you. At every moment, you have a choice about what to do with yourself.

Marshall Rosenberg says that for true empathy, you have to *enjoy* their pain. Feel the life energy inside it, the honesty, the flow of life.

Marshall also says to *not* try to fix or strategize, even for obvious practical situations where you can see a clear "solution". It is more important to complete the empathy process, make sure the distress has settled down, and reciprocate the sharing of needs and feelings. Only then you may possibly move on to problem solving. Marshall says the agreement to move on to strategies or problem-solving must be signed and notarized on legal stationary – a joke to underscore that this step must not be rushed. It may not even be needed at all.

Take your time. This is a tempo reminder: the interoceptive feelings that keep you in touch with your own sensations and body needs operate at a slow tempo, about one beat per second. Taking pauses and breaks can be a good opportunity to reset the tempo if the pace of speaking, responding, and breathing has gotten too fast. Keeping the tempo slow and steady helps keep everyone's nervous system more regulated, and is thus an important aspect of staying emotionally present at the heart level.

In overt emotional distress like crying, the person in pain needs to feel the connection and relationship, the safety and reliability of it. This need of theirs may be communicated in angry language such as, "you probably think I'm an overemotional idiot right now." The more helpful response is not to just reassure with platitudes ("no, no, it's fine") but to share what's alive in you on the heart level. "No, that's not what I'm feeling. When I listen to you say X I'm feeling Y". Keep it simple – Marshall says 30 words or less. But make the heart level connection reciprocal by sharing some of what you are feeling in the moment.

So, share bits of your own current *feelings* during pauses or in the back-and-forth when it feels right, to keep the exchange going. However, if and when we have to speak to our *needs*, make sure to also provide a *clear present request*. Keep it as brief and simple as possible. For

example: “I need to pee. Can we take five minutes to go to the bathroom?” Do not bring in complex ideas or other head stuff. Keep it practical. Pause and give the other person time to process your request and agree.

As the empathizer, although you are keeping in touch with your own needs internally, you don’t want to *talk* about your own needs unless they are present-moment needs that come along with a clear request. The person in distress has a limited capacity in the moment to process others’ experiences.

What we are trying to get at with empathy is *being with the unmet need* that lies *behind* another person’s emotional pain. Being with the unmet need, in supportive connection and relationship, is the first step to healing the pain – and sometimes it’s all that’s needed. This happens in a heart-level connection, free of judgment and criticism, without anyone feeling responsible for another’s feelings.

List of Needs and Feelings

Source: Nonviolent Communication: A Language of Life, 3rd edition. By Marshall Rosenberg. (2015) p.232. Some items are rephrased or added, but many are taken directly from the list in the book.

Some Basic Needs We All Have:

Autonomy (choice of dreams, goals, and values, as well as choice of plans and actions for fulfilling one's dreams, goals, and values)

Celebration (celebrating fulfillment of dreams and plans, celebrating connections, grieving lost loved ones and lost dreams)

Play (fun, laughter, exploration)

Integrity (honesty, outlets for emotional expression, justice)

Interdependence (closeness, community, empathy, emotional safety and warmth, contributing to a greater whole, trust, care, love, understanding)

Physical Well-being (air, water, food, shelter, temperature regulation, movement/exercise, rest, physical safety, touch, sexual expression, toileting and cleanliness and grooming)

Spiritual Well-being (beauty, order, peace, inspiration)

Some Basic Feelings We All Have:

When needs are fulfilled:

Amazed, amused, calm, comfortable, confident, curious, eager, energetic, fulfilled, glad, hopeful, inspired, joyous, loving, moved, pleased, relieved, relaxed, satisfied, stimulated, surprised, thankful, trustful

When needs are not fulfilled:

Angry, ashamed, concerned, confused, disappointed, discouraged, disgusted, distressed, embarrassed, frustrated, helpless, hopeless, impatient, irritated, lonely, nervous, overwhelmed, reluctant, sad, uncomfortable

Bonding and Attachment Principles

Source: <http://beba.org/clinic/the-principles/> and my experience as a Womb Surround participant. These principles and the Womb Surround group workshop format were originally developed by Ray Castellino.

Ray Castellino and his colleagues over many years developed an ever-evolving set of values or principles have been found to foster cooperation, healthy attachment, and healing in groups, particularly families and early life imprint repatterning groups. Here I present some of those principles and discuss how they apply in my parenting experience. The ideas are useful for many other types of relationships, particularly all forms of caregiving, and build upon the ideas of Nonviolent Communication, Somatic Experiencing, and early life trauma healing. They also provide another lens for understanding self empathy, self care, empathy, care, needs, and feelings.

Mutual Support and Cooperation

The point of a relationship is fundamentally to *help* one another. This is particularly profound for the parent-child relationship. When the child is a child, they receive the support they need for their growth and development. Eventually the child grows up and is able to mutually support the parent as a fellow adult.

The underlying value here is:

We have not come into relationship to coerce or manipulate people into a specific mold, we have just come here to connect and love and grow as fellow humans.

It is important to respect the child as a sentient individual being. They may not have all the skills, language, or adult development we have, but they are very very aware, and have preferences. Even fetuses and infants are learning all the time and their developing systems are imprinting on the feelings and perceptions of their experience.

Thus for these very little, very dependent babies, there is a deep importance to follow their signals and respect their sovereignty. Ultimately this will support their developing needs for autonomy and integrity, and their skills in self empathy and self care.

For older children, I feel this principle is important to keep in mind in terms of behavior expectations. Sometimes kids go through phases of being sort of an asshole for awhile, or they are really grumpy or having a tough time being pleasant for whatever reason. If we see the parenting relationship as being primarily about mutual support over the long term, we will be more patient with supporting them through such challenging phases. We won't feel like we need to "train" them into perfect behavior all the time.

Sometimes it helps to read about different personality types or psychological traits and understand the ways in which your child is not the same as you or your co-caregivers. Sometimes it helps to read about child development and understand what they are working on in terms of developing skills like impulse control, executive function, social awareness, body awareness, ability to self-regulate and self-care, and so on. Often we expect behavior that they are simply not capable of; learning a bit about development and psychology helps us to form reasonable expectations. This can also include diagnosing and getting support for any differences like sensory issues, autism spectrum, learning differences, ADHD, etc. Seeking such diagnoses is not about seeking to pathologize the child, but to help set reasonable behavior expectations and know how to best support the child as an individual.

When we do need to enforce boundaries and limits, it is much easier to do so in an effective and non-punitive way when we act from a place of respect for the child as a sentient developing human. It helps the parent stay grounded in that understanding of the child's needs. It helps as a parent to keep oneself emotionally stable: not taking misbehavior as a personal affront, and reacting appropriately rather than overreacting and escalating the group stress level.

Choice

Respect that everyone has a choice in how they feel about something. Everything in our experience involves attraction, aversion, or neutrality; “yes” or “no” or “maybe”. Buddhists call this the “feeling-tone” of our experience. Even fetuses in the womb have been observed to move towards or away from things. We all have these responses. The child and the parent both have choices about everything.

Obviously sometimes kids don’t get a choice about daily logistics. Sometimes we have to leave at a certain time to arrive at the doctor’s appointment on time, or catch an airplane, or whatever. However, they do have a choice or preference in how they feel about it. There may be little possibilities along the way that can help them enjoy the experience more.

So the principle of choice doesn’t mean the whole family revolves around a child’s whims. It just means that the fact of the child’s individual preferences and feelings about things is understood and respected. The fact of everyone having a unique choice, a preference, a feeling-tone response, is brought into the decision-making loop.

Also, it is very important to understand that excessive options and decisions are stressful and confusing for children. They should never be given more than two or three options for something like what they want for lunch. (This is true for adults as well, I believe!)

So the principle of choice also isn’t about fetishizing endless options and decisions, like having thirty kinds of toothpaste at the store. That’s a recipe for decision fatigue.

Then what does “the principle of choice” really mean? What is a “choice”, in this context?

It is a choice about whether the present-moment situation *feels right*. About whether we want to continue and go along with what’s happening, or stop and change something.

On the BEBA website, this is the explanation of the principle of choice:

“Move at a pace or tempo that allows each individual to track their experience and to know if the direction feels right; having enough space to know and say yes, no or maybe. ‘No’ is welcome and honored...”

The *tempo* idea is extremely important and a huge piece that I was missing before my experience of Ray Castellino’s work.

If we are going too fast, we don’t have time to check in with our sense of feeling-tone. We don’t have time to check in with ourselves and provide for our own sense of well-being. We don’t have time to check in with the baby or child’s signals and behavior and provide for their well-being in an even-keeled way. So we need to slow down and take pauses and feel into the choices – both our own and the child’s.

Respecting the “no” is also important. We may really want the child to be happy to meet Aunt Agnes and give her a kiss, or to go on some planned adventure, or whatever we want them to want. But if they have a “no” to it, respect that whenever possible. Respecting the “no” is really big for babies – noticing when they are getting overstimulated or trying to turn away from us for some reason, and helping them to take a break from eye contact and activity when they need it.

Self Regulation: The Pause

Self regulation goes along with the principle of choice quite naturally. Even when we are in touch with our choice and trying to go slow enough to notice our own and others’ choices too, we find moments of realizing things have gotten away from us. The *pause* is the solution to those moments of chaos, things feeling out of control, things feeling wrong or off kilter.

Just stop everything. Pause and be still and just let it all slow down for however long it takes. Let the kids’ anger bursts express and settle down. Let yourself just come back to what is actually here right now, settle down your stress response. This is related to stay-listening for toddler tantrums, or providing silent empathy, or resting properly.

The *pause* works for all sorts of “off” moments, and even for adult conflicts. Sometimes the rhythm of things just builds up and gets too fast and a pause helps everything downshift again.

Self Care

This is the idea of “put on your own oxygen mask before assisting others”. But it specifically references very basic physical self care such as eating, drinking, peeing, pooping, moving your body to a more comfortable position, taking a break or sleeping when you need to.

It is easy for caregivers to get into a martyr sort of role – “look at me killing myself for you, doesn’t this prove I love you?” – but this dynamic does *not* serve *anyone*. It is far healthier and more sustainable *and* more effective to give from an overflowing cup. If you give more than you actually have, energy-wise, it only breeds resentment in you and insecurity in those you care for. Make it a top priority to give yourself the care you need to maintain your energy and well-being, and everyone else will benefit as well.

For primary caregivers with babies or very young children, this means having back-up! Ray Castellino calls back-up “layers of support”. He says a new mom needs two layers of support. This means the mom has a solid back-up caregiver to support her (someone to take care of her needs like food and drink, as well as take over her caregiving role when she needs a break), and also, *that* back-up has their own back-up support when needed as well. Any intensive caregiving requires layers of support.

I feel like I always understood this concept intellectually but it was difficult to put into practice before I learned more about nervous system regulation and following the instincts for self-care. It is not a small thing to simply notice and follow your needs to eat, drink, go to the bathroom, and take a short break (that is, to pause, slow down, and notice your choice). It is fundamental, profound, and in my opinion, sacred, to notice and follow those body signals, to practice self care impeccably.

Also, my Womb Surround experience taught me how amazingly reassuring it can be to watch someone in a support role, who is supposed to be taking care of you, go take a break or go to the bathroom and let their back-up take over. Then when they come back, you can tell they

are refreshed and ready to fully be there for you. It was really indescribably relieving to me. This made me realize that good self-care for caregivers, including using backups regularly, is not about compromising your role at all. It is about providing the best possible care to the person you're supporting.

Brief Frequent Eye Contact

At least once a minute, check in with at least a quick glance to everyone's face. They don't need to be looking back at you (though they might, unless they are engrossed in something). It doesn't need to be more than a glance, or more often than once a minute. But if you are sharing space, in the same room as your kid or kids, take a moment to glance at their face about every minute. On a subconscious level, it brings in tons of valuable data about the social dynamic and the experiences of the other people around you.

Brief frequent eye contact builds attunement. It is especially valuable in families with smaller children. Children need to feel seen. The little check-ins build up. They make it easy to notice the child's tempo and choice and what needs may be coming up. They build and restore a feeling of togetherness and support. It's a big part of mutual support in practice.

It is possible to watch too closely or in the wrong way. Remember mutual support, the first principle. We are just keeping a baseline awareness of the group dynamic, tracking the child's signals so we know when and how to intervene instinctively, to care for their needs naturally and easily. We're not vigilant for danger, looking for problems, overreacting to every little thing, taking the child away from their own explorations or experience, or acting out a stress response. We're not demanding that they meet our eyes or give us sustained eye contact back. We're just collecting data, allowing a stream of feedback to enter into our perception and work its way through the group system.

Ray Castellino says: "Without brief eye contact (about every minute) distance grows and we often begin to make up stories about the other person (based on our own history)."

Touch and Attention

Ray Castellino says that infants appear to be as, or more, responsive to attention as they are to touch. For adults, touch and attention tend to go together, but the baby experiences them as two different things that may or may not go together.

Attentive touch is the type of touch babies crave. Inattentive touch is not the same at all.

In the therapeutic setting of Ray Castellino work, the differentiation is expressed by first warning that the touch is going away; then the hand or contact moves away, but the attentive care is still there; then warning that now the attention is going away; then attention is retracted and directed elsewhere. It is tough to explain this one without experiencing it for yourself. It is really quite noticeable that the two things are different.

It is interesting to play with attention and touch as a parent and see what kind of attention and touch the child seems to choose or respond to best. This changes with age. As with brief frequent eye contact, the right quality and quantity of touch, the right quality and quantity of attention, allows the care to flow and the sense of support and togetherness to flourish naturally.

So many parenting issues seem to just evaporate on their own when I just come back to touch and attention and eye contact, and providing empathy. Sometimes a very grumpy attitude or mad face is actually a request for attentive touch. I've found it worth trying some touch and attention as the first approach for just about any problem with a kid. (Again, it helps a lot if I'm doing self-care and pausing when needed as well!)

Confidentiality

This is a basic principle of all sorts of adult relationships: health care, business, friendships, and so on. Many people do not seem to extend it to babies and children, but they should, as an expression of mutual support and cooperation. As Ray says, "Babies and children confidentiality is often violated. If we are going to talk about our children to others with them present, include them in the conversation." I read an article where Ray described a mother

starting to launch into the birth story while her child was standing right there getting visibly uncomfortable, clearly violating the child's choice. As profound an experience as it was for the mother, this was really the child's story even more. I also extend this to sharing too many photos online and telling funny kid stories in a disrespectful "kids are so dumb" sort of manner, which affects the dynamic in subtle ways even if the kid is not present at the moment. Respect that babies and children are people too.

In a way the confidentiality principle is just an extension or elaboration of mutual support and cooperation, and choice.

...

These principles are very circular and all meld into one another to some extent; this means that working on one of them provides an entry point into all of them. I work with them by focusing on one aspect that seems to be the most difficult for me (like slow tempo to allow better choice and self-care, or frequent brief eye contact). They can also be practiced in other adult relationships and groups. I think the more we practice them in all our social dynamics, the easier it is to apply them in parenting.

Related Reading

Nonviolent Communication: A Language of Life, 3rd edition, by Marshall Rosenberg.

Somatic Work

In an Unspoken Voice: How the Body Releases Trauma and Restores Goodness, by Peter Levine.

Other works by Peter Levine: <https://www.somaticexperiencing.com/se-books>

Healing Developmental Trauma: How Early Trauma Affects Self-Regulation, Self-Image, and the Capacity for Relationship, by Laurence Heller and Aline LaPierre.

Nurturing Resilience: Helping Clients Move Forward from Developmental Trauma, by Kathy Kain and Stephen Terrell. (See Chapter 1: The Cornerstones of Relational Development; section on Somatic Shame in Chapter 8: The Trauma Map: The Narrative of Developmental Trauma.)

Other Perspectives

Belonging: Remembering Ourselves Home, by Toko-pa Turner.

The Spirit of Intimacy: Ancient Teachings in the Ways of Relationships, by Sobonfu Somé.

The More Beautiful World Our Hearts Know is Possible, by Charles Eisenstein.

The Universe Always Has a Plan: The 10 Golden Rules of Letting Go, by Matt Kahn.